

COURT OF APPEALS OF GEORGIA

RETURN NOTICE

June 5, 2015

To: Mr. Jason I. Carter, GDC1198727, Georgia Diagnostic and Classification Center, State Prison, Post Office Box 3877, Jackson, Georgia 30233

Case Number: _____ Lower Court: _____ County Superior Court _____

Court of Appeals Case Number and Style: _____

Your document(s) is (are) being returned for the following reason(s).

- There is no case pending in the Court of Appeals of Georgia under your name.**
- A Notice of Appeal is filed with the clerk of the trial court.** Once the trial court clerk has received and filed the Notice of Appeal, the trial court clerk will prepare a copy of the record and transcripts as designated by the Notice of Appeal and transmit them to this Court. Once the Notice of Appeal is docketed in the Court of Appeals of Georgia, a Docketing Notice with the Briefing Schedule and other important information is mailed to counsel for the parties or directly to the parties, if the parties are representing themselves. You do not need to provide this Court with a copy of the Notice of Appeal you filed with the superior court.
- The Notice of Appeal must include a proper Certificate of Service.** A Certificate of Service must show service to the opposing counsel and contain the counsel's full name and complete mailing address. The opposing counsel must actually be served with a copy of your filing.
- An Application for Writ of Habeas Corpus should be filed in the superior court of the county in which you claim you are illegally detained.** An appeal from a denial of an Application for Writ of Habeas Corpus is to the Supreme Court and not the Court of Appeals.
- An Application for Writ of Mandamus should be filed in the superior court of the county official whose conduct you intend to mandate.** An appeal from a denial of an Application for Writ of Mandamus is to the Supreme Court and not the Court of Appeals.
- Your appeal was disposed by opinion (order) on _____.** The Court of Appeals _____ . The remittitur issued on _____ divesting this Court of jurisdiction. The case decision is therefore final.
- Your mailing/documents indicate that you intended to file your papers in another court rather than the Court of Appeals of Georgia.** The address of the Clerk of the _____ is: _____
- If an attorney has been appointed for you and you are concerned with the representation provided by that attorney, you should address that issue to the trial court.** As long as you are represented by an attorney, you cannot file pleadings on your own behalf. Your attorney must file a Motion to Withdraw as Counsel and it must be granted, before you can file your own pleadings in this Court.
- A request for an out-of-time appeal should be made to the trial court from which you are appealing.** If your motion is denied by the trial court, you can file an appeal of that decision by filing a Notice of Appeal with the clerk of the superior court.

FORM 3 - NOTICE OF INTENT

COURT OF APPEALS OF GEORGIA

Jason I Carter

*

APPELLANT

*

vs.

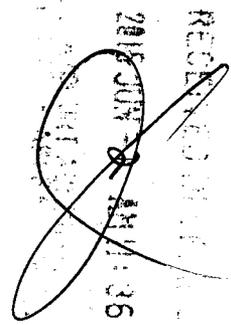
*

Tamikea N Sampson

*

CASE NUMBER

APPELLEE



NOTICE OF INTENT

Comes now Jason Carter (Appellant/Appellee) in the above appeal and files this Notice of Intent to apply for certiorari to the Supreme Court of Georgia.

This the 28th day of may, 2015.

Jason Isaiah Carter (Sign your name.)

Georgia Diagnostic & Classification Prison

P.O. Box 3877 Jackson, GA 30233
(Your complete address.)

CERTIFICATE OF SERVICE

I certify that I have this day served Tamikea Sampson (opposing party or attorney) with a copy of this Notice of Intent by _____ (hand delivery/mailing a copy

first class mail postage prepaid) to him/her at: 122 Middlebrook St

Fitzgerald, GA 31750 229-425-5642 229-409-0995

(complete address of party served).

This the 28th day of may, 2015.

Jason Carter (Sign your name.)

Appellant's Evidence

NO. 14CR-200

Defendant Jason Isiah Carter, waives formal arraignment and pleads NOT GUILTY.

This _____ day of _____, 20_____.

_____	_____
Defendant	Defendant's Attorney
_____	_____
Mailing address	Attorney's mailing address
_____	_____
City State Zip	(Asst.) District Attorney

Georgia Ben Hill County, Comes now the District Attorney and moves this Court to Nolle Prosequi the within Indictment/Accusation 14CR-200

This 16 day of September, 20 14.


(Asst) District Attorney

On Motion of the District Attorney after examination in open Court, it is ordered that a Nolle Prosequi be entered in the above case

This 19th day of September, 20 14.



Judge, Superior Court,
Cordele Judicial Circuit

12:57PM
FILED IN OFFICE KH

SEP 19 2014


CLERK, SUPERIOR COURT, BEN HILL CO., GA.

