PETITION FOR RELIEF FROM A CONVICTION OR SENTENCE BY A PERSON IN STATE CUSTODY

(Petition Under 28 U.S.C. §2254 for a Writ of Habeas Corpus)

Instructions

- 1. To use this form you must be a person who is currently serving a sentence under a judgment against you in a state court. You are asking for relief from the conviction or the sentence. This form is your petition for relief.
- 2. You may also use this form to challenge a state judgment that imposed a sentence to be served in the future, but you must fill in the name of the state where the judgment was entered. If you want to challenge a federal judgment that imposed a sentence to be served in the future, you should file a motion under 28 U.S.C. §2255 in the <u>federal</u> court that entered the judgment.
- 3. Make sure the form is typed or neatly written.
- 4. You must tell the truth and sign the form. If you make a false statement of a material fact, you may be prosecuted for perjury.
- 5. Answer all questions. You do not need to cite law. You may submit additional pagers if necessary. If you do not fill out the form properly, you will be asked to submit additional or correct information. If you want to submit a brief or arguments, you must submit them in a separate memorandum.
- 6. You must pay a filing fee of \$5. If the fee is paid, your petition will be filed. If you cannot pay the fee, you may ask to proceed *in forma pauperis* (as a poor person). To do that, you must fill out the attached *in forma pauperis form*. Also, you must submit the certificate on the last page signed by an officer at the institution where you are confined showing the amount of money that the institution is hold for you. If your account exceeds \$15, you must pay the filing fee.
- 7. In this petition, you may challenge the judgment entered by only one court. If you want to challenge a judgment entered by a different court (either in the same state or in a different state), you must file a separate petition.
- 8. When you have completed the form, send the original to the Clerk of the United States District Court at this address:

Clerk, United States District Court Northern District of MS 203 Gilmore Dr. Amory, MS 38821

- 9. <u>CAUTION:</u> You must include in this petition <u>all</u> the grounds for relief from the conviction or sentence that you challenge. And you must state the facts that support each ground. If you fail to set forth all the grounds in this petition, you may be barred from presenting additional grounds as a later date.
- 10. <u>CAPITAL CASES:</u> If you are under a sentence of death, you are entitled to assistance of counsel and should request the appointment of counsel.

PETITION UNDER 28 U.S.C. § 2254 FOR WRIT OF HABEAS CORPUS BY A PERSON IN STATE CUSTODY

	Un	ited States District Court		District			
Nam	e (under v	which you were convicted):			Docket o	r Case No.:	
Place	of Con	finement:			Prisoner No.:		
Petiti	ioner (inc	lude the name under which you were con	victed)	•	at (authorized person	having custody (of petitioner)
The A	Attorney	General of the State of					
			PETI	TION			
- Section of the Sect		and location of court that entered					
		al docket or case number (if you fite fixed fite fixed					
		f sentencing:		-			
		sentence:					THE RESERVE OF
		e, were you convicted on more th				Yes 🖸	No □
		crimes of which you were convi					<u> </u>
*www.	***************************************				,	*	

5. (a)) What w	vas your plea? (Check one)					***************************************
	(1)	Not guilty 🔲	(3)	Nolo conten	dere (no contest)	0	÷
	(2)	Guilty 🗖	(4)	Insanity plea	. 0		

	you went to trial, what kind of trial did you have? (Check one)
	ury Judge only
	ou testify at a pretrial hearing, trial, or a post-trial hearing?
	Yes □ No □
-	ou appeal from the judgment of conviction?
,	′es □ No □
	did appeal, answer the following:
(a) Na	ame of court;
(b) D	ocket or case number (if you know):
(c) Re	sult:
(d) Di	ate of result (if you know):
(e) Ci	tation to the case (if you know):
(f) Gr	ounds raised:

	·
(g) Di	d you seek further review by a higher state court? Yes D No D
If	yes, answer the following:
(!	l) Name of court:
(2	2) Docket or case number (if you know):
(3	3) Result:
- (4	i) Date of result (if you know):
	6) Citation to the case (if you know):
	6) Grounds raised:
)) Grounds raised:

	(h) D	id you file a petition for certiorari in the United States Supreme Court?
	1	f yes, answer the following:
	(1) Docket or case number (if you know):
	(2) Result:
	(3) Date of result (if you know):
		4) Citation to the case (if you know):
10.	Other	than the direct appeals listed above, have you previously filed any other petitions, applications, or motions
		eming this judgment of conviction in any state court?
		res D No D
11.		ar answer to Question 10 was "Yes," give the following information:
	(a) (1) Name of court:
		2) Docket or case number (if you know):
	(3) Date of filing (if you know):
	(4) Nature of the proceeding:
	(5) Grounds raised:
	_	
	-	
	_	
	-	
	-	
	(6) Did you receive a hearing where evidence was given on your petition, application, or motion?
		Yes 🔾 No 🔾
	(7) Result:
		B) Date of result (if you know):
		you filed any second petition, application, or motion, give the same information:
		1) Name of court:
		2) Docket or case number (if you know):
		3) Date of filing (if you know):
		4) Nature of the proceeding:
		5) Grounds raised:
	``	
	**	

