

No. 21-7480

IN THE  
SUPREME COURT OF THE UNITED STATES

Willie George Moore — PETITIONER  
(Your Name)

Supreme Court, U.S.  
FILED

MAR 11 2022

OFFICE OF THE CLERK

VS.

STATE OF GEORGIA RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari 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):

THE UNITED STATES SUPERIOR COURT

THE UNITED STATES DISTRICT COURT

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

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: N/A

The appointment was made under the following provision of law: N/A  
N/A, or

a copy of the order of appointment is appended.

Willie George Moore

(Signature)

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

I, WILLIE GEO. MODRE, 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	
	You	Spouse	You	Spouse
Employment	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Self-employment	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Income from real property (such as rental income)	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Interest and dividends	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Gifts	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Alimony	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Child Support	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Unemployment payments	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____
Other (specify): <u>N/A</u>	\$ _____	\$ _____	\$ <u>NON</u>	\$ _____
<b>Total monthly income:</b>	\$ <u>NON</u>	\$ _____	\$ <u>NON</u>	\$ _____

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
NON	NON	NON	\$ NON
NON	NON	NON	\$ NON
NON	NON	NON	\$ NON

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
NON	NON	NON	\$ NON
NON	NON	NON	\$ NON
NON	NON	NON	\$ NON

4. How much cash do you and your spouse have? \$ 100

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
NON	\$ NON	\$ NON
NON	\$ NON	\$ NON
NON	\$ NON	\$ NON

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

Home  
Value NON

Other real estate  
Value NON

Motor Vehicle #1  
Year, make & model NON  
Value NON

Motor Vehicle #2  
Year, make & model NON  
Value NON

Other assets  
Description NON  
Value NON

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

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NON	\$ NON	\$ NON
NON	\$ NON	\$ NON
NON	\$ NON	\$ NON

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	Relationship	Age
NON	NON	NON
NON	NON	NON
NON	NON	NON

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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ NON	\$ NON
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ NON	\$ NON
Home maintenance (repairs and upkeep)	\$ NON	\$ NON
Food	\$ NON	\$ NON
Clothing	\$ NON	\$ NON
Laundry and dry-cleaning	\$ NON	\$ NON
Medical and dental expenses	\$ NON	\$ NON

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 14015	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 14015	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 14015	\$ _____
Life	\$ 14015	\$ _____
Health	\$ 14015	\$ _____
Motor Vehicle	\$ 14015	\$ _____
Other: <u>14/1</u>	\$ 14015	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>14015</u>	\$ 14015	\$ _____
Installment payments		
Motor Vehicle	\$ 14015	\$ _____
Credit card(s)	\$ 14015	\$ _____
Department store(s)	\$ 14015	\$ _____
Other: <u>14015</u>	\$ 14015	\$ _____
Alimony, maintenance, and support paid to others	\$ 14015	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 14015	\$ _____
Other (specify): <u>14015</u>	\$ 14015	\$ _____
<b>Total monthly expenses:</b>	<b>\$ 14015</b>	<b>\$ _____</b>

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? N/A

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? N/A

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.

I AM INCARCERATED, WITH NO HELP FROM FAMILY.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: MARCH 31, 2020

Willie Leo Moore  
(Signature)

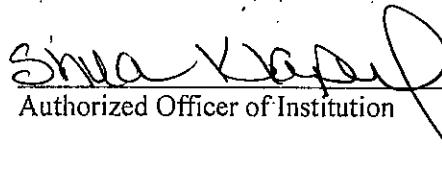
THIS FORM IS TO BE COMPLETED ONLY BY AN AUTHORIZED INDIVIDUAL AT THE INSTITUTION WHERE THE INMATE PLAINTIFF IS PRESENTLY INCARCERATED, OR HIS/HER DESIGNEE.

CERTIFICATION

I hereby certify that the Plaintiff herein, Moore, Willie, has an average monthly balance for the last twelve (12) months of \$ 0 on account at the Texfair State Prison

institution where confined. (If not confined for a full twelve (12) months, specify the number of months confined. Then compute the average monthly balance on that number of months.)

I further certify that Plaintiff likewise has the following securities according to the records of said institution: \_\_\_\_\_

  
Shua Waley

Authorized Officer of Institution

3-3-2022  
Date

**NOTE: Please attach a copy of the prisoner's inmate account of the last 12 months, or the period of incarceration (whichever is less).**

Spendable Amount	Reserved Amount	Stimulus Amount	Receipts On Hold	Funds Balance	Obligations/Court Charges
\$0.00	\$10.00	\$0.23	\$0.00	\$10.23	\$1,087.59

## RECEIPTS

No receipts for this offender in the past 60 days.

## WITHDRAWALS

Date	Request Date	Location Paid	Withdrawal Type	Payable To	Detail	Amount	Check No
02/28/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	\$6.85	BOA ACH-2010000156
02/21/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	\$18.36	BOA ACH-2010000156
02/15/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	\$31.64	BOA ACH-2010000156
02/07/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	\$56.50	BOA ACH-2010000156
02/03/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	(\$3.10)	BOA ACH-2010000156
02/02/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	\$49.26	BOA ACH-2010000156
01/25/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	\$49.31	BOA ACH-2010000155
01/18/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	\$64.41	BOA ACH-2010000155
01/12/2022		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	TELFair STATE PRISON	RECORD ID = 23249212. 6-16-17 1L	\$1.61	208363
01/12/2022		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	TELFair STATE PRISON	RECORD ID = 23266715. 6-28-17 1L/1SM	\$3.64	208363
01/12/2022		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	TELFair STATE PRISON	RECORD ID = 23402316. 1 NL 7/18/2017	\$0.70	208363
01/12/2022		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	TELFair STATE PRISON	RECORD ID = 23389081. 7-11-17 1NL	\$0.22	208363
01/12/2022		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	TELFair STATE PRISON	RECORD ID = 23394733. SUP 6/28/17	\$1.03	208363
01/12/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	(\$3.60)	BOA ACH-2010000155
01/11/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	(\$3.60)	BOA ACH-2010000155
01/11/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	\$53.34	BOA ACH-2010000155
01/05/2022		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	TELFair STATE PRISON	STORE PURCHASE	\$69.11	BOA ACH-2010000155

GDC ID: 411406

**OBLIGATIONS**

Paid Status: P = Partially paid; Y = Paid in full; R = Reversed; W = Written off

Date	Location Incurred	Obligation Type	Payable To	Obligation Detail	Amount	Paid
03/01/2022	CENTRAL ACCT-OFFENDER TRUST	MONTHLY PROCESSING FEE	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee for 03/2022	\$1.00	
02/16/2022	CENTRAL ACCT-OFFENDER TRUST	RX-COPAY	GEORGIA DEPARTMENT OF CORRECTIONS	RECORD ID = 31187750. 2/14/22 1 RX	\$5.00	
02/01/2022	CENTRAL ACCT-OFFENDER TRUST	MONTHLY PROCESSING FEE	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee for 02/2022	\$1.00	W
01/18/2022	CENTRAL ACCT-OFFENDER TRUST	RX-COPAY	GEORGIA DEPARTMENT OF CORRECTIONS	RECORD ID = 31066817. 1/14/22 2 RX	\$10.00	
01/06/2022	CENTRAL ACCT-OFFENDER TRUST	MONTHLY PROCESSING FEE	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee for 01/2022	\$1.00	W

**COURT CHARGES**

No court charges for this offender in the past 60 days.

**COURT CHARGE MODIFICATIONS**

No court charges modifications for this offender in the past 60 days.