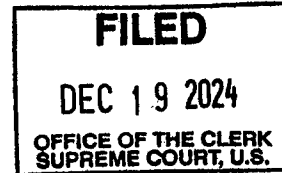


U.S. Supreme Court Forms

ORIGINAL

No. 24-6263

IN THE
SUPREME COURT OF THE UNITED STATES



William S. Hurt III —PETITIONER
(Your Name)

vs.

The State of Oklahoma —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*.

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

In The Oklahoma Court of Criminal Appeals, Case No. PC-2024-684. Filed on 09/06/2024.

☐ 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.

William S. Hurt III
(Signature)

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

I, Wm. S. Hurt III, 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	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

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
N/A	N/A	N/A	\$ 0
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	\$ 0
			\$
			\$

4. How much cash do you and your spouse have? \$ 0
Below, state any money you and your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of account	Amount you have	Amount your spouse has
	Inmate trust	\$ 0	\$ 0
	fund	\$	\$
		\$	\$

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

<input type="checkbox"/> Home Value N/A	<input type="checkbox"/> Other real estate Value N/A
<input type="checkbox"/> Motor Vehicle #1 Year, make & model N/A Value	<input type="checkbox"/> Motor Vehicle # 2 Year, make & model N/A Value
<input type="checkbox"/> Other assets Description N/A Value	

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>	\$ <u>0</u>	\$ <u>0</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.

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

8. Estimate the average monthly expenses of you and your spouse. 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>0</u>	\$ <u>0</u>
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)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

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

If yes, state the attorney's name, address, and telephone number:

N/A

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?

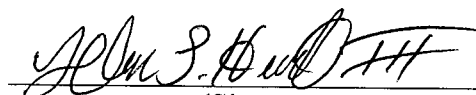
If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case. Petitioner has been incarcerated for fourteen (14) years. Petitioner has no income besides monthly gang-pay provided by D.O.C .

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

Executed on: December 18, , 20 21


(Signature)

REQUIRED CERTIFICATION

You must attach to this motion and affidavit a copy of your trust fund account statement (or institutional equivalent) for the six-month period immediately preceding the filing of this action.

You must obtain the certified copy of your trust fund account statement (or institutional equivalent) from the appropriate official of each penal institution at which you are or were confined during the six-month period.

STATEMENT OF INSTITUTIONAL ACCOUNTS

I hereby state that on 16th day of December, 2024, this prisoner had \$ 639.37 in his institutional account(s). I further state that the:

1. Average monthly deposits to the prisoner's accounts for the six-month period immediately preceding the filing of this action:

\$ 146.67 x 20% = \$ 29.33

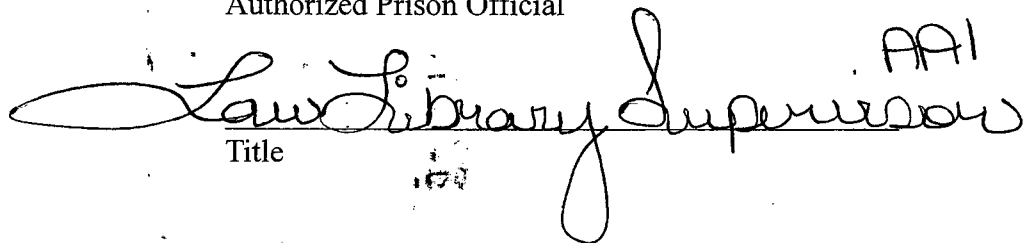
2. Average monthly balance in the prisoner's accounts for six-month period immediately preceding the filing of this action:

\$ 571.41 x 20% = \$ 114.28

I FURTHER STATE THAT THE ABOVE-REFERENCED AMOUNTS WERE CALCULATED PURSUANT TO THE PRISONER'S INSTITUTIONAL ACCOUNT(S), A COPY OF WHICH IS ATTACHED HERETO.



Authorized Prison Official

 AA1

Title

Numbers for Paupers Affidavit appear in bold below.

