No. 23-7518

FILED
MAY 10 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Willie Joe Williams — PETITIONER
(Your Name)

VS.

Kelvin Malher, 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):

United States Federal District Court

The 4th Circuit Court of Appeals

☐ 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: _____, or

☐ a copy of the order of appointment is appended.

Willie J Wms.
(Signature)

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

I, Willie Joe Williams, 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	$N/A	$0	$ N/A
Self-employment	$0	$N/A	$0	$ N/A
Income from real property (such as rental income)	$0	$N/A	$0	$ N/A
Interest and dividends	$0	$N/A	$0	$ N/A
Gifts	$0	$N/A	$0	$ N/A
Alimony	$0	$N/A	$0	$ N/A
Child Support	$0	$N/A	$0	$ N/A
Retirement (such as social security, pensions, annuities, insurance)	$500.00	$N/A	$500.00	$ N/A
Disability (such as social security, insurance payments)	$0	$N/A	$0	$ N/A
Unemployment payments	$0	$N/A	$0	$ N/A
Public-assistance (such as welfare)	$0	$N/A	$0	$ N/A
Other (specify): E.B.T.	$291.00	$N/A	$291.00	$ N/A
Total monthly income:	$791.00	$N/A	$791.00	$ N/A

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
None			$ 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			$
			$
			$

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
Savings	$ 19.00	$ N/A
	$	$
	$	$

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

☐ Home
Value None

☐ Other real estate
Value None

☑ Motor Vehicle #1
Year, make & model 2020, Moped
Value $400.00 JBLC Model BD50QT-9A

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

☑ Other assets
Description None
Value None

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
None	$ 0	$ N/A
	$	$
	$	$

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
None		

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) Are real estate taxes included? ☐ Yes ☑ No Is property insurance included? ☐ Yes ☑ No	$ 450.00	$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	$125.00	$N/A
Home maintenance (repairs and upkeep)	$ 0	$ N/A
Food	$ 0	$ N/A
Clothing	$ 0	$ N/A
Laundry and dry-cleaning	$ 15.00	$ 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	$ 25.00	$ N/A
Other: None	$ None	$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): None	$ 0	$ N/A
Installment payments		
Motor Vehicle	$ 0	$ N/A
Credit card(s)	$ 0	$ N/A
Department store(s)	$ 0	$ N/A
Other: None	$ 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): None	$ 0	$ N/A
Total monthly expenses:	$ 616.00	$ 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? _____

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? $74.90

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

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202 W. Cambridge Avenue • Greenwood, SC 29646
(864) 223-5313

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

Outstanding Medical Debt
Disability

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

Executed on: May 10th, 2024

Willie J. Winn
(Signature)