

23-5820
No. _____

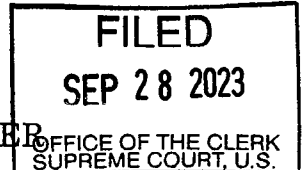
Provided to South Bay Corr. and Rehab. Facility
on 10-9-23 for mailing.

Provided to South Bay Corr. and Rehab. Facility
on 8-8-23 for mailing.

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

William H. Cornelius Jr. — PETITIONER



VS.

STATE OF FLORIDA — RESPONDENT

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*.

[☒] Petitioner has been previously been granted leave to proceed *in forma pauperis* in the following court(s):

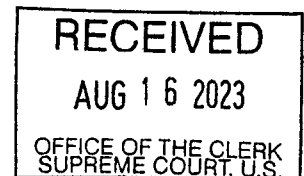
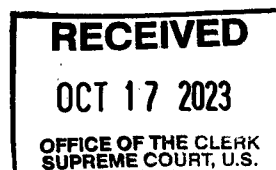
15th Judicial Circuit Court in and for Palm Beach County
Florida

[☐] 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.

William H. Cornelius Jr.

(Signature)



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

I, William H. Cornelius Jr., 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 therefore; and 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 biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes of otherwise.

Income source	Average monthly amount during expected the past 12 months		Amount next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify):	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

Total monthly income: \$ 0 \$ 0 \$ 0 \$ 0

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 Gross Monthly Pay	Employment
<u>N/A</u>	<u>N/A</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>N/A</u>	<u>N/A</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>N/A</u>	<u>N/A</u>	<u>\$ 0</u>	<u>\$ 0</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 Gross Monthly Pay	Employment
<u>N/A</u>	<u>N/A</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>N/A</u>	<u>N/A</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>N/A</u>	<u>N/A</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of account	Amount you have	Amount your spouse has
<u>N/A</u>	<u>N/A</u>	<u>\$ 0</u>	<u>\$ N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>\$ 0</u>	<u>\$ N/A</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 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model 0
Value 0

☐ Motor Vehicle #2
Year, make & model 0
Value 0

☐ Other assets
Description 0

Value 0

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

Person owing you or	Amount owed to you	Amount owed to your spouse your spouse money
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<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 of home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <u>0</u>	\$ <u>0 N/A</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>0</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>

Laundry and dry-cleaning

\$ 0

\$ N/A

Medical and dental expenses

\$ 0

\$ N/A

You

Your spouse

Transportation (not including motor vehicle payments)

\$ 0

\$ N/A

Recreation, entertainment, newspapers, magazines, etc.

\$ 0

\$ N/A

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's

\$ 0

\$ N/A

Life

\$ 0

\$ N/A

Health

\$ 0

\$ N/A

Motor Vehicle

\$ 0

\$ N/A

Other: N/A

\$ 0

\$ N/A

Taxes (not deducted from wages or included in mortgage payments)
(specify): N/A

Installment payments

Motor Vehicle

\$ 0

\$ N/A

Credit card(s)

\$ 0

\$ N/A

Department store(s)

\$ 0

\$ N/A

Other: N/A

\$ 0

\$ N/A

Alimony, maintenance, and support paid to others

\$ 0

\$ N/A

Regular expenses for operation of business, profession,
or farm (attach detailed statement)

\$ 0

\$ N/A

Other (specify): N/A

\$ 0

\$ N/A

Total monthly expenses:

\$ 0

\$ N/A

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:

N/A
N/A
N/A

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

Executed on: June 28, 2023.

William H. Lomax Jr
(Signature)

INMATE REQUEST

STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

Mail Number: _____
Team Number: _____
Institution: _____

TO: (Check One) ☐ Warden ☐ Asst. Warden ☐ Classification Security ☐ Medical Mental Health ☒ Dental Other Banking

FROM:	Inmate Name <u>William Cornelius</u>	DC Number <u>W01064</u>	Quarters <u>C-4-213-L</u>	Job Assignment <u>Carpentry</u>	Date <u>6-13-23</u>
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REQUEST

Check here if this is an informal grievance ☐

I need a One year print-out of my fund account for the court of appeals. The court changed it from 6 months to 12, I have to show the court the amount of Money I received for One year. Thank you.

All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing.

Inmate (Signature): William Cornelius DC#: W01064 C-4-213-L

DO NOT WRITE BELOW THIS LINE

RESPONSE

DATE RECEIVED: RECEIVED JUN 14 2023

See attachment there are no transactions after 1/4/23

(The following pertains to informal grievances only)

Based on the above information, your grievance is _____ (Returned, Denied, or Approved). If your informal grievance is denied, you have the right to submit a formal grievance in accordance with Chapter 33-103.005, F.A.C.

