

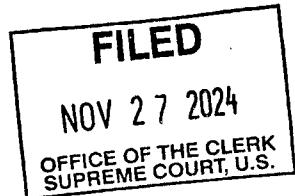
No.

24-6090

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

In Re William A. Freeman — PETITIONER
(Your Name)



MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of habeas corpus without prepayment of costs and to proceed *in forma pauperis*.

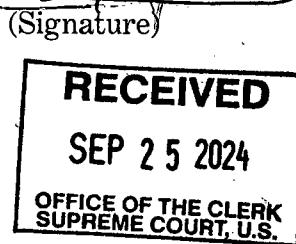
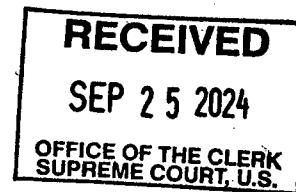
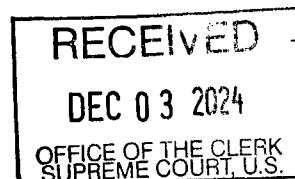
Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

United States District Court for the Northern District of Georgia
ATLANTA Division

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.



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

I, William A. Freeman, 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	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Self-employment	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Interest and dividends	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Gifts	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Alimony	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Child Support	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Unemployment payments	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Public-assistance (such as welfare)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Other (specify): _____	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Total monthly income:	\$ 0.00	\$ N/A	\$ 0.00	\$ 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
TRINITY Service Group UNemployed UNemployed	COFFEE CORRECTIONAL PO BOX 650, NICHOLS, GA.	Nov. 1 2023	\$ 0.00 \$ N/A \$ N/A

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 N/A N/A			\$ N/A \$ N/A \$ N/A

4. How much cash do you and your spouse have? \$ 0.00

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
N/A N/A N/A	\$ N/A \$ N/A \$ N/A	\$ N/A \$ N/A \$ 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 N/A

Other real estate
Value N/A

Motor Vehicle #1
Year, make & model N/A
Value N/A

Motor Vehicle #2
Year, make & model N/A
Value N/A

Other assets
Description N/A
Value N/A

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>	\$ 0.00	\$ N/A
<u>N/A</u>	\$ 0.00	\$ N/A
<u>N/A</u>	\$ 0.00	\$ 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
<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)	\$ 0.00	\$ N/A
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)	\$ 0.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0.00	\$ N/A
Food	\$ 0.00	\$ N/A
Clothing	\$ 0.00	\$ N/A
Laundry and dry-cleaning	\$ 0.00	\$ N/A
Medical and dental expenses	\$ 0.00	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ N/A
Life	\$ 0.00	\$ N/A
Health	\$ 0.00	\$ N/A
Motor Vehicle	\$ 0.00	\$ N/A
Other: _____	\$ 0.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0.00	\$ N/A
Installment payments		
Motor Vehicle	\$ 0.00	\$ N/A
Credit card(s)	\$ 0.00	\$ N/A
Department store(s)	\$ 0.00	\$ N/A
Other: _____	\$ 0.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify): _____	\$ 0.00	\$ N/A
Total monthly expenses:	\$ 0.00	\$ 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? n/a

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? n/a

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: Sept. 17, 2024


Willie J. Jones
(Signature)

John H. Jones Ex 1/27/26
NOTARY PUBLIC

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

CERTIFICATION

I hereby certify that the plaintiff herein, William Freeman, has an average monthly balance for the last 12 months of \$ 0 on account at the Coffee Correctional Facility institution where confined. (If not confined for a full 12 months, specify the number of months confined. Then compute the 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: Coffee Correctional Facility

Jerome Dodd
Authorized Officer of Institution

9-13-24
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).

Account Statement

FREEMAN, WILLIAM

Printed By:

MADDOX, KRISTY

GDC ID: 1003404480

Spendable Amount	Reserved Amount	Stimulus Amount	Receipts On Hold	Funds Balance	Obligations/Court Charges
\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	\$23.32

RECEIPTS

Receipt Date	Transaction ID	Receipt Type	Receipt Details	Receipt Amount
08/15/2023	24396270	MAIL ROOM RECEIPT	HENRY CO SHERIFFS OFC - 10115	\$103.18

WITHDRAWALS

Date	Request Date	Location Paid	Withdrawal Type	Payable To	Detail	Amount	Check No
06/01/2024		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 06/2024	\$0.54	234734
05/15/2024		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	COFFEE CORR FACILITY	STORE PURCHASE	\$10.90	BOA ACH-2010000183
05/01/2024		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 05/2024	\$1.00	233833
04/26/2024		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	COFFEE CORR FACILITY	RECORD ID = 34567287. CERT MAIL 1 K WEINER 2 AMER CIV LIB UN 3 RISK MANGE DIV OF DEPT OF ADMIN SER	\$59.29	232981
04/03/2024		CENTRAL ACCT-OFFENDER TRUST	STORE PURCHASE	COFFEE CORR FACILITY	STORE PURCHASE	\$13.45	BOA ACH-2010000182
04/01/2024		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 04/2024	\$1.00	233021
03/01/2024		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 03/2024	\$1.00	231986
02/01/2024		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 02/2024	\$1.00	231221
01/01/2024		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 01/2024	\$1.00	229170
12/01/2023		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 12/2023	\$1.00	229169
11/01/2023		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 11/2023	\$1.00	228193
10/01/2023		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 10/2023	\$1.00	227539
09/01/2023		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee 09/2023	\$1.00	226551

OBLIGATIONS

Paid Status: P = Partially paid; Y = Paid in full; R = Reversed; W = Written off