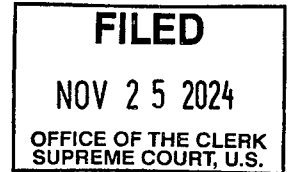


No. \_\_\_\_\_

**24-6092**

**ORIGINAL**

IN THE  
SUPREME COURT OF THE UNITED STATES



Russell M Grimes — PETITIONER  
(Your Name)

VS.

State of Delaware — RESPONDENT(S)  
may et al

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):

3rd circuit Court of Appeals, Delaware Supreme Court

☐ 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.

Russell Grimes  
(Signature)

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

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

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>N/A</u>	\$ <u>N/A</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 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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

\$ 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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

N/A  
\_\_\_\_\_  
\_\_\_\_\_

N/A  
\_\_\_\_\_  
\_\_\_\_\_

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

\$ 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

\$ 0

\$ N/A

Clothing

\$ 0

\$ N/A

Laundry and dry-cleaning

\$ 0

\$ N/A

Medical and dental expenses

\$ 0

\$ N/A

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

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 incarcerated. I have been for 8 years*

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

Executed on: 10/21, 2024

*Russell Gamm*

(Signature)

JAMES T VAUGHN CORRECTIONAL CENTER  
SUPPORT SERVICES OFFICE  
MEMORANDUM

TO: GRIMES, RUSSELL M SBI #: 00227158

FROM: JTVCC Support Services/Business Office- Inmate Accounts

RE: 6 month / Average Daily Balance Statement

DATE: October 9, 2024

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

April 2024 to October 2024

Average daily balance/ 6 months: \$ 34.85

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Department of Correction Certified Statement

I hereby certify that the appellant named herein has the sum of \$ 0.00  
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

Chris Valenti 10/9/24  
Designee/Date

Jennie Ann Kinsey 10/9/24  
Notary/Date

Attachments  
Cc: File

JENNIE ANN KINSEY  
NOTARY PUBLIC  
STATE OF DELAWARE  
My Commission Expires Upon Office

# Delaware Department of Correction

## Inmate Account Statement

Run Date: 10/09/2024 01:58 PM

Location: JTVCC  
Period From: 04/09/2024 To 10/09/2024

Account # : 00227158

Name: GRIMES RUSSELL M

Current Location / Housing: JTVCC / Bldg 22 Tier D

As of 04/09/2024 Opening Balance: \$67.33 As of 04/09/2024 Opening Available Balance\*: \$67.33

