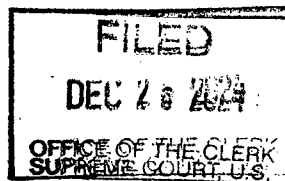


No. 24-6269

IN THE
SUPREME COURT OF THE UNITED STATES



JEAN J. MERELIEN — PETITIONER
(Your Name)

VS.

WARDEN — 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):

U.S. District Court for the Northern District of Georgia
When first filed 28 USC § 2254 on October 10, 2020

☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

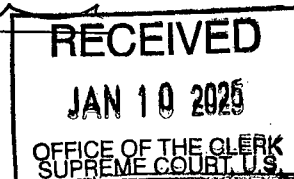
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

J. J. Merlien
(Signature)



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

I, JEAN J. MERILIE, 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>0</u>	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Total monthly income:	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____

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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
			\$ 0
			\$ 0

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
			\$
			\$
			\$

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

I have NO spouse

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

☐ Home
Value NONE

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model NONE
Value _____

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

☐ Other assets
Description N/A
Value _____

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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

None

\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____

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

None

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

\$ _____

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel, water, sewer, and telephone)

\$ 0

\$ _____

Home maintenance (repairs and upkeep)

\$ 0

\$ _____

Food

\$ 0

\$ _____

Clothing

\$ 0

\$ _____

Laundry and dry-cleaning

\$ 0

\$ _____

Medical and dental expenses

\$ 0

\$ _____

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

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

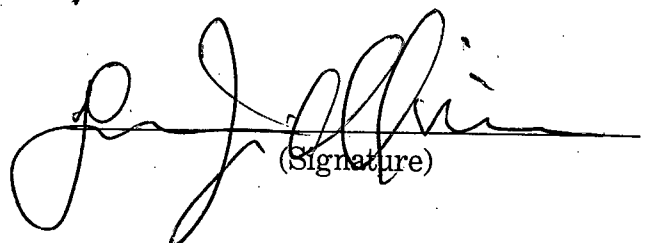
If yes, how much? _____

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 have been incarcerated for more than (20 years) without any family support and employment.

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

Executed on: *December 10th*, 20*24*


(Signature)

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, Jean J. Meri / real # 1048466,
has an average monthly balance for the last 12 months of \$ 0.00 on account at the

TELFAR STATE PRISON

P.O. BOX 549

MCRAE - HELENA, GA 31037

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.)

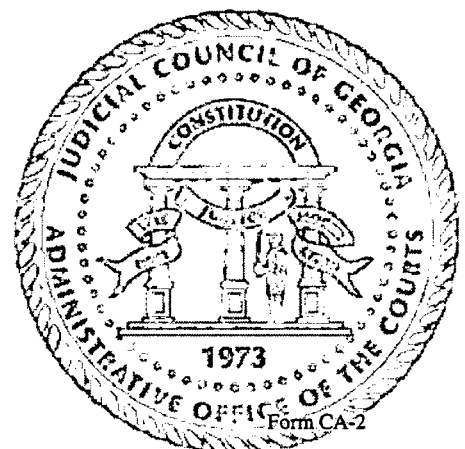
I further certify that plaintiff likewise has the following securities according to the records of said institution: _____

Adrian Mowatt
Authorized Officer of Institution

DEC 02 2024

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

MERILEIN, JEAN

Printed By: ELLSWICK, ADREAN

GDC ID: 1048466

Spendable Amount	Reserved Amount	Stimulus Amount	Receipts On Hold	Funds Balance	Obligations/Court Charges
\$0.00	\$10.00	\$0.00	\$0.00	\$10.00	\$7,628.56

RECEIPTS

Receipt Date	Transaction ID	Receipt Type	Receipt Details	Receipt Amount
01/24/2023	23754012	MAIL ROOM RECEIPT	WILCOX CO SUPERIOR COURT- REFUND 2019-CV-140 - 2472	\$264.00
12/01/2011	9614444	BANK OF AMERICA RECEIPT	BOA-92031777 - 1903139	\$99.25
01/09/2009	5790671	CONSOLIDATE BANKING CONVERSION	VALDOSTA SP - 8818	\$10.00
01/09/2009	5790672	CONSOLIDATE BANKING CONVERSION	VALDOSTA SP - 8818	\$1,148.01

WITHDRAWALS

Date	Request Date	Location Paid	Withdrawal Type	Payable To	Detail	Amount	Check No
01/24/2023		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA COURT OF APPEALS	RECORD ID = 8413617. CS# A10D0157	\$179.21	219780
01/24/2023		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	BIBB COUNTY	RECORD ID = 7954822. CS# 08CV49606	\$30.99	219753
01/24/2023		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	MONTHLY PROCESSING FEE FOR 01/2023	\$1.00	219620
01/24/2023		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	US DISTRICT COURT	RECORD ID = 10087725. AP# 10-13993-D /	\$52.80	219696
01/10/2012		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA COURT OF APPEALS	RECORD ID = 12541180. COURT OF APPEALS SUITE 501 47 TRINITY AVE ATLANTA,GA 30334	\$19.85	80044
01/10/2012		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION - Reversal	FEDERAL COURT OF APPEALS	RECORD ID = 7306475. COURT OF APPEALS SUITE 501 47 TRINITY AVE ATLANTA,GA 30334	(\$19.85)	
12/01/2011		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	GEORGIA DEPARTMENT OF CORRECTIONS	MONTHLY PROCESSING FEE FOR 12/2011	\$1.00	78296
12/01/2011		CENTRAL ACCT-OFFENDER TRUST	WITHDRAWAL FOR OBLIGATION	BIBB COUNTY	RECORD ID = 7954822. CS# 08CV49606	\$78.40	78364