

No. _____

24-5726

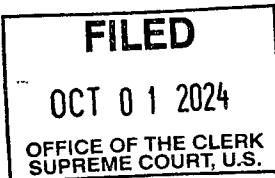
IN THE SUPREME COURT OF THE UNITED STATES

ORIGINAL

William Hudson — PETITIONER

vs.

Warden JTVCC, et al. — RESPONDENT(S)



**AFFIDAVIT TO ACCOMPANYING MOTION FOR PERMISSION TO PROCEED IN
FORMA PAUPERIS**

Affidavit in Support of Motion

Instructions

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none", or "not applicable (N/A)", write that response. If you need more space to answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: Will D. Hudson

Date: 9-30-24

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

William Hudson — PETITIONER

vs.

Warden JTVCC, 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): Delaware Superior and Supreme Court, District Court of Delaware, and the Third 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.


(Signature)

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
State of Delaware	JTVCC; 1181 Paddock Rd.; Smyrna, DE 19977	current	\$90
			\$
			\$

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
No spouse			\$
			\$
			\$

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
Ally Bank, checking	\$5	\$
Ally Bank, savings	\$1072	\$
Stepping Stones, savings	\$15	\$

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

Home

Value

Other real estate

Value

Motor Vehicle #1

Year, make & model

Value

Motor Vehicle #2

Year, make & model

Value

Other assets

Description

Value

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

I, William Hudson, 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
Employment	\$90	\$N/A
Self-employment	\$0	\$N/A
Income from real property (such as rental income)	\$0	\$N/A
Interest and dividends	\$4	\$N/A
Gifts	\$0	\$N/A
Alimony	\$0	\$N/A
Child Support	\$0	\$N/A
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$N/A
Disability (such as social security, insurance payments)	\$0	\$N/A
Unemployment payments	\$0	\$N/A
Public assistance (such as welfare)	\$0	\$N/A
Other (specify):	\$0	\$N/A
Total monthly income:	\$94	\$0

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

**Person owing you or your spouse Amount owed to you Amount owed to your spouse
money**

No one N/A 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
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No one

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.

Rent or home-mortgage payment (include lot rented for mobile home) \$0 \$N/A

Are real estate taxes included? Yes No

Is property insurance included? Yes No

Utilities (electricity, heating fuel, water, sewer, and telephone) \$0 \$N/A

Home maintenance (repairs and upkeep) \$0 \$N/A

Food \$79 \$N/A

Clothing \$10 \$N/A

Laundry and dry-cleaning \$0 \$N/A

Medical and dental expenses \$5 \$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)		
Homeowners or renter's	\$0	\$N/A
Life	\$0	\$N/A
Health	\$0	\$N/A
Motor Vehicle	\$0	\$N/A
Other:	\$0	\$N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$N/A
Installment payments		
Motor Vehicle	\$0	\$N/A
Credit card(s)	\$0	\$N/A
Department store(s)	\$0	\$N/A
Other:	\$0	\$N/A
Alimony, maintenance, and support paid to others	\$0	\$N/A
Regular expenses for operation of business, profession, or farm (attached detailed statement)	\$0	\$N/A
Other (specify):	\$0	\$N/A
Total monthly expenses:	\$94	\$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?

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 am an indigent prisoner unable to afford the costs of this appeal.

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

Executed on: September 30, 2024

Will D. Aulba
(Signature)

JAMES T VAUGHN CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Hudson, William SBI #: 00688958
FROM: JTVCC Support Services/Business Office- Inmate Accounts
RE: **6 month / Average Daily Balance Statement**
DATE: April 22nd, 2024

Attached are copies of your inmate account statements for the months of

October 2023 to April 2024

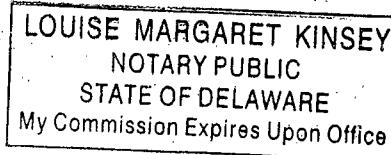
Average daily balance/ 6 months: \$ 47.38

Department of Correction Certified Statement

I hereby certify that the appellant named herein has the sum of \$ 19.07 on account to the appellant's credit at the institution where the appellant is confined. I further certify that the appellant has the following securities to the appellant's credit according to the institution's records: N/A.