Transaction#	Transaction Date	Transaction Description	Check# / Money Order#	Debit	Credit	Hold Amount	Available Balance	Memo, From/To
3885930	04/10/2024	Picture Project	204352	\$6.00		\$0.00	\$61.33	STATE OF DELAWARE
3893115	04/18/2024	Mobile Credit Card(GTL)	3176		\$25.00	\$0.00	\$86.33	Black Ada
3895497	04/22/2024	Mobile Credit Card(GTL)	8344		\$50.00	\$0.00	\$136.33	Perkins Cabrella
3907954	05/03/2024	Mobile Credit Card(GTL)	3794		\$20.00	\$0.00	\$156.33	Hazzard Sandra
3909923	05/06/2024	Mobile Credit Card(GTL)	2903		\$80.00	\$0.00	\$236.33	warner Tameka
3916744	05/10/2024	Commissary	204974	\$84.88		\$0.00	\$151.45	STATE OF DELAWARE
3918523	05/13/2024	Pay-To	204842	\$150.00		\$0.00	\$1.45	WASHINGTON BERLINDA
3920790	05/15/2024	Postage	204975	\$1.45		\$0.18	\$0.00	5/12/24, STATE OF DELAWARE
3927466	05/22/2024	Postage		\$0.00		\$0.64	\$0.00	5/6/2024, STATE OF DELAWARE
3927492	05/22/2024	Postage		\$0.00		\$0.88	\$0.00	05/15/2024, STATE OF DELAWARE
3927520	05/22/2024	Postage		\$0.00		\$1.12	\$0.00	05/16/2024, STATE OF DELAWARE
3927521	05/22/2024	Postage		\$0.00		\$0.64	\$0.00	05/16/2024, STATE OF DELAWARE
3930584	05/28/2024	Mobile Credit Card(GTL)	5413		\$30.00	\$0.00	\$30.00	Black Ada
3932440	05/29/2024	Other Hold Payment	205189	\$3.46		\$0.00	\$26.54	Postage, STATE OF DELAWARE
3933023	05/29/2024	Postage	205188	\$0.64		\$0.00	\$25.90	5/28/24, STATE OF DELAWARE
3934829	05/31/2024	Commissary	205276	\$18.00		\$0.00	\$7.90	STATE OF DELAWARE
3935987	06/03/2024	Mobile Credit Card(GTL)	8344		\$30.00	\$0.00	\$37.90	Perkins Cabrella
3942237	06/07/2024	Commissary	205284	\$37.72		\$0.00	\$0.18	STATE OF DELAWARE
3965112	07/03/2024	Mobile Credit Card(GTL)	1449		\$35.00	\$0.00	\$35.18	Washington Masiah
3967437	07/05/2024	Commissary	205806	\$35.13		\$0.00	\$0.05	STATE OF DELAWARE
3993599	08/02/2024	Mobile Credit Card(GTL)	3176		\$25.00	\$0.00	\$25.05	Black Ada
4003458	08/12/2024	Mobile Credit Card(GTL)	3887		\$30.00	\$0.00	\$55.05	Perkins Cabrella
4008253	08/16/2024	Commissary	206556	\$15.01		\$0.00	\$40.04	STATE OF DELAWARE
4009715	08/19/2024	Mobile Credit Card(GTL)	3176		\$20.00	\$0.00	\$60.04	Black Ada
4010590	08/19/2024	Pay-To	206504	\$25.00		\$0.00	\$35.04	WASHINGTON BERLINDA
4018551	08/28/2024	Copies	206644	\$0.25		\$0.00	\$34.79	6/9/24, State of Delaware
4020897	08/30/2024	Commissary	206725	\$10.85		\$0.00	\$23.94	STATE OF DELAWARE
4022711	09/03/2024	Mobile Credit Card(GTL)	3887		\$25.00	\$0.00	\$48.94	Perkins Cabrella
4023112	09/03/2024	Picture Project	206724	\$6.00		\$0.00	\$42.94	STATE OF DELAWARE
4027882	09/06/2024	Commissary	206850	\$11.88		\$0.00	\$31.06	STATE OF DELAWARE
4036444	09/13/2024	Commissary	206994	\$14.88		\$0.00	\$16.18	STATE OF DELAWARE
4037746	09/16/2024	Mobile Credit	5200		\$20.00	\$0.00	\$36.18	Black Ada



# Delaware Department of Correction

## Inmate Account Statement

Run Date: 10/09/2024 01:58 PM

Location: JTVCC  
Period From: 04/09/2024 To 10/09/2024

Account # : 00227158

Transaction#	Transaction Date	Transaction Description	Check# / Money Order#	Debit	Credit	Hold Amount	Available Balance	Memo, From/To
		Card(GTL)						
4044277	09/20/2024	Commissary	207078	\$15.09		\$0.00	\$21.09	STATE OF DELAWARE
4050155	09/27/2024	Commissary	207167	\$14.84		\$0.00	\$6.25	STATE OF DELAWARE
4057101	10/04/2024	Commissary		\$5.88		\$0.00	\$0.37	STATE OF DELAWARE
4062059	10/09/2024	ID/Wristbands		\$0.37		\$0.89	\$0.00	9/12/24, State of Delaware
4063445	10/09/2024	Postage		\$0.00		\$0.69	\$0.00	10/3/24, STATE OF DELAWARE

Total: \$457.33 \$390.00

As of 10/09/2024 Current Balance: \$0.00 Available Balance\*: \$0.00

Total Amount on Hold As of 10/09/2024:	Facility	Medical Copay	Legal	Restitution	Indigent	Room and Board	Others	Court Fees
	JTVCC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.58	\$0.00
	HRYCI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00