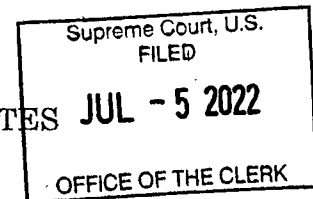


22-5139

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES
WASHINGTON, D.C.



CAROL JOSEPH MORRIS, Reg. # 76577-080 — PETITIONER
(Your Name)

VS.

UNITED STATES OF AMERICA ET AL. — 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):

1) MORRIS v. STEPHENS, 599 F.2d 148-49, March 31, 2015. VACATED AND REMANDED, IFD GRANTED

2) NO. 11-11-0037-CR; MORRIS v. STATE, ELEVENTH DIST. COURT OF APPEALS, CONVICTION REVERSED, JUDGMENT VACATED 1/31/2013

3) NO. 11-10-00249-CR; MORRIS v. STATE, FLA. 2ND DCA, AFF'D FEB. 9, 2012

☐ 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:

☒ The appointment was made under the following provision of law: TITLE 18 USC
§ 3006(A), CJA, or

☒ a copy of the order of appointment is appended.

Carol Joseph Morris
(Signature)
RECEIVED
JUL 5 2022
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Cecilia J. Moore-Harris ^{#1281999}, 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	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Self-employment	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Income from real property (such as rental income)	^{Apply.} \$ 1,900	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Gifts	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Alimony	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Child Support	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	^{\$ 797.00} ^{Discount under 2/1/2020}	\$ _____	\$ - 0 -	\$ _____
Disability (such as social security, insurance payments)	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Unemployment payments	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Public-assistance (such as welfare)	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ 1,900 ^{Apply.}	\$ _____	\$ 1,900	\$ _____

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
SSI	2305 E. 37 th St.	2019 - Feb. 1, 2020	\$ 797. ⁰⁰
Tr. Dept. Corr. Justice - ID	2308 Rawson Rd., Canton, TN	Nov. 30, 2009 - June 3, 2019	\$ 0

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
N/A			\$
N/A			\$
N/A			\$

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
CHECKING	\$	\$
SAVINGS	\$ 300. ⁰⁰	\$
SAFE DEPOSIT Box	\$	\$

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

☒ Home ☐ Other real estate
Value UN INMORTAL Value _____

☒ Motor Vehicle #1 ☐ Motor Vehicle #2
Year, make & model 1999 D'ELEGANCE Coupe Year, make & model 2011 Ford PU 150 Truck
Value (NOT OPERATING) Value 10,000

☒ Other assets
Description 1109-1111 E. Troway Ave., Memphis, TN (PHOTO); DEMOLISHED Nov. 10, 2017
Value 20,000

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
ENDURANCE ENERGY RESOURCES, INC.	\$ 3.5 billion (approx.)	\$ _____
CITY OF MEMPHIS, TN.	\$ 75 million	\$ _____
I.C.E.E.D. INC.	\$ 10 million	\$ _____

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
N/A		

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)	\$ 3.5 million	\$ _____
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)	\$ 250 approx.	\$ _____
Home maintenance (repairs and upkeep) HOME STEAD:	\$ 1.5 million	\$ _____
1507 S. HARRISON ST., MEMPHIS, TENN 38101; 210 S. LOW STREET, REBUILT 1109 - 1111 E. TUNNICLIFFE AVE RENOVATE 2301 E. KENTUCKY AVE., MEMPHIS, TN.	\$ 200. approx.	\$ _____
Clothing	\$ 100. approx.	\$ _____
Laundry and dry-cleaning	\$ 50	\$ _____
Medical and dental expenses (NEED DENTAL WORK)	\$ over 5,000	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ -0-	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ -0-	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ -0-	\$
Life	\$ -0-	\$
Health	\$ UNC	\$
Motor Vehicle <i>insurance + insurance</i>	\$ 350	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <i>-0-</i>	\$	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$	\$
Department store(s): <i>Best Buy</i>	\$ 100.00	\$
Other: _____	\$	\$
Alimony, maintenance, and support paid to others	\$ -0-	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify): <i>* 100 approx. LEGAL MATERIALS / Faxes Copies, Supplies</i>	\$ 100	\$
Total monthly expenses:	\$	\$

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:

CAROL JOHANE MORREY, PEO SE, TDCJ-14 "1681899, CERT. PARMOGN,
MELINDA COLLEGE, MELINDA, TEXAS - JUNE 11, 2007

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

THE SAME CONSPIRATORS THAT ILLEGALLY DENIED MY ENTITLEMENT TO JUST COMPENSATION; PURSUANT TO TITLE 28 USC §1358, EMINENT DOMAIN STATUTE; US CA COMMERCE CLAUSE, ART. 1 § 8, CL. 3; ALSO FALSELY ARRESTED, MALICIOUSLY PROSECUTED, WRONGFULLY CONVICTED AND WRONGFULLY IMPRISONED ME
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: JULY 2, _____, 2022

Carol Johane Morris
(Signature)

NO. _____

IN THE UNITED STATES SUPREME COURT

WASHINGTON, D.C.

