

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.

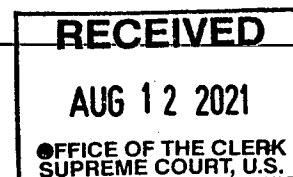
Respectfully Submitted

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

CELL LOCATION

NAME Jesome Mac DATE 12/15 20 20

CODE TYPE
☐ ☐ ☐

INMATE NUMBER 151215

"SHORT NAME" JMAC

FIRST INITIAL
FIRST 3 OF LAST NAME

CHECK/ORDER NUMBER ☐ ☐ ☐ ☐ ☐ ☐

RIGHT ADJUSTED WITH LEADING ZEROS

COMMISSARY PRODUCT GROUP ☐

AMOUNT \$ V X 2 4 0

2-10
R

SENT TO CODE
(SEE TABLE B-6) ☐

ITEM DESCRIPTION Postage

SENT TO OR
PURCHASE FROM

LAST NAME	FIRST NAME	MI	SUFF
ADDRESS			
CITY			
STATE			
ZIP CODE			

I HEREBY ACKNOWLEDGE EXPENDITURE OF THE
AMOUNT TO BE DEDUCTED FROM MY INMATE
ACCOUNT.

APPROVED [Signature]
(SOURCE AREA)

DATE 12/15/20

APPROVED _____
(BUSINESS OFFICE)

DATE _____

(INMATE SIGNATURE)

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

CELL LOCATION

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☐ ☐ ☐

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FIRST INITIAL
FIRST 3 OF LAST NAME

CHECK/ORDER NUMBER ☐ ☐ ☐ ☐ ☐ ☐

RIGHT ADJUSTED WITH LEADING ZEROS

COMMISSARY PRODUCT GROUP ☐

AMOUNT \$ V X 2 4 0

US2 Free Legal Mail

SENT TO CODE
(SEE TABLE B-6) ☐

ITEM DESCRIPTION Postage

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PURCHASE FROM

LAST NAME	FIRST NAME	MI	SUFF
ADDRESS			
CITY			
STATE			
ZIP CODE			

I HEREBY ACKNOWLEDGE EXPENDITURE OF THE
AMOUNT TO BE DEDUCTED FROM MY INMATE
ACCOUNT.

APPROVED [Signature]
(SOURCE AREA)

DATE 12/15/20

APPROVED _____
(BUSINESS OFFICE)

DATE 12/29/20

(INMATE SIGNATURE)

FORM 2706 (7/11)

Original - Business Office

Yellow - Approving Office

Pink - Inmate