

Jerome Mack 15-A-2518
Shawangunk Correctional Facility
P.O. Box 700
Wallkill, New York 12589

Supreme Court of the United States
Office of the Clerk
Washington, DC 20543-0001

Date: July 26, 2021

RE: Mack v. New York

AFFIDAVIT

I write this affidavit to state that on December 15, 2020, I placed in the United States Postal Services at the Greenhaven Correctional Facility, locate 594 Rte. 216, Stormville, N.Y. 12582, a Motion for Leave to Proceed in Forma Pauperis and a Writ of Certiorari, be mailed and delivered by First class mail to Clerk of the United States Supreme Court, and to Letitia James Attorney General of New York. My papers was timely filed under the mail box rule on December 15, 2020. Attached hereto is a copy of the disbursement or refund request showing that money was taken out of my inmate account to send said documents to the court.

Respectfully Submitted

J. Mack

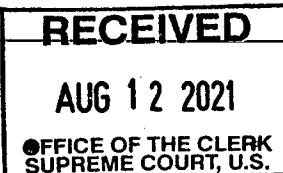
Jerome Mack

I, Jerome Mack, declare and verify under the penalty of perjury that the foregoing is true and correct and that this (Motion for leave to proceed in forma pauperis and petition for a Writ of Certiorari) was placed in the prison mail box at the Shawangunk Correctional Facility, P.O. Box 700, Wallkill, New York 12589, On August 5, 2021. I make this declaration in compliance with 28 U.S.C. § 1746

Executed on August 5, 2021

J. Mack

Jerome Mack



STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
DISBURSEMENT OR REFUND REQUEST

54
CELL LOCATION

NAME Jecome Mac DATE 12/15/20 20 20

CODE TYPE	INMATE NUMBER	"SHORT NAME"		
<input type="text"/>	<input type="text"/> 1 5 1 2 5 1 5	<input type="text"/> J M A C		
COMMISSARY PRODUCT GROUP	CHECK/ORDER NUMBER	FIRST INITIAL FIRST 3 OF LAST NAME		
<input type="text"/>	<input type="text"/>			
SENT TO CODE (SEE TABLE B-6)	ITEM DESCRIPTION			
ADDRESS	LAST NAME	FIRST NAME	MI	SUFF
SENT TO OR PURCHASE FROM	CITY	STATE	APT. NO.	ZIP CODE
APPROVED <u>R. J. Clark</u> (SOURCE AREA)	DATE <u>12/15/20</u>	I HEREBY ACKNOWLEDGE EXPENDITURE OF THE AMOUNT TO BE DEDUCTED FROM MY INMATE ACCOUNT.		
APPROVED <u></u> (BUSINESS OFFICE)	DATE <u></u>	(INMATE SIGNATURE) <u></u>		
FORM 2706 (7/11)	Original - Business Office	Yellow - Approving Office	Pink - Inmate	

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
DISBURSEMENT OR REFUND REQUEST

A-5-254
CELL LOCATION

NAME Jecome Mac DATE 12/15/20 20 20

CODE TYPE	INMATE NUMBER	"SHORT NAME"		
<input type="text"/>	<input type="text"/> 1 5 1 2 5 1 5	<input type="text"/> J M A C		
COMMISSARY PRODUCT GROUP	CHECK/ORDER NUMBER	FIRST INITIAL FIRST 3 OF LAST NAME		
<input type="text"/>	<input type="text"/>			
SENT TO CODE (SEE TABLE B-6)	ITEM DESCRIPTION			
ADDRESS	LAST NAME	FIRST NAME	MI	SUFF
SENT TO OR PURCHASE FROM	CITY	STATE	APT. NO.	ZIP CODE
APPROVED <u>R. J. Clark</u> (SOURCE AREA)	DATE <u>12/15/20</u>	I HEREBY ACKNOWLEDGE EXPENDITURE OF THE AMOUNT TO BE DEDUCTED FROM MY INMATE ACCOUNT.		
APPROVED <u>R. J. Clark</u> (BUSINESS OFFICE)	DATE <u>12/29/20</u>	(INMATE SIGNATURE) <u></u>		