

No. 24-5590 **ORIGINAL**

IN THE

SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.  
FILED

**MAY 31 2024**

OFFICE OF THE CLERK

BENJAMIN BOSTON — PETITIONER  
(Your Name)

VS.

MELODY MAYNOX — 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):

Supreme Court of Georgia

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.

Benjamin Boston  
(Signature)

**RECEIVED**

JUL 10 2024

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SUPREME COURT, U.S.

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SEP 17 2024  
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SUPREME COURT, U.S.

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

I, Benjamin Boston, 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 monthly, 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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>N/A</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>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>N/A</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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

2. List your employment history for the past two years, most recent first. (Gross pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly
<u>BEEN IN JAIL</u>	<u>n/a</u>	<u>n/a</u>	<u>\$ n/a</u>
			<u>\$</u>
			<u>\$</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 Employment	Gross monthly pay
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>\$ n/a</u>
			<u>\$</u>
			<u>\$</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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<u>n/a</u>	<u>\$</u>	<u>\$</u>
	<u>n/a</u>	<u>n/a</u>
	<u>\$</u>	<u>\$</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 n/a

Other real estate  
Value n/a

Motor Vehicle #1  
Year, make & model n/a  
Value \_\_\_\_\_

Motor Vehicle #2  
Year, make & model n/a  
Value \_\_\_\_\_

Other assets  
Description n/a  
Value \_\_\_\_\_

6. State every person, business, or organization owing you or your spouse mon amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your
<u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
<u></u>	\$ <u></u>	\$ <u></u>
<u></u>	\$ <u></u>	\$ <u></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></u>	<u></u>	<u></u>
<u>B-M</u>	<u>SON</u>	<u>10</u>
<u></u>	<u></u>	<u></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>BEEN IN JAIL</u>	\$ <u>n/a</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>n/a</u>	\$ <u>n/a</u>
Home maintenance (repairs and upkeep)	\$ <u>n/a</u>	\$ <u>n/a</u>
Food	\$ <u>n/a</u>	\$ <u>n/a</u>
Clothing	\$ <u>n/a</u>	\$ <u>n/a</u>
Laundry and dry-cleaning	\$ <u>n/a</u>	\$ <u>n/a</u>
Medical and dental expenses	\$ <u>n/a</u>	\$ <u>n/a</u>

	You	Your
Transportation (not including motor vehicle payments)	\$ <u>n/a</u>	\$ <u>n/a</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>n/a</u>	\$ <u>n/a</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>n/a</u>	\$ <u>n/a</u>
Life	\$ <u>n/a</u>	\$ <u>n/a</u>
Health	\$ <u>n/a</u>	\$ <u>n/a</u>
Motor Vehicle	\$ <u>n/a</u>	\$ <u>n/a</u>
Other: <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Installment payments		
Motor Vehicle	\$ <u>n/a</u>	\$ <u>n/a</u>
Credit card(s)	\$ <u>n/a</u>	\$ <u>n/a</u>
Department store(s)	\$ <u>n/a</u>	\$ <u>n/a</u>
Other: <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Alimony, maintenance, and support paid to others	\$ <u>n/a</u>	\$ <u>n/a</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>n/a</u>	\$ <u>n/a</u>
Other (specify): <u>0</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
<b>Total monthly expenses:</b>	\$ <u>n/a</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.

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:

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've Been IN JAIL 3 years  
NO JOBS

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

Executed on: 6 / 14, 2024

Benjamin Boston  
(Signature)

Boston

X2101880

THIS FORM IS TO BE COMPLETED ONLY BY AN AUTHORIZED INDIVIDUAL AT THE INSTITUTION  
WHERE THE INMATE PLAINTIFF IS PRESENTLY INCARCERATED, OR HIS/HER DESIGNEE.

CERTIFICATION

I hereby certify that the Plaintiff herein, Benjamin Boston, has an average monthly balance for the last twelve (12) months of \$ 0 on account at the DeKalb County Sheriff Office institution where confined. (If not confined for a full twelve (12) months, specify the number of months confined. Then compute average monthly balance on that number of months.)

I further certify that Plaintiff likewise has the following securities according to the records of said institution : DeKalb County Sheriff Office

4425 Memorial Dr  
Decatur GA 30032

SCope  
Authorized Officer of Institution

6/14/24  
Date

NOTE: Please attach a copy of the prisoner's inmate account of the last 12 months or the period of incarceration, whichever is less.

## Inmate Account Activity

Booking # 21003113  
 Defendant BOSTON, BENJAMIN  
 SO # X2101880

Balances		
Increases	Decreases	Balance
176.65	176.65	0.00

Date	Description	Increases	Decreases	Balance
10665622 09/23/2022	Reverse Accounting Adjustment/Withdrawal		(2.00)	
10665621 09/23/2022	Accounting Adjustment/Withdrawal		2.00	(2.00)
10665620 09/23/2022	Reverse Adjustment	(2.00)		
10665619 09/23/2022	Adjustment	2.00		2.00
10062530 04/12/2021	Miscellaneous Cost Recovery		0.32	
10058505 04/08/2021	Commissary Tax Deduction		0.03	0.32
10058504 04/08/2021	Commissary Deduction		0.35	0.35
10050998 03/31/2021	Commissary Tax Deduction		6.03	0.70
10050997 03/31/2021	Commissary Deduction		75.54	6.73
10041814 03/23/2021	Commissary Tax Deduction		6.77	82.27
10041813 03/23/2021	Commissary Deduction		84.55	89.04
10034968 03/15/2021	Miscellaneous Cost Recovery		3.06	173.59
10033028 03/13/2021	Touch Pay 2021-05408-I	176.65		176.65