	Deposit	Balance
JUNE	\$80.00	\$518.30
JULY	\$75.00	\$547.04
AUG	\$125.00	\$536.04
SEP	\$150.00	\$597.07
OCT	\$200.00	\$553.42
NOV	\$250.00	\$676.58
Avg	\$ 146.67	\$ 571.41
20%	\$ 29.33	\$ 114.28

Months

6

Date/Time: 12/16/2024 8:37:38 AM

Institution: DCCC

ODOC

Offender Statement Report

Offender#	Offender/Group Name	Institution	Unit	Cell/Bed
0650799	HURT, WILLIAM	DCCC	UNIT N-B	BED 217 (U)

Transaction List

Transaction Date	Transaction Type	Source Document #	Receipt#/Check#	Sender Name	Amount	Account Balance
06/01/2024	BEGINNING BALANCE					\$574.40
06/03/2024	PRESCRIPTION COPAY	03220644			(\$4.00)	\$570.40
06/03/2024	CLUB SALES WITHDRAWAL	650799 FOOD			(\$34.06)	\$536.34
06/05/2024	JPAY	0000000170035982		MARTIN, TYLAR	\$30.00	\$566.34
06/05/2024	SALES	121			(\$5.64)	\$560.70
06/11/2024	LEGAL COPAY	6/10/24DC			(\$3.35)	\$557.35
06/12/2024	SALES	145			(\$89.05)	\$468.30
06/30/2024	GANG PAY				\$50.00	\$518.30
07/23/2024	SALES	2			(\$46.26)	\$472.04
07/29/2024	JPAY	0000000171568039		THOMPSON, AMBER	\$25.00	\$497.04
07/31/2024	GANG PAY				\$50.00	\$547.04
08/02/2024	GROUP TRANSFER OUT	650799 POSTAGE			(\$10.10)	\$536.94
08/07/2024	SALES	4			(\$41.55)	\$495.39
08/18/2024	JPAY	0000000172145922		THOMPSON, AMBER	\$75.00	\$570.39
08/21/2024	SALES	59			(\$84.35)	\$486.04
08/31/2024	GANG PAY				\$50.00	\$536.04
09/03/2024	SALES	60			(\$2.53)	\$533.51
09/06/2024	LEGAL COPAY	9/3/24DC			(\$2.04)	\$531.47
09/09/2024	CLUB SALES WITHDRAWAL	650799 FOOD			(\$36.19)	\$495.28
09/18/2024	JPAY	0000000172994130		HURT, WILLESHEA	\$100.00	\$595.28
09/25/2024	SALES	32			(\$48.21)	\$547.07
09/30/2024	GANG PAY				\$50.00	\$597.07
10/02/2024	SALES	49			(\$43.85)	\$553.22
10/04/2024	LEGAL COPAY	10/3/24DC			(\$2.87)	\$550.35
10/09/2024	SALES	8			(\$47.35)	\$503.00
10/10/2024	JPAY	0000000173618901		HURT, SHAMECKO	\$50.00	\$553.00
10/17/2024	DISBURSEMENT	ASBURY CHURCH			(\$40.00)	\$513.00
10/23/2024	JPAY	0000000173954816		COHEA, WILLETТА	\$100.00	\$613.00
10/28/2024	DISBURSEMENT	SECURUS	13737752		(\$25.00)	\$588.00
10/29/2024	CLUB SALES WITHDRAWAL	650799 FOOD			(\$42.62)	\$545.38
10/30/2024	SALES	6			(\$41.96)	\$503.42
10/31/2024	GANG PAY				\$50.00	\$553.42
11/06/2024	SALES	22			(\$34.88)	\$518.54
11/06/2024	SALES	23			(\$1.31)	\$517.23
11/20/2024	SALES	12			(\$4.90)	\$512.33
11/21/2024	JPAY	0000000174783962		HURT, WILLESHEA	\$100.00	\$612.33
11/26/2024	SALES	18			(\$85.75)	\$526.58
11/27/2024	JPAY	0000000174959202		COHEA, WILLETТА	\$100.00	\$626.58
11/30/2024	GANG PAY				\$50.00	\$676.58
12/04/2024	SALES	97			(\$36.46)	\$640.12
12/04/2024	SALES	98			(\$10.36)	\$629.76
12/11/2024	SALES	55			(\$30.39)	\$599.37
12/12/2024	DISBURSEMENT	ASBURY CHURCH			\$40.00	\$639.37

Summary Balances

Date\Time: 12/16/2024 8:37:38 AM

Institution: DCCC

ODOC

Offender Statement Report

Available Balance	Savings Balance	Debt Encumbrance	Other Encumbrance	Outstanding Instruments	Administrative Holds	Account Balance
\$117.37	\$522.00	\$0.00	\$0.00	\$0.00	\$0.00	\$639.37