

COURT OF APPEALS OF GEORGIA

RETURN NOTICE

November 16, 2015

To: Mr. Norris R. McCoy, GDC975123, Telfair State Prison, Post Office Box 549, Helena, Georgia 31037

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 and not with the Court of Appeals of Georgia. See OCGA §5-6-37.** 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. We do not have a file to append your copy.
- 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. The mailing address for the Supreme Court of Georgia is: 244 Washington Street, S.W., Suite 572, Atlanta, Georgia 30334.
- 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 Eleventh Circuit Court of Appeals is: 56 Forsyth Street, N.W., Atlanta, Georgia 30303.**
- 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.

UNITED STATES COURT OF APPEALS
FOR THE ELEVENTH CIRCUIT

NORRIS R. MCCOY,

Appellant

v.

TIFFANY WOOTEN, et al.,

Appellee(s)

Case No. 15-14424-B

Goes TO
11th Circuit
Court of
Appeals.

Appeal from the District Court for the
Southern District of Georgia

Norris R. McCoy
Telfair State Prison # 975123
P.O. Box 549
Helena, GA. 31039

U.S. COURT OF APPEALS FOR THE ELEVENTH CIRCUIT

CERTIFICATE OF INTERESTED PERSONS
AND CORPORATE DISCLOSURE STATEMENT

Norris R. McCoy vs. Tiffany Wooten, et al Appeal No. 15-14424-B

11th Cir. R. 26.1 (enclosed) requires that a Certificate of Interested Persons and Corporate Disclosure Statement must be filed by the appellant with this court within 14 days after the date the appeal is docketed in this court, and must be included within the principal brief filed by any party, and included within any petition, answer, motion or response filed by any party. **You may use this form to fulfill this requirement.** In alphabetical order, with one name per line, please list the trial judge(s), and all attorneys, persons, associations of persons, firms, partnerships, or corporations that have an interest in the outcome of this case or appeal, including subsidiaries, conglomerates, affiliates and parent corporations, including any publicly held corporation that owns 10% or more of the party's stock, and other identifiable legal entities related to a party.

(please type or print legibly):

Kevin Ashley, Sergeant,

William Danforth, Warden.

William Sikes, Captain.

Tiffany Wooten, Nurse.

Statement Regarding Oral Argument :

Appellant wishes to have an oral argument before this court to allow Appellees to show and prove why their actions did not violate any Policies or Appellant's Rights under the U.S. Constitution. Also, as asserted in *Dioguardi v. Durning*, 139 F.2d 774 (CA2 1944), "[A]s it stands, we do not see how the plaintiff may properly be deprived of his day in court to show what he obviously so firmly believes and what for present purposes defendant must be taken as admitting." "No matter how likely it may seem that the pleader will be unable to prove his case, he is entitled, upon averring a claim, to an opportunity to try to prove it." *Leimer v. State Mut. Life Assur. Co. of Worcester, Mass.*, 108 F.2d 302 (CA8 1940).

TABLE OF CONTENTS

- > Statement of Case, ..., Pg. 1-2
- > Statement of Issues, ..., Pg. 2-12
- > Conclusion, ..., Pg. 13-14

TABLE OF CITATIONS
~~CONTENTS~~

1 Leimer v. State Mut. Life Assur. Co. of Worcester, Mass.,
108 F.2d 302 (CA8 1940)..... Pgs. Statement Oral Argument,

1 Jacobson v. Massachusetts, 197 U.S. 11, 24-30, 49 L.Ed. 643,
25 S.Ct. 358..... Pg. 4

1 W. Keeton, D. Dobbs, R. Keeton, and D. Owen, Prosser and Keeton
on Law of Torts Section 9, pp 39-42 (5th ed 1984)..... Pg. 4

1 Schloendorff v. Society of New York Hospital, 211 NY
125, 129-130, 105 NE 92, 93 (1914)..... Pg. 4

1 Washington v. Harper, 494 U.S. 210, 221-222, 108 L.Ed. 2d 178,
110 S.Ct. 1028 (1990)..... Pg. 5, 6

1 Cruzan v. Director, Missouri Dept. of Health, 497 U.S. 261, 111
L.Ed. 2d 224, 110 S.Ct. 2841 (1990)..... Pg. 7

1 Conley v. Gibson, 355 U.S. 41, 47, 78 S.Ct. 99, 2 L.Ed.
2d 80 (1957)..... Pg. 7

Motion for Permission to

Appeal In Forma Pauperis and Affidavit

United States Court of Appeals for the Eleventh Circuit

RECEIVED IN OFFICE
2015 NOV 13 PM 3:56
R. McCoy
CLERK OF COURT
U.S. COURT OF APPEALS
FOR THE ELEVENTH CIRCUIT

Court of Appeals No. 15-14424-B
District Court No. CV 315-047

Tiffany Wooten, et al.,

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: 11-3-15

Signed: Ronnie R. McCoy

1. My issues on appeal are: the same as in initial complaint; Appellees forced injection without Appellant's consent, nor following guidelines [sic] of Georgia Department of Correction's Policy, which also violates Appellant's eighth and Fourteenth amendments rights under the Federal Constitution.

