

No. \_\_\_\_\_

**IN THE SUPREME COURT OF THE UNITED STATES**

**OCTOBER TERM, 2023**

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JAMIE MILLS,

Petitioner,

v.

JOHN HAMM,  
Commissioner,

Alabama Department of Corrections, et al.,

Respondents.

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**ON PETITION FOR A WRIT OF CERTIORARI  
TO THE UNITED STATES COURT OF APPEALS FOR  
THE ELEVENTH CIRCUIT**

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**MOTION TO PROCEED *IN FORMA PAUPERIS***

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Petitioner Jamie Mills, pursuant to Rule 39 of the Supreme Court Rules, respectfully requests leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*. Mr. Mills has been incarcerated since 2004 and had appointed counsel at trial. He is currently indigent. Mr. Mills did not seek *in forma pauperis* status in the court below but is requesting it before this Court because he cannot afford the higher costs of filing a petition in this Court. In support of this motion, Mr. Mills has attached a Declaration in Support of Motion for Leave to Proceed *In Forma Pauperis*, as Appendix A, as well as a prison account

statement as Appendix B.

For these reasons, Mr. Mills respectfully requests that this Court grant him leave to proceed *in forma pauperis* in this Court.

Respectfully submitted,

/s/Charlotte R. Morrison  
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May 29, 2024

*Counsel for Jamie Mills*

## Appendix A

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

I, Jamie Mills, 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.

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

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
NA			\$ J
			\$ J
			\$ J

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

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

Home Value NA

Other real estate Value J

Motor Vehicle #1  
 Year, make & model \_\_\_\_\_  
 Value NA

Motor Vehicle #2  
 Year, make & model \_\_\_\_\_  
 Value J

Other assets  
 Description NA  
 Value J

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

**Person owing you or your spouse money**

*NA*

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**Amount owed to you**

\$ *9*  
\$ *9*  
\$ *9*

**Amount owed to your spouse**

\$ *9*  
\$ *9*  
\$ *9*

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**

*NA*

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**Relationship**

*PA*

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**Age**

*NA*

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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)

\$ *0*

\$ *0*

Are real estate taxes included?  Yes  No  
Is property insurance included?  Yes  No

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

\$ *0*

\$ *0*

Home maintenance (repairs and upkeep)

\$ *0*

\$ *0*

Food

\$ *0*

\$ *0*

Clothing

\$ *0*

\$ *0*

Laundry and dry-cleaning

\$ *0*

\$ *0*

Medical and dental expenses

\$ *0*

\$ *0*

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ <u>100</u>	\$ <u>100</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ <u>100</u>	\$ <u>100</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.

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

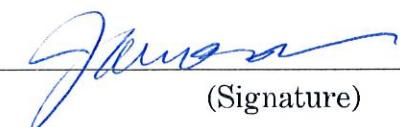
If yes, how much? \_\_\_\_\_

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: \_\_\_\_\_ May 16, 2024

  
(Signature)

## Appendix B

## PRISON ACCOUNT CERTIFICATE

I hereby certify that Jamie Mills, AIS# Z743, has the sum of \$50.<sup>48</sup> on account to his credit at Holman Correctional Facility, in Atmore, Alabama, where he is confined. I further certify that the amount on account to his credit at Holman Correctional Facility for the previous twelve (12) months is as follows:

May 2024	\$ <u>Not Yet generated</u>
April 2024	\$ <u>10.03</u>
March 2024	\$ <u>52.42</u>
February 2024	\$ <u>48.99</u>
January 2024	\$ <u>49.10</u>
December 2023	\$ <u>26.05</u>
November 2023	\$ <u>54.88</u>
October 2023	\$ <u>57.31</u>
September 2023	\$ <u>62.77</u>
August 2023	\$ <u>44.54</u>
July 2023	\$ <u>23.68</u>
June 2023	\$ <u>46.42</u>

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. Executed on 5/16/24 (date).

Dianca H. Crude

AUTHORIZED OFFICER OF INSTITUTION