Official (Print Name): T. Fordham Official (Signature): [Signature] Date: 6/15/23

Original: Inmate (plus one copy)

CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file. This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 15 days, following receipt by staff.

You may obtain further administrative review of your complaint by obtaining form DCI-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.005, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.

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GEO-South Bay Correctional Facility , FL

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Resident Account Summary

Thursday, June 15, 2023 @11:57

For DC#: W01064 CORNELIUS, WILLIAM

Date	Transaction Description	Amount	Balance	Owed	Held	Reference
01/04/2023	MED COPAY MEDICAL COPAY DECEMBER 20	5.00	0.00	8.55	0.00	01/04/2023
12/08/2022	<MED COPAY> MED COPAY/NOVEMBER 2022	-1.45	0.00	3.55	0.00	12/08/2022
12/08/2022	MED COPAY MED COPAY/NOVEMBER 2022	5.00	1.45	5.00	0.00	12/08/2022
11/06/2022	EPR OID:101206485-ComisaryPur	-15.85	1.45	0.00	0.00	11/06/2022
11/02/2022	ERF OID:101205531-ComisaryRef	2.20	17.30	0.00	0.00	11/02/2022
10/30/2022	EPR OID:101205531-ComisaryPur	-12.01	15.10	0.00	0.00	10/30/2022
10/11/2022	ERF OID:101202734-ComisaryRef	5.84	27.11	0.00	0.00	10/11/2022
10/09/2022	EPR OID:101202734-ComisaryPur	-45.46	21.27	0.00	0.00	10/09/2022
10/02/2022	EPR OID:101201724-ComisaryPur	-3.33	66.73	0.00	0.00	10/02/2022
09/25/2022	EPR OID:101200865-ComisaryPur	-12.52	70.06	0.00	0.00	09/25/2022
09/18/2022	EPR OID:101199826-ComisaryPur	-3.55	82.58	0.00	0.00	09/18/2022
09/11/2022	EPR OID:101198894-ComisaryPur	-9.12	86.13	0.00	0.00	09/11/2022
09/04/2022	EPR OID:101197674-ComisaryPur	-9.01	95.25	0.00	0.00	09/04/2022
08/28/2022	EPR OID:101196812-ComisaryPur	-18.68	104.26	0.00	0.00	08/28/2022
08/22/2022	<MED COPAY> MED COPAY MAY 2022	-5.00	122.94	0.00	0.00	08/22/2022
08/22/2022	MED COPAY MED COPAY MAY 2022	5.00	127.94	5.00	0.00	08/22/2022
08/21/2022	EPR OID:101195901-ComisaryPur	-12.53	127.94	0.00	0.00	08/21/2022
08/14/2022	EPR OID:101194961-ComisaryPur	-13.63	140.47	0.00	0.00	08/14/2022
08/10/2022	ERF OID:101193831-ComisaryRef	7.64	154.10	0.00	0.00	08/10/2022
08/07/2022	EPR OID:101193831-ComisaryPur	-28.35	146.46	0.00	0.00	08/07/2022
08/06/2022	EPR OID:101193534-ComisaryPur	-6.76	174.81	0.00	0.00	08/06/2022
07/31/2022	EPR OID:101192999-ComisaryPur	-10.40	181.57	0.00	0.00	07/31/2022
07/30/2022	EPR OID:101192614-ComisaryPur	-8.30	191.97	0.00	0.00	07/30/2022
07/26/2022	SECUREDEPOS 88814612 Cornealius Edward	200.00	200.27	0.00	0.00	07/26/2022
07/24/2022	EPR OID:101191853-ComisaryPur	-8.13	0.27	0.00	0.00	07/24/2022
07/17/2022	EPR OID:101190826-ComisaryPur	-11.98	8.40	0.00	0.00	07/17/2022
07/03/2022	EPR OID:101189053-ComisaryPur	-24.28	20.38	0.00	0.00	07/03/2022
06/26/2022	EPR OID:101188221-ComisaryPur	-27.32	44.66	0.00	0.00	06/26/2022
06/19/2022	EPR OID:101187264-ComisaryPur	-26.74	71.98	0.00	0.00	06/19/2022
06/18/2022	EPR OID:101187169-ComisaryPur	-4.40	98.72	0.00	0.00	06/18/2022
06/12/2022	EPR OID:101186316-ComisaryPur	-46.75	103.12	0.00	0.00	06/12/2022
06/05/2022	EPR OID:101185302-ComisaryPur	-19.16	149.87	0.00	0.00	06/05/2022

Inmate Statment for 1/1/2023 - 1/31/2023

ID#: W01064

Name: CORNELIUS, WILLIAM

Date of birth: 1962-12-18

Location: C - 4 - 213

	<u>Available</u>	+	<u>Encumbered</u>	=	<u>Account Balance</u>
Beginning Balance on 1/1/2023:	0.00		0.00		0.00
Ending Balance on 1/31/2023:	0.00		0.00		0.00

