

22-5139

No. _____

ORIGINAL

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

Supreme Court, U.S.
FILED
JUL - 5 2022
OFFICE OF THE CLERK

Carol Johnson Morris, Reg. 76547-050 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) Meeks v. Slaton, 599 F. Appx. 148-49, March 31, 2016. VACATED AND REMANDED, IFP GRANTED
2) No. 11-11-0037-CR: Meeks v. State, Eleventh Dist. Court Of Appeals, CONVICTION REVISED; JUDGMENT VACATED 1/31/2013
3) No. 11-10-00249-CR: Meekum Morris, FL. 2 App 3, p. 6, 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 Johnson Morris 2022
(Signature)
RECEIVED
OFFICE OF THE CLERK, SUPREME COURT, U.S.

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

I, Craig Johnnie Morris-Taylor, 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)	\$ 1,900 <i>ADDPY.</i>	\$ _____	\$ _____	\$ _____
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 <i>DISCOUNTED 2/1/2026</i>	\$ _____	\$ - 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 <i>ADDPY.</i>	\$ _____	\$ 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
In. Dep. Corr. Justice, DO	2308 Rawson Rd., Canton, Tx	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 Value UN IN HABITABLE Other real estate Value _____

Motor Vehicle #1 Year, make & model 1999 D'Elegance Cruiser Motor Vehicle #2 Year, make & model 2011 Ford F150 Truck
 Value (NOT OPERATIONAL) Value 10,000

Other assets Description 1109-1111 E. Turnout Ave., Mission, Texas (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
<u>Enron Energy Resources, Inc.</u>	<u>\$ 3.5 billion (approx.)</u>	<u>\$ _____</u>
<u>CITY OF MOULTRIE, GA.</u>	<u>\$ 75 MILLION</u>	<u>\$ _____</u>
<u>I.C.E.E.D. INC.</u>	<u>\$ 10 MILLION</u>	<u>\$ _____</u>

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
<u>N/A</u>		

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)	<u>\$ 3.5 million</u>	<u>\$ _____</u>
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)	<u>\$ 250 approx.</u>	<u>\$ _____</u>
Home maintenance (repairs and upkeep) <u>HOME STAYS:</u> <u>① 507 S. MADISON ST., Moultrie, Towns 79701; 210</u> <u>507 S. MADISON ST., REBUILT 1109 - 1111 E. Tullio Ave.</u> <u>RENOVATE 2301 E. KENTUCKY Ave., Moultrie, GA.</u>	<u>\$ 1.5 MILLION</u>	<u>\$ _____</u>
Clothing	<u>\$ 100. approx.</u>	<u>\$ _____</u>
Laundry and dry-cleaning	<u>\$ 50</u>	<u>\$ _____</u>
Medical and dental expenses (<u>NEED DENTAL WORK</u>)	<u>\$ OVER 5,000</u>	<u>\$ _____</u>

	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>Lease/rent + insurance</i>	\$ 350	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): - 0 -	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s): <i>B&M, 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 / FAVES 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 Johnene Morris, Pro Se, TACJ-20 #1681899, CERT. PROSECUTOR,
Moultrie County, Missouri, 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 §1338, EMERENT DOWAN STATUTE; USCA COMMERCE CLAUSE, ART. I § 8, CL. 3; ALSO FALSELY ARRESTED, MALICROUSLY 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 Johnene Morris
(Signature)

NO. _____

IN THE UNITED STATES SUPREME COURT

WASHINGTON, D. C.

CAROL JOHNEENE MORRIS, F.O. Reg. # 76547-080; TDCJ-20 # 1281899, PETITIONER Pro Se
v.

UNITED STATES OF AMERICA AND BOBBY LUMPKIN, TDCJ-20 DIRECTOR

AFFIDAVIT IN SUPPORT OF MOTION

I, SWEAR 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 SWEAR 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 Johnene Morris DATE: July 1, 2022
Carol Johnene Morris (Pro Se)

My issues are: 1) WHETHER OR NOT U.S. DISTRICT JUDGE DANCE COURTS COMMITTED AN IMPERmissible OFFENSE? 2) WHETHER OR NOT PETITIONER Carol Johnene Morris IS ENTITLED TO A WRIT OF ERROR CORAM NOBIS AS A RESULT OF CR 5793's AND HD-47-CR-10's, INEFFECTIVE TRIAL AND APPELLATE ATTORNEYS UNDER THE 14th AMENDMENT; CONSEQUENTLY, FEDERAL AND STATE CR 36,894 WRITS OF HABEAS CORPUS RELIEF AND IMMEDIATE RELEASE WITHOUT PAROLE?

Case 7:97-cr-00010-DC Document 17 Filed 04/25/97 Page 1 of 1
APPOINTMENT AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

CJA 20 (Rev. 4/96)

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 4 <input type="checkbox"/> OTHER	3 <input type="checkbox"/> APPEALS	2. MAG. DOCKET NO.	3. DIST. CR. DOCKET NO.	VOUCHER NO.
4. APPEALS DOCKET NO.	5. FOR (DISTRICT/CIRCUIT) WD/TX	6. LOC. CODE TXWMO	7. CHARGE/OFFENSE (U.S. or other code citation) 18U.S.C.922(g)(1) & 922 (a)(6)	7A. CASE CODE
8. IN THE CASE OF USA vs CAROL JOHNEENE MORRIS		9. PERSON REPRESENTED (FULL NAME) CAROL JOHNEENE MORRIS		9A. NO. 1 REPRES.
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. _____		14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name) DAVID P. NEILMAN CLERK, U.S. DISTRICT COURT BOX 311 ODESSA, TEXAS 79760 (915) BY <i>John D. Neil</i> DEPUTY CLERK		
► APRIL 21, 1997 Data of Order		► APRIL 21, 1997 Date Pro Tunc Date		
CLAIM FOR SERVICES OR EXPENSES				
IN COURT	SERVICE	HOURS	DATES	
	a. Arraignment and/or Plea		Enter total below.	
	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	a. Interviews and conferences		Multiply rate per hour times total hours to obtain "In Court" compensation.	
	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 =	18A. TOTAL OUT OF COURT COMP.		
EXPENSES	TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT
21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD TO				
<p>F <input type="checkbox"/> Final Payment I <input type="checkbox"/> Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. _____</p> <p>I swear or affirm the truth or correctness of the above statements ►</p>				
SIGNATURE OF ATTORNEY/PAYEE 0 0 0 3 4				
APPROVED FOR PAYMENT	22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSE	25. OTHER EXPENSES
	\$	\$	\$	\$
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER		DATE	
28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)		DATE		
				29. TOTAL AMT. APPROVED