CAROL JONNEVE MORRIS, Fed. Reg. # 76547-080; TDCJ-10 # 1681899, PETITIONER Pro Se

v.

UNITED STATES OF AMERICA AND BOBBY LUMPKIN, TDCJ-10 DIRECTOR

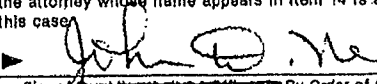

AFFIDAVIT IN SUPPORT OF MOTION

I, SWORN UNDER THE PENALTY OF PERJURY THAT BECAUSE OF MY POVERTY, I CANNOT PREPAY THE DOCKET FEES OF MY APPEAL OR POST BOND FOR THEM. I BELIEVE I AM ENTITLED TO REDRESS. I SWORN OR AFFIRM UNDER PENALTY OF PERJURY UNDER UNITED STATES LAWS THAT MY ANSWERS ON THIS FORM ARE TRUE AND CORRECT. (28 U.S.C. § 1746; 18 USC 1621).

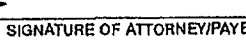
SIGNED: Carol Jonneve Morris
CAROL JONNEVE MORRIS (Pro Se)

DATE: July 1, 2022

MY ISSUES ARE: 1) WHETHER OR NOT U.S. DISTRICT JUDGE DANIEL COULTS COMMITTED AN INDICABLE OFFENSE? 2) WHETHER OR NOT PETITIONER CAROL JONNEVE MORRIS IS ENTITLED TO A WRIT OF HABEAS CORPUS AS A RESULT OF CR 5793'S AND HD-97-CR-10'S, INEFFECTIVE TRIAL AND APPELLATE ATTORNEYS UNDER THE 6th AMENDMENT, CONSEQUENTLY, FEDERAL AND STATE CR 36,894 WRITS OF HABEAS CORPUS RELIEF AND IMMEDIATE RELEASE WITHOUT PAROLE?

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		3. DIST. CT. DOCKET NO. HG-97-CR-010-01		VOUCHER NO. 0847817	
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) WD/TX		6. LOC. CODE TXM40		7. CHARGE/OFFENSE (U.S. or other code citation) 18U.S.C.922(g)(1) & 922 (a)(6)	
8. IN THE CASE OF USA vs CAROL JOHNE MORRIS				9. PERSON REPRESENTED (FULL NAME) CAROL JOHNE MORRIS		9A. NO. 1 REPRESENT.	
10. PERSON REPRESENTED (STATUS) 1 <input checked="" type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 6 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE				11. PROCEEDINGS (Describe briefly) All proceedings subsequent to 04/21/97			
12. PAYMENT CATEGORY A <input checked="" type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL				13. COURT ORDER O <input type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. _____ Name of prior panel attorney Appt. Date _____ Voucher No. _____			
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case.  Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) APRIL 21, 1997 APRIL 21, 1997 Date of Order Nunc Pro Tunc Date				14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name) DAVID C. GREENMAN BOX 311 ODESSA, TEXAS 79760 (915) CLERK, U.S. DISTRICT COURT WESTERN DISTRICT OF TEXAS BY  DEPUTY CLERK			
				15. WORK PHONE (915)580-7617		16A. Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				16B. SOCIAL SECURITY NO. (Only provide per instructions)		16C. EMPLOYER I.D. NO. (Only provide per instructions)	
18D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)							

CLAIM FOR SERVICES OR EXPENSES					
SERVICE		HOURS	DATES		Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below.
IN COURT	17. a. Arraignment and/or Plea				17A. TOTAL IN COURT COMP. \$
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets) (Rate per hour =) TOTAL HOURS =				
OUT OF COURT	18. a. Interviews and conferences				Multiply rate per hour times total hours. Enter total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP. \$
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets) (Rate per hour =) TOTAL HOURS =				
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES		AMOUNT
					19A. TOTAL TRAVEL EXP. \$
					19B. TOTAL OTHER EXP. \$
					20. GRAND TOTAL CLAIMED \$

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD _____ TO _____
 F ☐ Final Payment I ☐ Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? ☐ YES ☐ NO
 If yes, were you paid? ☐ YES ☐ NO If yes, by whom/where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? ☐ YES ☐ NO
 If yes, give details on additional sheets. _____
 I swear or affirm the truth or correctness of the above statements  SIGNATURE OF ATTORNEY/PAYEE
 000034

APPROVED FOR PAYMENT	22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSE	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED/CERT.
	\$	\$	\$	\$	\$
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER				DATE
28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)				DATE	29. TOTAL AMT. APPROVED \$