(6) Did you receive a l	hearing where evidence was given on your petition, application, or motion
Yes 🖸 No	
(7) Result:	
	ou know):
(c) If you filed any third pe	etition, application, or motion, give the same information:
	nber (if you know):
	ou know):
(4) Nature of the proce	eeding:

·	
***************************************	MANAGEMENT OF THE PROPERTY OF
	nearing where evidence was given on your petition, application, or motion
Yes 🗆 No !	ם
(7) Danulte	
(7) Result:	ou know):
(8) Date of result (if yo	ighest state court having jurisdiction over the action taken on your petitio
(8) Date of result (if yo	ighest state court having jurisdiction over the action taken on your petitio
(8) Date of result (if you (d) Did you appeal to the hi	ighest state court having jurisdiction over the action taken on your petition Yes No No
(8) Date of result (if yo (d) Did you appeal to the hi application, or motion?	
(8) Date of result (if yo(d) Did you appeal to the hiapplication, or motion?(1) First petition:	

12.	For this petition, state every ground on which you claim that you are being held in violation of the Constitution,
	laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the
	facts supporting each ground.
	CAUTION: To proceed in the federal court, you must ordinarily first exhaust (use up) your available state-court
	remedies on each ground on which you request action by the federal court. Also, if you fail to set forth all the
	grounds in this petition, you may be barred from presenting additional grounds at a later date,
GR	OUND ONE:
	Supporting forte (Do yet again to site law, but state the goal'S - State that purport value claims):
(a)	Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):
-	
(b)	If you did not exhaust your state remedies on Ground One, explain why:

~~~	
(c)	Direct Appeal of Ground One:
	(1) If you appealed from the judgment of conviction, did you raise this issue?
	Yes 🔾 No 🔾
	(2) If you did not raise this issue in your direct appeal, explain why:
(d)	Post-Conviction Proceedings:
	(1) Did you raise this issue through a post-conviction motion or petition for habeas corpus in a state trial court?
	Yes 🗆 No 🔾
	(2) If your answer to Question (d)(1) is "Yes," state:
	Type of motion or petition:
	Name and location of the court where the motion or petition was filed:
	Docket or case number (if you know):
	Date of the court's decision:

1	Result (attach a copy of the court's opinion or order, if available):
•	
-	
((3) Did you receive a hearing on your motion or petition?
	Yes 🔾 No 🗘
((4) Did you appeal from the denial of your motion or petition?
	Yes O No O
((5) If your answer to Question (d)(4) is "Yes," did you raise this issue in the appeal?
	Yes No D
	(6) If your answer to Question (d)(4) is "Yes," state:
}	Name and location of the court where the appeal was filed:
1	Docket or case number (if you know):
1	Date of the court's decision:
	Result (attach a copy of the court's opinion or order, if available):
((7) If your answer to Question (d)(4) or Question (d)(5) is "No," explain why you did not raise this issue:
•	
-	
•	Other Remedies: Describe any other procedures (such as habeas corpus, administrative remedies, etc.) that yo
ŀ	have used to exhaust your state remedies on Ground One:
_	
-	
0	OUND TWO:
Sı	upporting facts (Do not argue or cite law, Just state the specific facts that support your claim.):

Page 7

	(7) If your answer to Question (d)(4) or Question (d)(5) is "No," explain why you did not raise this issue:
(e)	Other Remedies: Describe any other procedures (such as habeas corpus, administrative remedies, etc.) that you have used to exhaust your state remedies on Ground Two:
	have used to exhaust your state remedies on Ground 1 wo.
GR	OUND THREE:
(a) (Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):
······	
(b) I	If you did not exhaust your state remedies on Ground Three, explain why:
(c)	Direct Appeal of Ground Three:
	(1) If you appealed from the judgment of conviction, did you raise this issue?
	Yes O No O
	(2) If you did not raise this issue in your direct appeal, explain why:
(d) I	Post-Conviction Proceedings:
	(1) Did you raise this issue through a post-conviction motion or petition for habeas corpus in a state trial court? Yes \(\Q\) No \(\Q\)
	(2) If your answer to Question (d)(1) is "Yes," state:
	Type of motion or petition:
	Name and location of the court where the motion or petition was filed:
	•

(a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):

	If you did not exhaust your state remedies on Ground Four, explain why:
رن	if you did not exhaust your state remedies on Ground Four, explain why:
_	
3)	Direct Appeal of Ground Four:
	(1) If you appealed from the judgment of conviction, did you raise this issue? Yes \(\sigma\) No \(\sigma\)
	(2) If you did not raise this issue in your direct appeal, explain why:
d) :	Post-Conviction Proceedings:
	(1) Did you raise this issue through a post-conviction motion or petition for habeas corpus in a state trial court?
	Yes 🗆 No 🔾
	(2) If your answer to Question (d)(1) is "Yes," state:
	Type of motion or petition:
	Name and location of the court where the motion or petition was filed:
