



No. **22 - 7850**

To: Hon. Clerk
Please file
Writ of
Prohibition
URGENTLY
by: James
Hinding
5/16/23

IN THE
SUPREME COURT OF THE UNITED STATES

In Re James C. Hinding — PETITIONER
(Your Name)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
Under Disability Act (See) SSI, SSA
Records

The petitioner asks leave to file the attached petition for a Writ of Prohibition
corpus without prepayment of costs and to proceed *in forma pauperis*.

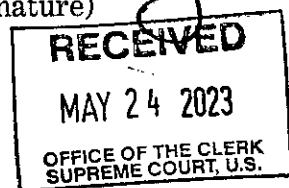
Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in
the following court(s): USCA, USDC, Adams County, MS
State in Federal Court in Violation of
Taking of Hostages Act of [1982]

☐ 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.
Under Imminent Danger due to Alleged
Charge of Sexual Battery. Label as a
Sex offender by prison Gangs.

James C. Hinding
(Signature)



*Proceed under
Disability Act
(see) SSA
Records*

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

I, James Winding, 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>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Self-employment	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Income from real property (such as rental income)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Interest and dividends	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Gifts	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Alimony	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Child Support	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Disability (such as social security, insurance payments)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Unemployment payments	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Public-assistance (such as welfare)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Other (specify): <u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Total monthly income:	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</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
N/A	N/A	N/A	\$ 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	\$ 0

4. How much cash do you and your spouse have? \$ N/A
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
N/A	\$ 0	\$ 0

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

☐ Home
Value \$ 0

☐ Other real estate
Value \$ 0

☐ Motor Vehicle #1
Year, make & model N/A
Value \$ 0

☐ Motor Vehicle #2
Year, make & model N/A
Value \$ 0

☐ Other assets
Description N/A
Value \$ 0

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

Person owing you or your spouse money

N/A

Amount owed to you

\$
\$
\$

Amount owed to your spouse

\$
\$
\$

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

N/A

Relationship

N/A

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

You

\$

Your spouse

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

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:

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

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

Executed on:

June 6, 2023
6/6/23

James Winding
(Signature)

26A

**FINANCIAL AUTHORIZATION
TO BE COMPLETED BY PETITIONER**

Authorization for Release of Institution Account Information
and Payment of the Filing Fees

I, James Winding, MDOC# K8115,
authorize the Clerk of Court to obtain, from the agency having custody of my person,
information about my institutional account, including balances, deposits and withdrawals. The
Clerk of Court may obtain my account information from the past six (6) months and in the
future, until the filing fee is paid. I also, authorize the agency having custody of my person to
withdraw funds from my account and forward payments to the Clerk of Court, in accord with
section 47-5-76 of the Mississippi Code Annotated.

5/9/23
Date

James Winding
Signature of Petitioner

IT IS THE PETITIONER'S RESPONSIBILITY TO HAVE THE APPROPRIATE
PRISON OFFICIAL COMPLETE AND CERTIFY THE CERTIFICATE BELOW

**CERTIFICATE
(Inmate Accounts Only)
TO BE COMPLETED BY AUTHORIZED OFFICER**

I certify that the Petitioner named herein has the sum of \$ 0 on
account to his credit at MEP, MDOC Facility, where he is
confined. I further certify that the Petitioner has the following securities to his credit according
to the records of said institution: NIA

I further certify that during the last six (6) months the
Petitioner's average monthly balance was \$ 0

I further certify that during the last six (6) months the
Petitioner's average monthly deposit was \$.87

I further certify that Petitioner has made the following withdrawals within
the past thirty (30) days: NIA

662-745-6611
Telephone Number

5/9/23
Date

Complaint

Kathryn McIntyre
Authorized Officer of Inmate Accounts

Kathryn McIntyre
Print Name of Authorized Officer

RECEIVED

MAY 09 2023

INMATE LEGAL
ASSISTANT PROGRAM

02/07/2023

MSP

Resident Statement

Resident Name: WINDING, JAMES C

Resident ID: 0048115

Housing Location: MSP, UNIT 26, BLD A, ZONE B, BED 0090

Date Range:

02/07/2023 Through 02/07/2023

Beginning Account Balances:

Ending Account Balances:

	Personal Balance	Non-Per Balance	Debt		Personal Balance	Non-Per Balance	Debt
County Court	\$0.00	\$0.00	(\$3,040.28)	County Court	\$0.00	\$0.00	(\$3,040.28)
East MS Correctional Fa	\$0.00	\$0.00	(\$40.97)	East MS Correctiona	\$0.00	\$0.00	(\$40.97)
Federal Court	\$0.00	\$0.00	(\$11,156.42)	Federal Court	\$0.00	\$0.00	(\$11,156.42)
Legal Postage	\$0.00	\$0.00	(\$939.68)	Legal Postage	\$0.00	\$0.00	(\$939.68)
Medical	\$0.00	\$0.00	(\$6.00)	Medical	\$0.00	\$0.00	(\$6.00)
Postage	\$0.00	\$0.00	(\$94.78)	Postage	\$0.00	\$0.00	(\$94.78)
Begin Totals	\$0.00	\$0.00	(\$15,278.13)	End Totals	\$0.00	\$0.00	(\$15,278.13)

Date	Amount	Type	Comment	Personal Bal Change	Personal Acct Balance	Non-Personal Change	Non-Personal Acct Bal	Debt Bal Change	Debt Balance

Account Per Bal Change Personal Bal Non-Per Bal Chg Non-Per Balance Debt Change Debt Balance Collected Change Collected

STATE OF MISSISSIPPI
COUNTY OF Sunflower

AFFIDAVIT OF POVERTY

Personally appeared before me the undersigned authority in and for the aforesaid jurisdiction, James Hinding, M.D.O.C.# K8115, who, being duly sworn on his/her oath, does depose and sayeth:

I, James Hinding, do solemnly swear/affirm that I am a citizen of the State Of Mississippi, and because of my poverty I am not able to pay the same in the suits, Writ of Prohibition which I am (or has been commenced) about to commence, and that, to the best of my belief, I am entitled to the redress which I seek by such sort.

Respectfully Submitted,

James Hinding
Petitioner

SWORN TO AND SUBSCRIBED BEFORE ME, this the 16 day of May, 20 23

Laura D. Hopson
Notary Public

