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FILED

MAY 1 4 2025

OFFICE OF THE CLERK SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

WILLIAM R. JACKSON — PETITIONER (Your Name)

VS.

STATE OF GEORGIA et al. — 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):

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.

(Signature)

MAY 29 2025

OFFICE OF THE CLERK SUPREME COURT, U.S.

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

I, <u>LITLITAM R. JACKSON</u>, 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.

	verage monthly amo e past 12 months	ount during	Amount expected next month		
	You	Spouse	You	Spouse _.	
Employment	\$&	\$ Deceased	\$&	\$ Decreased	
Self-employment	\$	\$11	\$	\$	
Income from real property (such as rental income)	y \$ <u></u>	\$	\$ <u> </u>	\$	
Interest and dividends	\$\$	\$	\$ 0	\$	
Gifts	\$&	\$11	\$ \\ \(\mathbb{Q} \)	\$	
Alimony	\$	\$1(\$	\$	
Child Support	\$_&_	\$11	\$&	\$	
Retirement (such as social security, pensions, annuities, insurance)	al \$ <u> </u>	\$	\$	\$	
Disability (such as social security, insurance paym	\$ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$	\$&	\$	
Unemployment payments	\$ <u> </u>	\$	\$&	\$	
Public-assistance (such as welfare)	\$\&	\$	\$	\$	
Other (specify):	\$ <u></u>	\$	\$ \Q	\$	
Total monthly inc	ome: \$ <u>\</u>	1 [\$	\$	\$	

2. List your employn is before taxes or		past two years, most rece	nt first. (Gross monthly pay
Employer	Address	Dates of Employment	Gross monthly pay
NONE	N/A	NONE	\$ NONE
	s employment history y is before taxes or o		, most recent employer first.
Employer	Address	Dates of Employment	Gross monthly pay
DECEASED	NONE	NONE	\$ NONE
4. How much cash do Below, state any institution.	you and your spouse money you or your s	e have? \$ pouse have in bank accou	unts or in any other financial
Type of account (e.g.	checking or savings		Amount your spouse has \$ DECEASED 22
5. List the assets, an and ordinary hous		h you own or your spous	e owns. Do not list clothing
□ Home Value <u>LOST</u>	NONE	□ Other real esta Value <i>∫ OST-P</i>	
☐ Motor Vehicle #1 Year, make & mod Value	el <i>LOST-NON</i>		†2 nodel <i>LOST-NONE</i> 3
Other assets Description 20 Value	OST For take	nagainst his will-	illegally confined

6. State every person, bus amount owed.	iness, or organization o	owing you or you	r spouse money, and the
Person owing you or your spouse money	Amount owed to ye	ou Amou	nt owed to your spouse
NONE	\$	\$/	IONE
NONE	\$	\$	YONE
NONE	\$	\$	NONE
7. State the persons who rel instead of names (e.g. "J.S			minor children, list initials
Name	Relationship		Age
N/A	Grandchilden	7	N/A
N/A			NA
NIA	11		N/A
Rent or home-mortgage pay (include lot rented for mobile Are real estate taxes included Is property insurance included	e home) ded? □ Yes □ No	You \$	Your spouse \\22 \$_ <i>DECEASED</i>
Utilities (electricity, heating water, sewer, and telephone)		\$ \	<u> </u>
Home maintenance (repairs	and upkeep)	\$	\$
Food		\$	\$
Clothing		\$ 0	\$
Laundry and dry-cleaning		<u>\$</u>	
Medical and dental expenses	\$	\$	\$

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

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. Token from the State of Illinois against my will March 26, 2020 and Losses began. The family-support, even wife have pasted since the above-stated date.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on:
Man
(Signature)