	Docket or case number (if you know):
	Date of the court's decision:
	Result (attach a copy of the court's opinion or order, if available):
	(3) Did you receive a hearing on your motion or petition?
	Yes No O
	(4) Did you appeal from the denial of your motion or petition? Yes □ No □
	(5) If your answer to Question (d)(4) is "Yes," did you raise this issue in the appeal?
	Yes 🖸 No 🖸
	(6) If your answer to Question (d)(4) is "Yes," state:
	Name and location of the court where the appeal was filed:
	Docket or case number (if you know):

	(7) If your answer to Question (d)(4) or Question (d)(5) is "No," explain why you did not raise this issue:
	(7) It you allowed to Question (a)(4) or Question (a)(5) is 140, explain with you allo not wise and not wise
(e)	Other Remedies: Describe any other procedures (such as habeas corpus, administrative remedies, etc.) that you have used to exhaust your state remedies on Ground Four:
	have used to extratust your state (Micerics on Otomic 1 out.
13.	Please answer these additional questions about the petition you are filing:
	(a) Have all grounds for relief that you have raised in this petition been presented to the highest state court
	having jurisdiction? Yes 🖸 No 🖸
	If your answer is "No," state which grounds have not been so presented and give your reason(s) for not presenting them:
	(b) Is there any ground in this petition that has not been presented in some state or federal court? If so, which ground or grounds have not been presented, and state your reasons for not presenting them:
14.	Have you previously filed any type of petition, application, or motion in a federal court regarding the conviction that you challenge in this petition? Yes No O
	If "Yes," state the name and location of the court, the docket or case number, the type of proceeding, the issues
	raised, the date of the court's decision, and the result for each petition, application, or motion filed. Attach a
	copy of any court opinion or order, if available.

15.	Do you have any petition or appeal now pending (filed and not decided yet) in any court, either state or federal,
	for the judgment you are challenging? Yes \(\bigcap\) No \(\bigcap\)
	If "Yes," state the name and location of the court, the docket or case number, the type of proceeding, and the
	issues raised.
6.	Give the name and address, if you know, of each attorney who represented you in the following stages of the
	judgment you are challenging:
	(a) At preliminary hearing:
	(b) At arraignment and plea:
	(c) At trial:
	(d) At sentencing:
	(e) On appeal:
	(f) In any post-conviction proceeding:
	(g) On appeal from any ruling against you in a post-conviction proceeding:
7.	Do you have any future sentence to serve after you complete the sentence for the judgment that you are
	challenging? Yes No D
	(a) If so, give name and location of court that imposed the other sentence you will serve in the future:
	(b) Give the date the other sentence was imposed:
	(c) Give the length of the other sentence:
	(d) Have you filed, or do you plan to file, any petition that challenges the judgment or sentence to be served in the future? Yes \(\sigma\) No \(\sigma\)

	itute of limitations as			one year ago, you must ex not bar your petition.*
				
		······································		
#.d.m./**********************************	· · · · · · · · · · · · · · · · · · ·			***************************************
· · · · · · · · · · · · · · · · · · ·				
			_	
		·		
	***************************************		<u></u>	
		·		

- * The Antiterrorism and Effective Death Penalty Act of 1996 ("AEDPA") as contained in 28 U.S.C. § 2244(d) provides in part that:
 - (1) A one-year period of limitation shall apply to an application for a writ of habeas corpus by a person in custody pursuant to the judgment of a State court. The limitation period shall run from the latest of
 - (A) the date on which the judgment became final by the conclusion of direct review or the expiration of the time for seeking such review;
 - (B) the date on which the impediment to filing an application created by State action in violation of the Constitution or laws of the United States is removed, if the applicant was prevented from filing by such state action;
 - (C) the date on which the constitutional right asserted was initially recognized by the Supreme Court, if the right has been newly recognized by the Supreme Court and made retroactively applicable to cases on collateral review; or
 - (D) the date on which the fáctual predicate of the claim or claims presented could have been discovered through the exercise of due diligence.
 - (2) The time during which a properly filed application for State post-conviction or other collateral review with respect to the pertinent judgment or claim is pending shall not be counted toward any period of limitation under this subsection.

or any other relief to which petitioner may be e	entitled.
	Signature of Attorney (if any
	alty of perjury that the foregoing is true and correct and that this in the prison mailing system on
ethion for witt of Habeas Corpus was placed	
