

FILED
MAY 10 2023
OFFICE OF THE CLERK
SUPREME COURT, U.S.

22-7648

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

William M. Windsor PETITIONER
(Your Name)

VS.

_____ — 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*. M. Windsor

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 NORTHERN DIST. OF GEORGIA
U.S. COURT OF APPEALS FOR ELEVENTH CIRCUIT

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

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.

William M. Windsor

(Signature)

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

I, WILLIAM M. WINDSOR, 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) | \$ 2394 | \$ 0 | \$ 2509 | \$ 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: | \$ 2394 | \$ 0 | \$ 2509 | \$ 0 |

* DIVORCED SINCE 2013

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 |
|----------|---------|---------------------|-------------------|
| NONE | N/A | N/A | \$ 0 |
| NONE | N/A | N/A | \$ 0 |
| NONE | N/A | N/A | \$ 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 |
|----------|---------|---------------------|-------------------|
| NONE | N/A | N/A | \$ 0 |
| NONE | N/A | N/A | \$ 0 |
| NONE | N/A | N/A | \$ 0 |

4. How much cash do you and your spouse have? \$ 50.82
 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 |
|---|-----------------|------------------------|
| CHECKING | \$ 50.82 | \$ 0 |
| SAVINGS - SOC. SEC. RETIREMENT | \$ 31,382.00 | \$ 0 |

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

Home
 Value \$60,000

Other real estate
 Value 0

Motor Vehicle #1
 Year, make & model N/A
 Value 0

Motor Vehicle #2
 Year, make & model N/A
 Value 0

Other assets
 Description _____
 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 |
|---------------------------------------|--------------------|----------------------------|
| N/A | \$ 0 | \$ 0 |
| N/A | \$ 0 | \$ 0 |
| N/A | \$ 0 | \$ 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 |
|------|--------------|-----|
| NONE | N/A | N/A |
| NONE | N/A | N/A |
| NONE | 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) | \$ 628.23 | \$ 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) | \$ 237. | \$ 0 |
| Home maintenance (repairs and upkeep) | \$ 400 | \$ 0 |
| Food | \$ 600. | \$ 0 |
| Clothing | \$ 30. | \$ 0 |
| Laundry and dry-cleaning | \$ 00. | \$ 0 |
| Medical and dental expenses | \$ 1.000 | \$ 0 |

| | You | Your spouse |
|---|------------------|------------------|
| Transportation (not including motor vehicle payments) | \$ 175. | \$ 0 |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 75. | \$ 0 |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ 117 | \$ 0 |
| Life | \$ 0 | \$ 0 |
| Health | \$ 113.97 | \$ 0 |
| Motor Vehicle | \$ 0 | \$ 0 |
| Other: BANKRUPTCY TRUSTEE | \$ 215.94 | \$ 0 |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ 0 | \$ 0 |
| Installment payments | | |
| Motor Vehicle | \$ 0 | \$ 0 |
| Credit card(s) | \$ 0 | \$ 0 |
| Department store(s) | \$ 0 | \$ 0 |
| Other: _____ | \$ 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): LEGAL & OFFICE SUPPLIES | \$ 270. | \$ 0 |
| Total monthly expenses: | _____ | _____ |
| PERSONAL CARE | 83. | 0 |

TOTAL MONTHLY EXPENSES \$3105.19

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? ~~100~~ 0

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? 0

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.

I AM IN CHAPTER 13 BANKRUPTCY.
SEE APPENDIX A AND B. ALL ASSETS BELONG
TO BANKRUPTCY TRUSTEE, BUT MY MOBILE HOME
AND SOCIAL SECURITY RETIREMENT ACCOUNT ARE
EXEMPT

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

Executed on: 5-8-23, 23

William W. O'Connell

(Signature)

ITEM 12 ADDITION

I HAVE \$215,000 IN NEEDED
SURGERIES THAT I CANNOT AFFORD

EVERY DISC IN MY NECK AND
BACK HAS A HERNIATED DISC OR
A BULGING DISC, IN BOTH,

I HAVE A DIASCUSSIS RECTI
ABDOMINAL INJURY,

I HAVE LOST THE USE OF MY
LEFT HAND FROM A RECENT FALL

I CAN NO LONGER WALK UNASSISTED.
I HAVE NO BALANCE. I FALL
A LOT. I CANNOT GET UP.

MY BOTH THE KNEES I
RECENTLY HAD 12 EXTRACTED.
I NEED NEW TEETH

I SUFFER FROM SEVERE
CLUSTROPHOBIA AND ANXIETY.

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

William M. Wilder — PETITIONER
(Your Name)

VS.

_____ — RESPONDENT(S)

PROOF OF SERVICE

WMM I, William M. Wilder, do swear or declare that on this date, 5-15-23, as required by Supreme Court Rule 29 I have served the enclosed MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS* and PETITION FOR A WRIT OF CERTIORARI on each party to the above proceeding or that party's counsel, and on every other person required to be served, by depositing an envelope containing the above documents in the United States mail properly addressed to each of them and with first-class postage prepaid, or by delivery to a third-party commercial carrier for delivery within 3 calendar days.

The names and addresses of those served are as follows:

SOLICITOR GENERAL OF THE UNITED STATES
Ryan K. Bratman — Gabriel A. Miller
U.S. ATTORNEYS

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

Executed on 5-15-23, 2023

WMM

William M. Wilder
(Signature)

**Additional material
from this filing is
available in the
Clerk's Office.**