FORM 2 - PAUPER'S AFFIDAVIT

COURT OF APPEALS OF GEORGIA

RECEIVED
JAN 11 AM 11:36
COURT OF APPEALS OF GEORGIA

Jason Isaiah Carter, *

APPELLANT *

vs *

CASE NUMBER

Tamikea W Sampson, *

APPELLEE *

PAUPER'S AFFIDAVIT

Comes now Jason Carter (Appellant's name) first being duly sworn, deposes and states I am financially unable to pay the filing fee required for filing costs in the Court of Appeals of Georgia, and I request I be permitted to file Appellant's Application (Appellant's Brief or Appellant's Application) without having to pay filing fees. I further swear that the responses which I have made to the questions and instructions below are true.

1. Are you presently employed? Yes No

If the answer is "Yes", state the amount of your salary or wages per month, and give the name and address of your employer: _____

If the answer is "No", state the date of last employment and the amount of the salary and wages per month which you received: 2013 8.25-hr

2. Have you received within the past twelve months any money from any of the following sources?

- Business, profession or form of self-employment? Yes No
- Pensions, annuities or life insurance payments? Yes No
- Rent payments, interest or dividends? Yes No
- Gifts or inheritances? Yes No
- Any other sources? Yes No

If the answer to any of the above is "Yes", describe each source of money and state the amount received from each source during the past twelve months: None

FORM 2 - PAUPER'S AFFIDAVIT page 2

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts) Yes No

If the answer is "Yes", state the total value of the items owned: 0.12

4. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

If the answer is "Yes", describe the property and state its approximate value:

None

5. List the persons who are dependent upon you for financial support, state your relationship to those persons, and indicate how you contribute toward their support: None

I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury and that state law provides as follows:

(a) A person to whom a lawful oath or affirmation has been administered commits the offense of perjury when, in a judicial proceeding, he knowingly and willfully makes a false statement material to the issue on point in question.

(b) A person convicted of the offense of perjury shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than ten years, or both. OCGA §16-10-70.

I, Jason Carter, do swear and affirm under penalty of law that the statements contained in this affidavit are true. I further attest that this application for in forma pauperis status is not presented to harass or to cause unnecessary delay or needless increase in the costs of litigation.

This the 28th day of May, 2015.

Jason Carter
(Your name printed or typed)

Jason Carter
(Sign your name.)

Georgia Diagnostic & Classification

Prison P.O. Box 3877 Jackson GA 30233
(Your complete address and telephone number)

Sworn to and subscribed before me

this the 28th day of May, 2015

John A Young Jr Notary Public



**Motion for Permission to
Appeal In Forma Pauperis and Affidavit**
United States Court of Appeals for the Eleventh Circuit

Jason Carter

v.

Court of Appeals No. _____
District Court No. _____

Tamikea Sampson

Instructions: Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: 5-28-15

Signed: Jason Carter

1. My issues on appeal are: Preissuance Hearing 4-10-14 at 10:00am the affiant Tamikea Sampson Accused Jason Carter of Crimes that had no eyewitness or any evidence to Prove the accuse Jason Carter Broke Georgia law in anyway, magistrate Judge Romell Green was excessively Punitive with his decision to issue Criminal warrant's with no direct evidence that lead to the Accused. I was Arrested, I waived my formal arraignment and Plead not guilty. My Probation was Revoked and sent to Prison to serve 10 year's For Probation Revocation. September 16th 2014 the Charge's that cause my Probation to be Revoked were Nolle Prosequi Official Code of Georgia Annotated Title 42 Penal Institutions Chapter 8 Probation Article 2 Statewide Probation System O.C.G.A 42-8-34-1 the defendant must be found guilty of new charge's to be Revoked in Full

Rev.: 2/14

2. 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	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interests and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child support	\$ 0	\$	\$ 0	\$
Retirement (such as Social Security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as Social Security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify): _____	\$ 0	\$	\$ 0	\$
Total monthly income:	\$ 0	\$	\$ 0	\$

3. List your 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 in the past	two years		

4. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

none			

5. How much cash do you and your spouse have? \$ 0.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>none</u>	<u>none</u>	\$ <u>none</u>	\$ <u>none</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home (Value)	Other Real Estate (Value)	Motor Vehicle #1 (Value)
<u>none</u>	<u>none</u>	Make & Year: <u>none</u>
_____	_____	Model: _____
_____	_____	Registration #: _____
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
<u>none</u>	<u>none</u>	Make & Year <u>none</u>
_____	_____	Model: _____
_____	_____	Registration #: _____

7. 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>none</u>	<u>none</u>	<u>none</u>
_____	_____	_____
_____	_____	_____

8. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
<u>None</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____
_____	_____	_____

9. 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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <u>0</u>	\$ <u>0</u>
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <u>0</u>	\$ <u>0</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ <u>0</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card (name): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Department store (name): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>

Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses	\$ <u>0</u>	\$ <u>0</u>

10. 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.

11. Have you spent – or will you be spending – any money for expenses or attorney fees in connection with this lawsuit?

Yes No If yes, how much: \$ unknown

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I've been prison for the last past ¹² month without any income made.

13. State the city and state of your legal residence.

Georgia Diagnostic & Classification Prison
P.O. Box 3877
Jackson, GA 30233

Your daytime phone number: (____) _____

Your age: 31 Your years of schooling: 12

Last four digits of your Social Security number: 0232