

ORIGINAL

20-8222
No. _____

Supreme Court, U.S.
FILED

MAR 11 2021

OFFICE OF THE CLERK

The Honorable Sonia Sotomayer,^{*1*}²
SUPREME COURT JUSTICE,
In Chambers

In re: Marshall DeWayne Williams — PETITIONER^{*3}
(Your Name)

VS.

(No respondent has been designated — RESPONDENT(S)^{*2}
pursuant to Supreme Court Rule 20.4(b).)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Not related to this independent "original" petition submitted hereto by Supreme Court Rule 22 directly and only to the Honorable Justice Sotomayer.

Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court. Not related to this action.

Yes, Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and: There is no "court below," in this action.

This is Not an appeal:

The appointment was made under the following provision of law:

, or

Copy of the order of appointment is appended.

The original application and affidavit of S.X Month inmate account statement printout is attached (28 USC §1746).

Marshall DeWayne Williams
(Signature)

*¹Supreme Court Rule 22.1.

*²Supreme Court Rule 20.4(a)(see petition for Statement of Reasons.)

*³Supreme Court Rule 20.2

1 of 6 (with 4 page attachment)

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MAY 14 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Marshall DeWayne Williams, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months	Amount expected next month
In Prison for 37 years	You \$ <u>0</u>	Spouse \$ <u>0</u>
Employment	\$ <u>0</u>	You \$ <u>0</u>
Self-employment	\$ <u>0</u>	Spouse \$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>

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2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<i>N/A</i>	<i>In Prison for 37 years Already</i>	<i>0</i>	<i>0</i>
<i>X</i>			

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<i>N/A</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>X</i>			

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<i>0</i>	<i>0</i>	<i>0</i>

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home
Value *0*

Other real estate
Value *0*

Motor Vehicle #1
Year, make & model *0*
Value *0*

Motor Vehicle #2
Year, make & model *0*
Value *0*

Other assets
Description *0*
Value *0*

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

~~100~~

Amount owed to you

\$ ~~100~~

Amount owed to your spouse

\$ ~~100~~

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name

~~J.S.~~

Relationship

~~Spouse~~

Age

~~35~~

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? Yes No

Is property insurance included? Yes No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

You

~~1000~~

Your spouse

~~1000~~

~~1000~~

~~1000~~

~~1000~~

~~1000~~

~~1000~~

~~1000~~

~~1000~~

~~1000~~

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes

No

If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? 

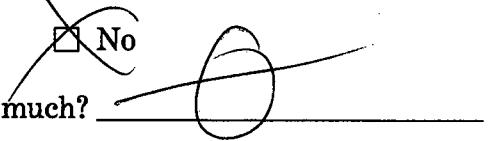
If yes, state the attorney's name, address, and telephone number:



11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes

No

If yes, how much? 

If yes, state the person's name, address, and telephone number:



12. Provide any other information that will help explain why you cannot pay the costs of this case.

In prison for 37 years already served.

I declare under penalty of perjury, ^(28 USC § 1746) that the foregoing is true and correct.

Executed on this 9th day of March, 2021.

*Required Six-month inmate
account attached showing 80 &
(4 pages attached.)*


(Signature)

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UNITED STATES Supreme COURT JUSTICE,
The Honorable Sonia Sotomayer

Ex parte:

Marshall DeWayne Williams

~~REDACTED~~ Petitioner.

In Chambers

Civil Action No. REDACTED

APPLICATION TO PROCEED IN SUPREME COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at: Federal Correctional Complex, USP-1, PO Box 1033, Coleman, FL 33521-1033

**** ALL PRISONERS MUST ATTACH TO THIS FORM AN INMATE TRUST FUND ACCOUNT STATEMENT CERTIFIED BY THE APPROPRIATE INSTITUTIONAL OFFICER AND SHOWING ALL RECEIPTS, EXPENDITURES, AND BALANCES DURING THE LAST 6 MONTHS.**

2. If not incarcerated. If I am employed, my employer's name and address are:

See Attached

My take-home pay or wages are: \$ 0 per (specify pay period) 0

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ 0.80¢

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):
(Signature)

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):
(Signature)

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:
(Signature)

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):
(Signature)

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims. (28 USC §1746)

Date: 03/09/21

Marshall DeWayne Williams
Applicant's signature

Marshall DeWayne Williams
Printed name

Inmate Inquiry



Inmate Reg #: 14130077 **Current Institution:** Coleman FCC
Inmate Name: WILLIAMS, MARSHALL P. **Housing Unit:** COP-A-A
Report Date: 03/09/2021 **Living Quarters:** A01-122U
Report Time: 12:20:58 PM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: [REDACTED]
 PAC #: [REDACTED]
 Revalidation Date: 1st
 FRP Participation Status: No Obligation
 Arrived From: OKL
 Transferred To:
 Account Creation Date: 9/13/2001
 Local Account Activation Date: 6/5/2019 4:13:56 AM
 [REDACTED]
 Sort Codes: [REDACTED]
 Last Account Update: 3/9/2021 12:19:11 PM
 Account Status: Active
 Phone Balance: \$3.04

Pre-Release Plan Information

Target Pre-Release Account Balance: \$0.00
 Pre-Release Deduction %: 0%
 Income Categories to Deduct From: Payroll Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
---------------	-----------------	---------------

Account Balances

Account Balance: \$0.80
 Pre-Release Balance: \$0.00
 Debt Encumbrance: \$0.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00

*Continued
on
back*

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Administrative Hold Balance: \$0.00
 Available Balance: \$0.80
 National 6 Months Deposits: \$50.00
 National 6 Months Withdrawals: \$55.85
 Available Funds to be considered for IFRP Payments: (\$400.00)
 National 6 Months Avg Daily Balance: \$6.19
 Local Max. Balance - Prev. 30 Days: \$8.85
 Average Balance - Prev. 30 Days: \$3.89

Commissary History

Purchases

Validation Period Purchases: \$0.00
 YTD Purchases: \$36.05
 Last Sales Date: 3/9/2021 12:19:11 PM

SPO Information

SPO's this Month: 0
 SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
 Weekly Revalidation: Yes
 Bi-Weekly Revalidation: No
 Spending Limit: \$55.00
 Expended Spending Limit: \$0.00
 Remaining Spending Limit: \$55.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
 Restricted Expended Amount: \$0.00
 Restricted Remaining Spending Limit: \$0.00
 Restriction Start Date: N/A
 Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active