Joe Valenti 04/22/24 Boise, ID 4/22/24
Designee/Date Notary/Date

Attachments
Cc: File



Delaware Department of Correction**Inmate Account Statement**Location: JTVCCPeriod From: 10/22/2023 To 04/22/2024

Account # : 00688958

Name: HUDSON WILLIAMCurrent Location / Housing: JTVCC / Bldg S1 Tier FAs of 10/22/2023 Opening Balance: \$21.40 As of 10/22/2023 Opening Available Balance*: \$21.40

Transaction#	Transaction Date	Transaction Description	Check# / Money Order#	Debit	Credit	Hold Amount	Available Balance	Memo, From/To
3728510	10/27/2023	Commissary	201563	\$13.26		\$0.00	\$8.14	JTVCC Commissary
3734655	11/03/2023	Commissary	201675	\$6.00		\$0.00	\$2.14	JTVCC Commissary
3740702	11/09/2023	Wages-Correction Industries			\$91.80	\$0.00	\$93.94	
3749714	11/17/2023	Commissary	201930	\$69.17		\$0.00	\$24.77	JTVCC Commissary
3753128	11/22/2023	Mail Money Order	221640		\$50.00	\$0.00	\$74.77	ALLY BANK
3755644	11/27/2023	Commissary	202026	\$16.20		\$0.00	\$58.57	JTVCC Commissary
3756390	11/27/2023	Commissary			\$3.30	\$0.00	\$61.87	JTVCC Commissary
3760096	12/01/2023	Commissary	202133	\$54.94		\$0.00	\$6.93	JTVCC Commissary
3767525	12/08/2023	Commissary	202246	\$6.48		\$0.00	\$0.45	JTVCC Commissary
3772551	12/13/2023	Wages-Correction Industries			\$91.80	\$0.00	\$92.25	
3774994	12/15/2023	Commissary	202399	\$86.67		\$0.00	\$5.58	JTVCC Commissary
3777490	12/19/2023	Commissary			\$3.30	\$0.00	\$8.88	JTVCC Commissary
3792797	01/05/2024	Commissary	202699	\$6.42		\$0.00	\$2.46	JTVCC Commissary
3796699	01/09/2024	Wages-Correction Industries			\$88.65	\$0.00	\$91.11	
3799725	01/12/2024	Commissary	202875	\$75.71		\$0.00	\$15.40	JTVCC Commissary
3809232	01/23/2024	Web Payment Credit Card(GTL)	2126		\$300.00	\$0.00	\$315.40	Windisch Sarah
3810465	01/24/2024	GTL Tablets	202955	\$5.00		\$0.00	\$310.40	GTL
3813065	01/26/2024	Commissary	203070	\$301.33		\$0.00	\$9.07	JTVCC Commissary
3821127	02/05/2024	Commissary	203172	\$8.64		\$0.00	\$0.43	JTVCC Commissary
3823717	02/07/2024	Wages-Correction Industries			\$91.80	\$0.00	\$92.23	
3824663	02/07/2024	Mail Money Order	1007687		\$100.00	\$0.00	\$192.23	ALLY BANK
3833600	02/19/2024	Commissary	203451	\$127.88		\$0.00	\$64.35	JTVCC Commissary
3841480	02/26/2024	Commissary	203570	\$26.28		\$0.00	\$38.07	JTVCC Commissary
3845917	03/01/2024	Commissary	203671	\$32.07		\$0.00	\$6.00	JTVCC Commissary
3851618	03/06/2024	Wages-Correction Industries			\$98.40	\$0.00	\$104.40	
3854039	03/08/2024	Commissary	203845	\$5.10		\$0.00	\$99.30	JTVCC Commissary
3860794	03/15/2024	Commissary	203982	\$52.08		\$0.00	\$47.22	STATE OF DELAWARE
3866954	03/22/2024	Commissary	204115	\$27.16		\$0.00	\$20.06	STATE OF DELAWARE
3874285	04/01/2024	Commissary	204222	\$10.20		\$0.00	\$9.86	STATE OF DELAWARE
3879487	04/05/2024	Commissary	204349	\$9.24		\$0.00	\$0.62	STATE OF DELAWARE
3882527	04/08/2024	Wages-Correction Industries			\$99.15	\$0.00	\$99.77	
3887667	04/12/2024	Commissary	204488	\$65.97		\$0.00	\$33.80	STATE OF DELAWARE
3888218	04/12/2024	Commissary	204488		\$3.60	\$0.00	\$37.40	STATE OF

Delaware Department of Correction
Inmate Account Statement

Location: JTVCC
Period From: 10/22/2023 To 04/22/2024

Account # : 00688958

Transaction#	Transaction Date	Transaction Description	Check#/ Money Order#	Debit	Credit	Hold Amount	Available Balance	Memo/From/To
								DELAWARE
3891347	04/16/2024	Commissary			\$1.10	\$0.00	\$38.50	STATE OF DELAWARE
3894083	04/19/2024	Commissary		\$19.43		\$0.00	\$19.07	STATE OF DELAWARE

Total: \$1025.23 \$1022.90

As of 04/22/2024 Current Balance: \$19.07 Available Balance*: \$19.07

Total Amount on Hold	Facility	Medical Copay	Legal	Restitution	Indigent	Room and Board	Others	Court Fees
As of 04/22/2024:	JTVCC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00