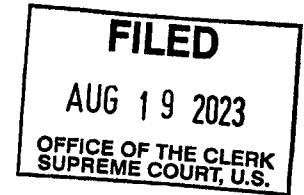


23-6790

ORIGINAL

In The  
Supreme Court of the United States



James Hamilton

Petitioner,

vs.

UNITED STATES OF AMERICA,

Respondent.

ON PETITIONER FOR WRIT OF CERTIORARI  
TO THE UNITED STATES COURT OF APPEALS  
FOR THE FIFTH CIRCUIT

MOTION FOR LEAVE TO PROCEED


IN FORMA PAUPERIS

COMES NOW PETITIONER, James Hamilton and respectfully moves this Honorable Court for leave to proceed in forma pauperis, in accordance with the provisions of Title 28, United States Code, Section 1915, and Rule 39 of the Rules of his Court.

The affidavit of James Hamilton in support of this motion is attached hereto. James Hamilton did seek leave to proceed in forma pauperis in the court below.

Presented herewith is James Hamilton petition for writ of certiorari in the Court of Appeals for the Fifth Circuit.

Done this 16th, day of January 2024.

A handwritten signature in cursive script, appearing to read "James Hamilton", with a small 'x' mark at the beginning of the line.

James Hamilton

49588-044

FCC Coleman Medium

P.O. Box 1032

Coleman, FL 33521

No:

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James Hamilton

Petitioner,

vs.

UNITED STATES OF AMERICA,

Respondent..

---

ON PETITION FOR WRIT OF CERTIORARI  
TO THE UNITED STATES COURT OF APPEALS  
FOR THE FIFTH CIRCUIT

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

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I, James Hamilton being first duly sworn according to law, depose and say that I am the Petitioner in the above-entitled cause, and in support of my application for leave to proceed without being required I prepay costs or fees, state (A) because of my poverty I am unable to pay the cost of the cause; (B) I am unable to give security for the same; (C) I believe that I am entitled to the redress I seek in the cause; (D) this review is sought in good faith; (E) the nature of the cause is briefly stated as a Petition for Writ of Certiorari

to the United States Court of Appeals for the Fifth Circuit; (F) the petition raises substantial questions of constitutional law, as set forth more fully in my Petition filed herewith.

I further swear that the responses which I have made to the questions and instructions below relating to my ability to pay the costs of prosecuting the appeal are true.

- 1) I am presently unemployed.
- 2) I have not received within the last 12 months any income from a business, profession of other for o self-employment, in the form of rent payments, interest, dividend, or other source.
- 3) I do not own cash or a checking or savings account.
- 4) I do not own any real estate, stocks, bonds, notes, automobiles, or other valuable property.
- 5) I have no persons dependent on me for support.
- 6) I have read the foregoing and state that it is true and correct.

Done this 16th, day of January 2024.



James Hamilton

49588-044

FCC Coleman Medium

P.O. Box 1032

Coleman, FL 33521

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

I, James Hamilton, 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>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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</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>	<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 or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>N/A</u>
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		
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	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</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.

N/A

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? \_\_\_\_\_ 0 \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

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 completion of this form?

☐ Yes ☒ No

If yes, how much? \_\_\_\_\_ 0 \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

N/A

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

Currently incarcerated in an F.B.O.P. Institution. I do not even have a prison job.

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

Executed on: February 2, 2024

  
(Signature)


# Inmate Inquiry



Inmate Reg #: 49588044      Current Institution: Coleman FCC  
Inmate Name: HAMILTON, JAMES      Housing Unit: COM-A-B  
Report Date: 12/19/2023      Living Quarters: A03-067L  
Report Time: 2:05:09 PM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

## General Information

Administrative Hold Indicator: No  
No Power of Attorney: No  
Never Waive NSF Fee: No  
Max Allowed Deduction %: 100  
PIN: 6954  
PAC #: 185294760  
Revalidation Date: 25th  
FRP Participation Status: Completed  
Arrived From: LVN  
Transferred To:  
Account Creation Date: 1/14/2020  
Local Account Activation Date: 11/19/2021 4:17:15 AM  
Sort Codes:   
Last Account Update: 12/18/2023 12:11:52 AM  
Account Status: Active  
Phone Balance: \$0.00

## Pre-Release Plan Information

Target Pre-Release Account Balance: \$809.73  
Pre-Release Deduction %: 0%  
Income Categories to Deduct From: ☒ Payroll ☐ Outside Source Funds

## FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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## Account Balances

Account Balance: \$0.49  
Pre-Release Balance: \$0.00  
Debt Encumbrance: \$0.00  
SPO Encumbrance: \$0.00  
Other Encumbrances: \$0.00  
Outstanding Negotiable Instruments: \$0.00  
Administrative Hold Balance: \$0.00  
Available Balance: \$0.49  
National 6 Months Deposits: \$1,998.00



# Deposits



Inmate Reg #: 49588044  
 Inmate Name: HAMILTON, JAMES  
 Report Date: 12/19/2023  
 Report Time: 2:05:15 PM

Current Institution: Coleman FCC  
 Housing Unit: COM-A-B  
 Living Quarters: A03-067L

