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IN THE SUPREME COURT OF THE UNITED STATES

In re: Taquan Cullett-El, on Behalf of Himself and Mother: Syteria Hephzibah-El; Affiant, Petitioner.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner (Afficiat) asks leave to file the attached Petition for Writ of Mandamus without prepayment of costs and to proceed in forma pauperis.

Petitioner (Afficiat) has not previously been granted leave to proceed in forma pauperis in any other court in connection with this instant matter.

Petitioner's (Afficiat's) Affidavit or Declaration In Support of Motion for Leave To Proceed In Forma Pauperis along with 6-Month Certified Institutional Statement of Account is attached hereto.

Madle Taquan Rahahe Sull El, Autochthonous American Maci Alien Friend Madle Taquan Rahahe Guilett El; San, On Behalf of Himself and Mother:

Nighly Favored Shekinah Syteria Hephzibah El, Autochthonous American Moor Alien (Friend)

Republican Universal Government [AAMARU] Religious Consul Association

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

I, Lacron Collett - e , 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.

	come source Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	s N/A	s N/A	<u> </u>	s_NM
Self-employment	s_N/A_	s NA	\$ N/A	s N/A
Income from real property (such as rental income)	s_N/A_	s_N/A_	<u> </u>	s NA
Interest and dividends	s_N/A	s_N/A_	s_N/A	s N/A
Gifts	\$_N/A_	s N/A	s N/A	s N/A
Alimony	\$ N/A	\$_N/A_	\$_N/A_	s NA
Child Support	<u> </u>	\$ N/A	s N/A	s N/A
Retirement (such as social security, pensions, annuities, insurance)	s NA	s_N/A	s N/A	s NA
Disability (such as social security, insurance payments)	<u> </u>	s_NA	s N/A	s N/A
Unemployment payments	s NA	s N/A	s NA	s NA
Public-assistance (such as welfare)	s N/A	s NA	s_ <i>N</i> /A_	\$ N/A
Other (specify): Denation	<u>\$ 50</u>	s _N/A_	\$ 50	s N/A
Total monthly income:	<u>\$_50</u>	s NA	\$ 50	s N/A

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Employer	Address	Dates of Employment	Gross monthly pa
NA	N/A	NA	s N/A
N/A	NA	N A	\$ NA
N/A	NA	_ N/A	\$ N/A
3. List your spouse's (Gross monthly pa	s employment history y is before taxes or ot	for the past two year her deductions.)	s, most recent employer
Employer	Address	Dates of	Gross monthly pay
NA	N/A	Employment	a b 1 /0
N/A	10/2		\$ N/A
N/A	NI M	NA	S N/A
			3 10/A
institution. Financial institution	Type of account	Amount you have	ounts or in any other fina Amount your spouse h
institution. Financial institution FCC Colembo USP1	Type of account	Amount you have \$87.00 \$N/A	
institution. Financial institution FCC Colemna USP1	Type of account	Amount you have	Amount your spouse h
institution. Financial institution FCC Colembo USP1 N/A N/A	Type of account Trust Fund N/A N/A N/A nd their values, which	Amount you have \$87.00 \$N/A \$N/A	Amount your spouse h \$N/A \$N/A \$N/A see owns. Do not list clot
institution. Financial institution FCC Colema USP1 N/A N/A S. List the assets, ar and ordinary hous Home Value N/A	Type of account Trust Fund N/A N/A N/A nd their values, which ehold furnishings.	Amount you have \$_87.00 \$_N/A \$_N/A you own or your spou Value N/A Water Vehicle	Amount your spouse h \$ N/A \$ N/A \$ N/A se owns. Do not list clot
institution. Financial institution FCC Coleman USP1 N/A N/A N/A 5. List the assets, an and ordinary hous Home	Type of account Trust Fund N/A N/A N/A nd their values, which ehold furnishings.	Amount you have \$_87.00 \$_N/A \$_N/A you own or your spou Value N/A Water Vehicle	Amount your spouse h \$N/A \$N/A \$N/A se owns. Do not list clot tate #2 model_N/A

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6. State every person, bus amount owed.	iness, or organization	owing you or your	spouse money, and th
Person owing you or your spouse money	Amount owed to y	ou Amount	owed to your spouse
N/A	s_NA	<u> </u>	<u> </u>
NA	s N/A	<u>\$N</u>	<i>i</i> A
N/A	s N/A	\$ <u>N</u>	4
7. State the persons who rel	y on you or your spous	e for support.	
Name Al /A	Relationship		Age
N/A	N/A		<u>/A</u>
N/A	NIA		/A
Rent or home-mortgage pay (include lot rented for mobile Are real estate taxes included Is property insurance included	e home) led? Yes N o	You \$_N/A	Your spouse
Utilities (electricity, heating water, sewer, and telephone)		\$ N/A	\$ N/A
Home maintenance (repairs	and upkeep)	s N/A	\$ N/A
Food		s_N/A	s NA
Clothing		\$ N/A	\$ N/A
Laundry and dry-cleaning		s NA	\$ N/A
Medical and dental expenses		s NA	s N/A

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	You	Your spouse
Transportation (not including motor vehicle payments)	\$ N/A	s_N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ NA	\$ NA
Insurance (not deducted from wages or included in mortg	gage payments)	
Homeowner's or renter's	\$ N/A	s NA
Life	s_N/A	s_NA
Health	s_N/A	s_N/A_
Motor Vehicle	s N/A	s NA
Other: NA	\$ N/A	* NA
Taxes (not deducted from wages or included in mortgage (specify):	payments) \$_\mathcal{N}\A	<u> </u>
Installment payments		,
Motor Vehicle	s N/A	s N/A
Credit card(s)	s N/A	s NA
Department store(s)	s N/A	s_N/A_
Other: N/A	\$ NA	\$ N/A
Alimony, maintenance, and support paid to others	s_N/A	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ NA	<u>s_N/A</u>
Other (specify): Commissiony Stomps	\$ 50	s N/A
Total monthly expenses:	\$ 50	\$ NA

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	Q. Do way avport any major changes to your monthly income
	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 X 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? N/A
	If yes, state the attorney's name, address, and telephone number:
	NA
	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? N/A
	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. Due to unlewful/unconstitutional detainment and false imprisonment,
	I connot pay the costs of this case
	I declare under penalty of perjury that the foregoing is true and correct.
-	Executed on: $\frac{1000}{1000}$, $\frac{1000}{1000}$, $\frac{1000}{1000}$
(m.c.4.)	Executed on: 10 ay 10, 2018 Tenth Day of the Fifth Month 1438 Modile Toquen Rapide Sull fly Actabilities Amount Man Alenthand Modile Toquen Rapide Sullett fly Autochthonous American Mon Alien Friend (Signature)
	(Signature)

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