	, , , , , , , , , , , , , , , , , , , ,
Executed (signed) on	(date).
	Signature of Petitioner
•	Signature of Petitioner
	Signature of Petitioner Name (Print) Inmate Number
	Name (Print) Inmate Number
	Name (Print) Inmate Number
	Name (Print) Inmate Number
	Name (Print) Inmate Number Place of confinement
	Name (Print) Inmate Number Place of confinement
f the nerson signing is not netitioner state relat	Name (Print) Inmate Number Place of confinement

INSTRUCTIONS FOR COMPLETING MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The following form is designed to assist you in applying to the court for leave to proceed in forma pauperis.

Respond to every question in this Motion form. Do not leave any blanks.

The check boxes ask for "Yes" or "No" responses. Place a (\checkmark) in the appropriate box for every question. Do not leave any blanks.

If your response or answer to a question is "0" (zero) or "Not Applicable" (N/A), write in that response.

If you need more space to answer or respond to a question, attach a separate sheet of paper labeled with your full name, your case's docket number, the question number from the Motion, and your answer or response.

Print legibly or typewrite.

Sign and date the Motion on the last page.

Two forms – an Authorization for Release of Institutional Account Information and Payment of the Filing Fee, and a Certificate – are attached to this motion. You must complete the Authorization for Release of Institutional Account Information and Payment of the Filing Fee. You must also submit the Certificate to the custodian of your inmate account for completion. Both forms are to be submitted to the Clerk of the Court when you file your Motion for Leave to Proceed In Forma Pauperis.

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF MISSISSIPPI

APPLICATION TO PROCEED IN FORMA PAUPERIS BY A PRISONER

***************************************	PETITIONER
٧.	NO.
	RESPONDENTS
I,, of my request to proceed without payment of fees proceedings or give security therefor and that I am e	declare that I am the petitioner in the above-entitled proceeding; that, in support under 28 U.S.C. §1915, I declare that I am unable to pay the fees for these mittled to the relief sought in the complaint.
In support of this application, I answer the following	questions under penalty of perjury:
Are you currently incarcerated? Yes N If "Yes" state the place of your incarceration	lo (If "No" DO NOT USE THIS FORM)
Are you currently employed? Yes N A. If the answer is "Yes" state the amount of you	o
	ast employment, the amount of your take-home salary or wages and pay period,
3. In the past twelve months have you received any	money from any of the following sources?
a. Business, profession or other self-employment	Yes No
b. Rent payments, interest or dividends	Yes No
c. Pensions, annuities or life insurance payments	Yes No
d. Disability or workers compensation payments	Yes No
e. Gifts or inheritances	Yes No
f. Any other sources	Yes No
	be each source of money and state the amount received from each during the if necessary.)
4. Do you own any cash or have money in a checkin	ng or savings account (including funds in prison accounts)
If "Yes" state the total amount. \$	

 Do you own any real estate, stocks, bonds, notes, securities, other financial instruments, automobiles or other valuable proper or assets (excluding ordinary household furnishings and clothing)? Yes No
If the answer is yes, describe the property and state its approximate value.
6. List the persons who are dependent upon you for support; state your relationship to those persons; and indicate how much you contribute toward their support.
I understand that a false statement or answer to any question in this declaration will subject me to the penalties for perjury and I dec that this information is true and correct.
Signed this the, 20
Signature of Applicant
TO BE COMPLETED BY APPLICANT
AUTHORIZATION FOR RELEASE INSTITUTIONAL ACCOUNT INFORMATION AND PAYMENT OF THE FILING FEE
I,hereby direct (Name of Applicant) (Register Number)
authorize the custodian of my immate account to provide the Clerk of the United States District Court for the Northern Dist of Mississippi information from my prison immate institutional account, including all balances, deposits, and withdrawals, custodian of my immate account may also provide the Clerk of Court information from the past 6 months and in the future with the full filling fee is paid. I also authorize custodian of my immate account to withdraw funds from my account and to send payments to the Clerk of Court, in accordance with 28 United States Code § 1915 (as amended).
(Date) (Signature of Applicant)
CERTIFICATE
(Prisoner Accounts Only) TO COMPLETED BY AUTHORIZED OFFICER
I certify that the applicant named herein has the sum of \$ on account to his credit at the institution where he is confined. I further certify that the applicant has the follow securities to his credit according to the records of said institution:
I further certify that during the last six months applicant's average monthly balance was \$
Signature of Authorized Officer of Institution