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
1/4/2023	MED COPAY	MEDICAL COPAY DECEMBER 2022	5.00	0.00	8.55	0.00

Due to computer posting the 'Balances as of 1/31/2023 may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

Inmate Statment for 2/1/2023 - 2/28/2023

ID#: W01064

Name: CORNELIUS, WILLIAM

Date of birth: 1962-12-18

Location: C - 4 - 213

	<u>Available</u>	+	<u>Encumbered</u>	=	<u>Account Balance</u>
Beginning Balance on 2/1/2023:	0.00		0.00		0.00
Ending Balance on 2/28/2023:	0.00		0.00		0.00

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
No activity this period.						

Due to computer posting the 'Balances as of 2/28/2023 may not reflect all ttransactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

Inmate Statment for 3/1/2023 - 3/31/2023

ID#: W01064

Name: CORNELIUS, WILLIAM

Date of birth: 1962-12-18

Location: C - 4 - 213

	<u>Available</u>	+	<u>Encumbered</u>	=	<u>Account Balance</u>
Beginning Balance on 3/1/2023:	0.00		0.00		0.00
Ending Balance on 3/31/2023:	0.00		0.00		0.00

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
No activity this period.						

Due to computer posting the 'Balances as of 3/31/2023 may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

Inmate Statment for 4/1/2023 - 4/30/2023

ID#: W01064

Name: CORNELIUS, WILLIAM

Date of birth: 1962-12-18

Location: C - 4 - 213

Beginning Balance on 4/1/2023:

Available + Encumbered = Account Balance

0.00

0.00

0.00

Ending Balance on 4/30/2023:

0.00

0.00

0.00

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
No activity this period.						

Due to computer posting the 'Balances as of 4/30/2023 may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

Inmate Statment for 5/1/2023 - 5/31/2023

ID#: W01064

Name: CORNELIUS, WILLIAM

Date of birth: 1962-12-18

Location: C - 4 - 213

	<u>Available</u>	+	<u>Encumbered</u>	=	<u>Account Balance</u>
Beginning Balance on 5/1/2023:	0.00		0.00		0.00
Ending Balance on 5/31/2023:	0.00		0.00		0.00

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
No activity this period.						

Due to computer posting the 'Balances as of 5/31/2023 may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

Inmate Statment for 6/1/2023 - 6/30/2023

ID#: W01064

Name: CORNELIUS, WILLIAM

Date of birth: 1962-12-18

Location: C - 4 - 213

	<u>Available</u>	+	<u>Encumbered</u>	=	<u>Account Balance</u>
Beginning Balance on 6/1/2023:	0.00		0.00		0.00
Ending Balance on 6/30/2023:	0.00		0.00		0.00

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
No activity this period.						

Due to computer posting the 'Balances as of 6/30/2023 may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

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GEO-South Bay Correctional Facility , FL

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Resident Transaction Receipt (Reprint)
Wednesday, September 13, 2023 @10:37

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Officer ID: SBRYANT
Transaction #: 104997079
DC#: W01064 Inmate Name: CORNELIUS, WILLIAM
Reference:
Description: LEGAL POSTAGE/AUG 2023

BLDG: WING: CELL:
C 4 213

Trans Type:	Date:	Amount:	Current Funds:
LEGAL POSTAGE	Sep 13, 2023	\$ 9.35	\$ 21.07

Resident Sig _____ Date _____

Authorized Sig _____ Date _____

Inmate Statment for 8/1/2023 - 8/31/2023

ID#: W01064

Name: CORNELIUS, WILLIAM

Date of birth: 1962-12-18

Location: C - 4 - 213

	<u>Available</u>	+	<u>Encumbered</u>	=	<u>Account Balance</u>
Beginning Balance on 8/1/2023:	0.00		0.00		0.00
Ending Balance on 8/31/2023:	42.81		0.00		42.81

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
8/15/2023	SECUREDEPOSITS	108146701 Cornealius Edward	150.00	150.00	8.55	0.00
8/15/2023	<MED COPAY>	Payment for MED COPAY on 2022-12-08	(3.55)	146.45	5.00	0.00
8/15/2023	<MED COPAY>	Payment for MED COPAY on 2023-01-04	(5.00)	141.45	0.00	0.00
8/22/2023	EPR	OID:100001739-ComisaryPurch-Reg	(49.92)	91.53	0.00	0.00
8/27/2023	EPR	OID:100002514-ComisaryPurch-Reg	(48.72)	42.81	0.00	0.00

Due to computer posting the 'Balances as of 8/31/2023' may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.