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	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interests 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): <u>N/A</u>	\$ 0	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 0	\$	\$ 0	\$ N/A

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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.)

Employer	Address	Dates of Employment	Gross Monthly Pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

5. 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.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	0	\$ 0	\$ N/A
N/A	0	\$ 0	\$ N/A
N/A	0	\$ 0	\$ N/A

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)
N/A	N/A	Make & Year: N/A
N/A	N/A	Model: N/A
N/A	N/A	Registration #: N/A

Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
0	0	Make & Year: N/A
0	0	Model: N/A
0	0	Registration #: N/A

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
None	0	N/A
None	0	N/A
None	0	N/A

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>0</u>
<u>Raygun Nunn</u>	<u>son</u>	<u>17 yrs</u>
<u>None</u>	<u>N/A</u>	<u>0</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>N/A</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <u>0</u>	\$ <u>N/A</u>
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <u>0</u>	\$ <u>N/A</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>0</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ <u>N/A</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): <u>0</u>	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card (name): <u>0</u>	\$ <u>0</u>	\$ <u>N/A</u>
Department store (name): <u>0</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>0</u>	\$ <u>0</u>	\$ <u>N/A</u>

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

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

Incarcerated / unemployed.

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

Your daytime phone number: (000) 000-0000

Your age: 3 Your years of schooling: 9

Last four digits of your Social Security number: 3636

Spendable Amount	Reserved Amount	Receipts On Hold	Funds Balance	Obligations/Court Charges
\$0.00	\$10.00	\$0.00	\$10.00	\$1,876.84

RECEIPTS

Receipt Date	Transaction ID	Receipt Type	Receipt Details	Receipt Amount
01/08/2009	5766192	CONSOLIDATE BANKING CONVERSION	WARE STATE PRISON - 37180	\$10.00

WITHDRAWALS

Date	Request Date	Location Paid	Withdrawal Type	Payable To	Detail	Amount	Check No
------	--------------	---------------	-----------------	------------	--------	--------	----------

OBLIGATIONS

Paid Status: P = Partially paid; Y = Paid in full; R = Reversed; W = Written off

Date	Location Incurred	Obligation Type	Payable To	Obligation Detail	Amount	Paid
10/28/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 20075491. 10-28-15 SUP	\$0.42	
10/27/2015	CENTRAL ACCT-OFFENDER TRUST	FEDERAL COURT FILING FEE	FEDERAL COURT - DUBLIN DIVISION	RECORD ID = 20072335. CV315-047	\$455.00	
10/27/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 20070511. 10-26-15 1NL	\$0.49	
10/21/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 20061254. 10-21-15 SUP	\$1.03	
10/20/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 20056510. 10-19-15 2NL/1L	\$1.47	
10/15/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 20048838. 10-14-15 SUP	\$1.03	
10/14/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 20043846. 10-13-15 2L	\$0.98	
10/08/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 20037819. 10-7-15 SUP	\$1.03	
10/01/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 20021662. 9-30-15 1NL	\$0.71	
10/01/2015	CENTRAL ACCT-OFFENDER TRUST	MONTHLY PROCESSING FEE	GEORGIA DEPARTMENT OF CORRECTIONS	Monthly Processing Fee for 10/2015	\$1.00	
09/29/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 19915194. 9-28-15 1L	\$0.49	
09/28/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 19914182. 9-23-15 2NL	\$0.98	
09/18/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 19896891. SUP 9/16/15	\$1.07	
09/15/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 19887535. 9-15-15 2NL/1L	\$1.47	
09/14/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 19883777. 9-10-15 SUP	\$0.28	
09/08/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 19871046. 9-8-15 1NL/2L	\$1.47	
09/08/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 19870253. 9-3-15 SUP	\$0.30	
09/01/2015	CENTRAL ACCT-OFFENDER TRUST	INDIGENT LOAN	TELFAIR STATE PRISON	RECORD ID = 19860479. 9-1-15 2NL/1L	\$1.47	

549

GA. 31037

UNITED STATES
POSTAL SERVICE®

USPS TRACKING #



9999 4423 8292 2546 80

Label 400 Jan. 2013
7690-16-000-7948

HELENA GA

NOV 04 2015

STATES POSTAGE

31037



PITNEY BOWES

\$ 000.000

NOV 04 2015
MAILED FROM ZIP CODE 31037

United States Court of Appeals
Eleventh Circuit
Office of Clerk
Atlanta, GA, 30303

FILED IN OFFICE
NOV 12 2015
COURT CLERK
CLERK COURT OF APPEALS 0804



PRIORITY
MAIL
UNITED STATES POSTAL SERVICE
LABEL 107 APRIL 1995