

24-7238

No. _____

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

FILED
APR 30 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

William Douglas Cope, Jr. — PETITIONER
(Your Name)

VS.

Commonwealth of Kentucky — 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):

Commonwealth of Kentucky - Jefferson Circuit Court - Case No.
06-CR-844, 14-CR-2404 and 17-CR-003633

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: K.R.S.
453.190 AND K.R.S. 31.110 (2)(b), or

a copy of the order of appointment is appended.

William Douglas Cope, Jr.
(Signature)

RECEIVED
MAY 16 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

COMMONWEALTH OF KENTUCKY

JEFFERSON CIRCUIT COURT

CASE NO. 17-CR-003633

14 CR 2404

06 CR 844

WILLIAM DOUGLAS COPE

MOVANT

VS.

ORDER TO PROCEED IN FORMA PAUPERIS

COMMONWEALTH OF KENTUCKY

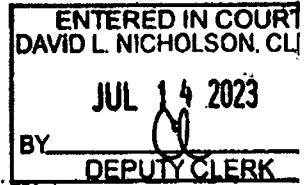
RESPONDENT

* * * * *

The Movant, having moved the Court for an order to prosecute the appeal of the denial of his Motion for relief *in forma pauperis*, and it appearing to the Court that the Movant is a pauper within the meaning of KRS 453.190 and KRS 31.110 (2)(b), and the Court being sufficiently advised:

IT IS HEREBY ORDERED AND ADJUDGED that the Movant is hereby granted leave to prosecute his appeal without payment of costs and that the Department of Public Advocacy is appointed to represent the Movant on appeal.

Under my hand this _____ day of _____, 2023.



JUDGE, JEFFERSON CIRCUIT COURT

DISTRIBUTION:

- Hon. Daniel Cameron, Attorney General, 1024 Capital Center Dr., Frankfort, Kentucky 40601;
- Hon. Gerina Whethers, Jefferson County Commonwealth's Attorney, 514 West Liberty, Louisville, Kentucky 40202;
- Hon. Bailey Brown, Assistant Public Advocate, Post-Conviction Branch, Department of Public Advocacy, 2202 Commerce Parkway, Ste. D, LaGrange, Kentucky 40031.

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

I, William Douglas Cope JR, 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>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>None</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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>NONE</u>	<u> </u>	<u>NIA</u>	\$ <u>0</u>
<u>NONE</u>	<u> </u>	<u>NIA</u>	\$ <u>0</u>
<u>NONE</u>	<u> </u>	<u>NIA</u>	\$ <u>0</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> </u>	<u> </u>	<u> </u>	\$ <u>0</u>
<u> </u>	<u> </u>	<u> </u>	\$ <u>0</u>
<u> </u>	<u> </u>	<u> </u>	\$ <u>0</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>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
<u>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
<u>NONE</u>	\$ <u>0</u>	\$ <u>0</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 0

Other real estate
Value 0

Motor Vehicle #1
Year, make & model 0
Value 0

Motor Vehicle #2
Year, make & model 0
Value 0

Other assets
Description 0
Value 0

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>Ky. Board of Claims & Appeals Commission</u>	\$ 525.24	\$ 0
	\$ CLAIM NO.	\$ 0
	\$ BC-24-0770	\$ 0

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>NONE</u>	—	0
<u>NONE</u>	—	0
<u>NONE</u>	—	0

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	\$ 0
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: <u>None</u>	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: <u>None</u>	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): <u>None</u>	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

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? NONE

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? NONE

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'm POOR, BROKE, Destitute, Homeless, without A Single Friend or Family Member to Assist me in my Course of Constant Strugglings & Sufferings, I'm All Alone in This World, Living on A PRAYER and WISHING The Good Lord Above would deliver me Free!!

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

Executed on: APRIL 30th, 2025

William Douglas Cope, Jr.
(Signature)