

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. MOORE, 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>	\$ _____
Total monthly income:	\$ <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
<u>NON</u>	<u>NON</u>	<u>NON</u>	\$ <u>NON</u>
<u>NON</u>	<u>NON</u>	<u>NON</u>	\$ <u>NON</u>
<u>NON</u>	<u>NON</u>	<u>NON</u>	\$ <u>NON</u>

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
<u>NON</u>	<u>NON</u>	<u>NON</u>	\$ <u>NON</u>
<u>NON</u>	<u>NON</u>	<u>NON</u>	\$ <u>NON</u>
<u>NON</u>	<u>NON</u>	<u>NON</u>	\$ <u>NON</u>

4. How much cash do you and your spouse have? \$ NON
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
<u>NON</u>	\$ <u>NON</u>	\$ <u>NON</u>
<u>NON</u>	\$ <u>NON</u>	\$ <u>NON</u>
<u>NON</u>	\$ <u>NON</u>	\$ <u>NON</u>

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

NONE

\$ NONE

\$ NONE

NONE

\$ NONE

\$ NONE

NONE

\$ NONE

\$ NONE

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

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

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)

\$ NONE

\$ NONE

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ NONE

\$ NONE

Home maintenance (repairs and upkeep)

\$ NONE

\$ NONE

Food

\$ NONE

\$ NONE

Clothing

\$ NONE

\$ NONE

Laundry and dry-cleaning

\$ NONE

\$ NONE

Medical and dental expenses

\$ NONE

\$ NONE

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>14014</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>14014</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>14014</u>	\$ _____
Life	\$ <u>14014</u>	\$ _____
Health	\$ <u>14014</u>	\$ _____
Motor Vehicle	\$ <u>14014</u>	\$ _____
Other: <u>N/A</u>	\$ <u>14014</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>14014</u>	\$ <u>14014</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>14014</u>	\$ _____
Credit card(s)	\$ <u>14014</u>	\$ _____
Department store(s)	\$ <u>14014</u>	\$ _____
Other: <u>14014</u>	\$ <u>14014</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>14014</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>14014</u>	\$ _____
Other (specify): <u>14014</u>	\$ <u>14014</u>	\$ _____
Total monthly expenses:	\$ <u>14014</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? 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 3th, 2022

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 Ireland 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 Klap
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

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.