

IN THE
SUPREME COURT OF THE UNITED STATES

November Term, 2022

NO: 2022-

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S.C. SUPREME COURT

David Matthew Carter,
Petitioner,

vs.

State of South Carolina,
Respondent

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

David Matthew Carter, hereafter Petitioner, respectfully moves, Pursuant to Rule 39 of this Court's Rules, for leave to proceed herein *in forma pauperis*. Petitioner has been incarcerated since May 24, 2018. Petitioner was represented by the Sixth Circuit Public Defender's Office at trial and the Appellate Division of the South Carolina Commission on Indigent Defense in both the South Carolina Court of Appeals and Supreme Court of South Carolina. Counsel for Petitioner certifies that he is representing Petitioner on a pro bono basis. Petitioner is unable to pay for any costs associated with his appeal because of his incarceration. Counsel for Petitioner has attached Petitioner's financial affidavit in support of Petitioner's Motion for Leave to Proceed *In Forma Pauperis* and his original declaration of indigency in Lancaster County, South Carolina General Sessions Court.

(signature block on next page)

Respectfully Submitted,



M. Ryan Payne
Counsel for Petitioner
SC BAR # 102557
SCOTUS BAR #315488
The Law Office of M. Ryan Payne, LLC
115 Main St.
PO BOX 575
Heath Springs, SC 29058
803-797-5009
mryanpayne@gmail.com

November 1, 2022

No. 22-_____

November 2022 Term

IN THE
SUPREME COURT OF THE UNITED STATES

David Matthew Carter — PETITIONER

VS.

State of South Carolina — 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 formapauperis* in any other court.

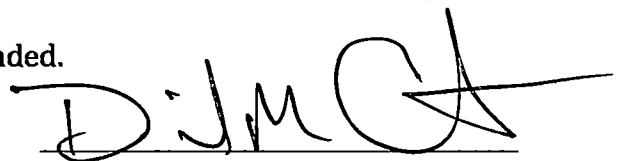
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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)

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

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

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
I have been unable to work for the past two years due to incarceration	N/A	N/A	N/A

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
I am presently not married and have not been married in the last two years		N/A	N/A

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings. *None D.M.C*

Home
 Value _____

Other real estate
 Value _____

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

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

Other assets
 Description _____
 Value _____

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

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	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

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? \$0.00

If yes, state the attorney's name, address, and telephone number:

Michael Ryan Payne
The Law Office of M. Ryan Payne, LLC
115 Main St.
PO BOX 575
Heath Springs, SC 29058
803-797-5009

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.

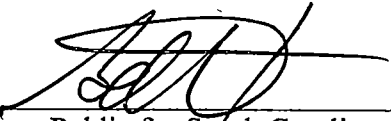
I have been incarcerated since May of 2018. I'm unable to work to pay for attorney's fees. I was previously represented by the Public Defender's Office and the SC Office of Appellate Defense. My attorney for this petition is handling my case on a pro bono basis.

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

Executed on: Sept. 23, 20 22


David Matthew Carter

Subscribed, sworn to, and acknowledged before me by David Matthew Carter, this 23rd day of September, 2022.



(SEAL)

Notary Public for South Carolina

My Commission Expires: 12-3-2024

**DEFENSE OF INDIGENT ACT
FORM NO. 4**

IN THE COURT OF GENERAL SESSIONS

STATE OF SOUTH CAROLINA)	
COUNTY OF LANCASTER)	ORDER OF APPOINTMENT OF LEGAL COUNSEL
)	FOR INDIGENT DEFENDANT
)	
STATE OF SOUTH CAROLINA)	IN JAIL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
)	
VS.)	APPLICATION FEE DUE: <u>\$40</u>
)	APPLICATION FEE PAID: <u>\$-0-</u>
<u>David Matthew Carter</u>)	
DEFENDANT.)	

Warrant No(s). 2016A2910101669; 2016A2910101681; 2016A2910101670

The defendant contends that he/she is indigent and in need of services of an attorney as contemplated by law. THEREFORE, The 6th Circuit Judicial Public Defender's Office is appointed as counsel for the defendant.

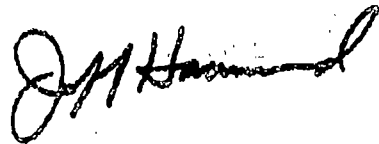
This 11TH day of October, 2016

CLERK OF COURT, LANCASTER COUNTY

This case has been assigned to:

Curtisha Mingo
Public Defender's Office
(803) 285-5585

CERTIFIED TO BE A TRUE COPY



JEFF HAMMOND
CLERK OF COMMON PLEAS
AND GENERAL SESSIONS COURT
LANCASTER COUNTY, SC

FILED
OFFICE OF CLERK
OF COURT
2016 OCT 12 AM 8:55
CLERK OF COURT
LANCASTER, SC

IN THE
SUPREME COURT OF THE UNITED STATES

November Term, 2022

NO: 2022-

David Matthew Carter,

Petitioner,

vs.

State of South Carolina,

Respondent

ON PETITION FOR WRIT OF CERTIORARI TO THE
SUPREME COURT OF SOUTH CAROLINA

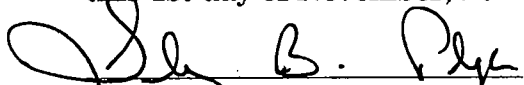
PRO BONO CERTIFICATION

I certify that I am representing Petitioner in this matter in a Pro Bono capacity. Any costs associated with the preparation of this Petition have been paid by my law firm.



M. Ryan Payne, Esq.
Counsel for Petitioner
The Law Office of M. Ryan Payne, LLC
115 Main St.
PO BOX 575
Heath Springs, SC 29058
803-797-5009
mryanpayne@gmail.com

SUBSCRIBED AND SWORN TO before me
this 1st day of November, 2022



Notary Public for South Carolina

My Commission Expires: 12-8-26