<u>Date/Time</u>	<u>Transaction Type</u>	<u>Amount</u>	<u>Ref#</u>	<u>Sender Last Name</u>	<u>Sender Zip</u>
12/10/2023 8:08:46 PM	Western Union	\$75.00	33323344	HAMILTON	63851
12/10/2023 7:08:15 AM	Western Union	\$35.00	33323344	HAMILTON	63901
12/6/2023 8:06:54 PM	Money Gram	\$25.00	33423340	ANDERSON	71105
11/17/2023 7:07:37 PM	Western Union	\$43.00	33323321	HAMILTON	46250
11/8/2023 1:19:33 PM	Western Union	\$80.00	33323312	HAMILTON	63851
11/2/2023 12:08:17 PM	Western Union	\$75.00	33323306	HAMILTONJR	75206
10/8/2023 1:07:10 PM	Western Union	\$150.00	33323281	HAMILTON	48342
10/7/2023 6:07:17 PM	Western Union	\$40.00	33323280	HAMILTON	63901
10/1/2023 10:10:20 PM	Western Union	\$110.00	33323274	MARTIN	33319
9/29/2023 11:08:18 AM	Western Union	\$75.00	33323272	HAMILTON	63851
9/15/2023 2:07:44 PM	Western Union	\$150.00	33323258	HAMILTON	63901
9/6/2023 7:08:28 PM	Western Union	\$75.00	33323249	HAMILTON	63851
9/6/2023 7:12:40 AM	Western Union	\$200.00	33323249	SANDERS	44103
9/5/2023 9:09:08 PM	Western Union	\$110.00	33323248	MONROE	33313
8/25/2023 12:07:27 PM	Western Union	\$75.00	33323237	HAMILTON	63901
8/14/2023 7:12:30 AM	Western Union	\$90.00	33323226	STANCEL	33805
8/14/2023 7:12:28 AM	Western Union	\$65.00	33323226	HAMILTON	63901
7/25/2023 12:07:54 PM	Western Union	\$100.00	33323206	HAMILTON	63901
7/17/2023 9:07:22 AM	Western Union	\$75.00	33323198	HAMILTON	63851
7/17/2023 7:13:06 AM	Western Union	\$65.00	33323198	HAMILTON	63901
7/14/2023 7:09:03 AM	Western Union	\$65.00	33323195	HAMILTON	63901
7/9/2023 7:08:03 PM	Western Union	\$100.00	33323190	ANDERSON	71105
7/8/2023 5:07:18 PM	Western Union	\$30.00	33323189	PEREZCIRILO	00773
6/24/2023 9:20:04 PM	Western Union	\$90.00	33323175	HAMILTON	65201
6/16/2023 7:07:44 PM	Western Union	\$100.00	33323167	HAMILTON	63901
6/5/2023 6:09:00 PM	Western Union	\$75.00	33323156	HAMILTON	63851
6/4/2023 4:08:15 PM	Western Union	\$60.00	33323155	HAMILTON	65201
5/7/2023 3:06:56 PM	Money Gram	\$750.00	33423127	HAMILTON	65201
5/5/2023 3:08:05 PM	Western Union	\$43.00	33323125	HAMILTON	46250
5/5/2023 10:26:26 AM	Payroll - IPP	\$31.00	YIPP0423		
5/1/2023 12:09:00 PM	Western Union	\$75.00	33323121	HAMILTON	65201
4/27/2023 9:07:18 PM	Western Union	\$100.00	33323117	HAMILTON	63851
4/24/2023 7:07:48 AM	Money Gram	\$100.00	33423114	CHRISTIAN	63901
4/15/2023 7:06:48 PM	Money Gram	\$75.00	33423105	HAMILTON	65201
4/10/2023 9:07:10 PM	Money Gram	\$50.00	33423100	HAMILTON	65201
4/7/2023 10:08:18 AM	Payroll - IPP	\$31.00	YIPP0323		
4/3/2023 8:09:41 PM	Western Union	\$50.00	33323093	HAMILTON	65201
3/27/2023 6:07:31 PM	Western Union	\$70.00	33323086	OFFICER	63901

National 6 Months Withdrawals: \$2,078.95  
Available Funds to be considered for IFRP Payments: \$1,548.00  
National 6 Months Avg Daily Balance: \$52.01  
Local Max. Balance - Prev. 30 Days: \$111.09  
Average Balance - Prev. 30 Days: \$8.75

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## Commissary History

### Purchases

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Validation Period Purchases: \$125.50  
YTD Purchases: \$632.30  
Last Sales Date: 12/11/2023 2:22:37 PM

### SPO Information

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SPO's this Month: 0  
SPO \$ this Quarter: \$0.00

### Spending Limit Info

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Spending Limit Override: No  
Weekly Revalidation: Yes  
Bi-Weekly Revalidation: No  
Spending Limit: \$90.00  
Expended Spending Limit: \$0.00  
Remaining Spending Limit: \$90.00

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## Commissary Restrictions

### Spending Limit Restrictions

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Restricted Spending Limit: \$0.00  
Restricted Expended Amount: \$0.00  
Restricted Remaining Spending Limit: \$0.00  
Restriction Start Date: N/A  
Restriction End Date: N/A

### Item Restrictions

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List Name	List Type	Start Date	End Date	Active
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## Comments

Comments: