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In The

ORIGINA

SUPREME COURT OF THE UNITED STATES

Charles D. Adams, PETITIONER

Supreme Court, U.S. FILED

AUG - 8 2023

OFFICE OF THE CLERK

US Court of Appeals for the Federal Circuit (CAFC), RESPONDENT

V.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Charles D. Adams, CISSP 12994 Park Crescent Circle, Herndon, VA 20171 703-708-9077 melindaEadams@verizon.net

Pro Se

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SUPREME COURT US

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Page **1** of **18**

Motion for Leave to Proceed In Forma Pauperis to the United States Supreme Court

The petitioner asks leave to file the attached petition for a Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*.

[X] Petitioner has previously been granted leave to proceed in forma pauperis in the following courts:
United States Court of Appeals for the Fourth Circuit (CA4C) Attached
United States Court of Appeals for the Federal Circuit (CAFC) Attached
United States Tax Court Attached
United States Court of Appeals for the Federal Circuit (CAFC) Attached
[] Petitioner has not previously been granted leave to proceed <i>in forma pauperis</i> in an other court.
Petitioner's affidavit or declaration in support of this motion is attached hereto.

Charles D. Adams

Respectfully submitted,

12994 Park Crescent Circle, Herndon, VA 20171

703-708-9077

melindaEadams@verizon.net

Pro Se Petitioner

FILED: December 8, 2017

UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT

No. 17-2383 (1:16-cv-01468-AJT-TCB)

CHARLES DERECK ADAMS

Plaintiff - Appellant

٧.

DEPARTMENT OF DEFENSE

Defendant - Appellee

ORDER

The court grants leave to proceed in forma pauperis.

For the Court-By Direction

/s/ Patricia S. Connor, Clerk

Case: 17-2485 Document: 13 Page: 1 Filed: 10/18/2017

NOTE: This order is nonprecedential.

United States Court of Appeals for the Federal Circuit

CHARLES DERECK ADAMS, Petitioner

V

DEPARTMENT OF DEFENSE,

Respondent

2017-2485

Petition for review of the Merit Systems Protection Board in No. DC-0752-17-0433-I-1.

ON MOTION

ORDER

Charles Dereck Adams moves for leave to proceed in forma pauperis.

Upon consideration thereof,

IT IS ORDERED THAT:

The motion is granted.

Case: 17-2485 Document: 13 Page: 2 Filed: 10/18/2017

2

ADAMS v. DEFENSE

FOR THE COURT

/s/ Peter R. Marksteiner Peter R. Marksteiner Clerk of Court

s31

FILED: January 20, 2016 UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT No. 16-1043 (015556-13) CHARLES DERECK ADAMS; MELINDA ELIZABETH ADAMS Petitioners - Appellants v. COMMISSIONER OF INTERNAL REVENUE Respondent - Appellee ORDER The court grants leave to proceed in forma pauperis. For the Court--By Direction /s/ Patricia S. Connor, Clerk

Case: 16-1414 Document: 7 Page: 1 Filed: 01/12/2016

NOTE: This order is nonprecedential.

United States Court of Appeals for the Federal Circuit

CHARLES DERECK ADAMS,
Petitioner

v.

DEPARTMENT OF DEFENSE,

Respondent

2016-1414

Petition for review of the Merit Systems Protection Board in No. DC-3443-15-0768-I-1.

ON MOTION

ORDER

Upon consideration of Charles Dereck Adams' motion for leave to proceed in forma pauperis,

IT IS ORDERED THAT:

The motion is granted.

Case: 16-1414	Document: 7	Page: 2	Filed: 01/12/2016

2

ADAMS v. DEFENSE

FOR THE COURT

/s/ Daniel E. O'Toole Daniel E. O'Toole Clerk of Court

s24

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

We, <u>Charles D. and Melinda E. Adams</u>, are the Parents of Charles D. Adams II and the petitioners in the above-entitled case, in support of our motion to proceed *in forma pauperis*, we state that because of our poverty we are unable to pay the costs of this case or to file security therefore; and we believe we are entitled to redress. Note that I have been discriminated against by my former employer, and lost my job because of it. On top of that I am experiencing severe financial hardship and can't make any payments to anyone at this time, because I have a negative monthly cash flow of -\$2,322.14 and a negative net worth of -\$819,862.21. I am on the verge of bankruptcy and am in no position to pay on any of my non-food and non-shelter bills (see attached Financial Hardship documentation), including my PA Supreme Court Filing Fees!

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 mon during the pa	thly amount ast 12 months	Amount expenses mext month	ected
	You	Spouse	You	Spouse
Employment	\$0.00	<u>\$1515.36</u>	<u>\$0.00</u>	<u>\$1515.36</u>
Self-employment	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Income from real property	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00	<u>\$0.00</u>
Interest and dividends	\$0.00	<u>\$0.00</u>	\$0.00	\$0.00
Gifts	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00
Alimony	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00
Child Support	\$0.00	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00
Retirement	<u>\$3504.00</u>	<u>\$0.00</u>	<u>\$3504.00</u>	<u>\$0.00</u>

Total monthly income:	<u>\$3504.00</u>	<u>\$1515.36</u>	<u>\$3504.00</u>	<u>\$1515.36</u>
Other (specify):	\$0.00	\$0.00	\$0.00	<u>\$0.00</u>
Public-assistance	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Unemployment payments	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Disability	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

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
None Unemployed	<u>N/A</u>	<u>N/A</u>	\$0.00
No FT Job (PT Only)	<u>Various</u>	<u>6/2010-Present</u>	Varied (Minimum Wage to \$15.00/hr)
<u>DoD MDA</u>	7100 Defense Pentagon Washington, DC 20301	6/2009-6/2010	\$0.00
DoD MDA	7100 Defense Pentagon Washington, DC 20301	01/2004-6/2009	<u>\$10,037.17</u>

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
<u>FCPS</u>	Fairfax County, VA	<u>10/2016-Present</u>	<u>\$1515.36</u>
No FT Job (PT Only)	Various	6/2010-10/2016	Varied (Minimum Wage to \$15.00/hr)
Housewife (Autistic Son)	12994 Park Crescent Cr. Herndon, VA 20171	<u>Until 6/2010</u>	\$0.00

4. 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
Senate Federal CU	Checking	<u>\$3.47</u>	<u>n/a</u>
Navy Federal CU	Checking	<u>n/a</u>	<u>\$10.17</u>
	d their values, which y ry household furnishin		our spouse owns. Do not list
X Home (Townhouse	e)	Othe	er real estate
Value \$506,050.0	0 (\$265,661.23 mortgag	<u>(e)</u> Val	ue
No access to equity	y because of bad credit ((506) and IRS	<u>lien</u>
Motor Vehicle #1		Mot	or Vehicle #2
Year, make, model		Yea	r, make, model
Value		Valı	ue
Registration #:		Reg	istration #:
X Other assets None	(lost all including car to	employer dis	crimination)
Description n/a			
Value <u>\$0.00</u>			
6. State every person amount owed.	n, business, or organiza	ation owing y	ou or your spouse money, and the
Person owing you or your spouse money	Amount owed	•	Amount owed to your spouse
None	\$0.00		\$0.00
7. State the persons	who rely on you or you	ır spouse for	support.
Name	Relationship		Age

None	n/a	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.

Rent or home-mortgage payment (include lot rented for mobile home)	You \$2579.33	Your Spouse Included
Are real estate taxes included? X Yes No	Ψ <u>αυτγίσο</u>	<u>moraco</u>
Is property insurance included? X Yes No		
Utilities (electricity, heating fuel,		
Water, sewer, and telephone	\$ <u>1013.71</u>	Included
Home maintenance (repairs and upkeep)	\$ <u>204.55</u>	<u>Included</u>
Food	\$ <u>1253.92</u>	Included
Clothing	\$ <u>100.00</u>	Included
Laundry and dry-cleaning	\$ <u>20.00</u>	<u>Included</u>
Medical and dental expenses	\$ <u>100.00</u>	Included
Transportation (not including motor vehicle payments)	\$ <u>46.42</u>	Included
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	Included
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	<u>Included</u>	Included
Life	\$ <u>382.90</u>	<u>Included</u>
Health and Dental	\$ <u>463.64</u>	<u>Included</u>
Motor Vehicle (no car)	\$ <u>0.00</u>	\$ <u>0.00</u>

Other:	\$ <u>0.00</u>	\$ <u>0.00</u>
Taxes (not deducted from wages or included in mortgage payments)		
Specify: _Taxes, SS, Medicare, Retirement_	\$ <u>380.53</u>	Included
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Credit Cards (11 Visa/MC/Military Star)	\$ <u>401.78</u>	<u>Included</u>
Other: _Veterans Administration	\$ <u>30.27</u>	<u>Included</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ <u>0.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): _\$676,560 PLUS Loans (Deferred)	\$ <u>0.00</u>	<u>Included</u>
Total monthly expenses	\$ <u>6977.05</u>	<u>Included</u>
9. Do you expect any major changes to your monthly or liabilities during the next 12 months?	y income or exp	enses or in your assets
Yes No If yes, describe on an attached she	eet.	
10. Have you paid – or will you be paying – an attorn connection with this case, including the completion o		for services in
Yes No No money to pay them		
If yes, how much?		
If yes, state the attorney's name, address, and tel	ephone number.	
11. Have you paid – or will you be paying – anyone other a typist) any money for services in connection with the form?		• •
Yes X No		
If yes, how much?		

If yes, state the person, 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 not had a full-time job since my employer's discriminatory termination and have been using pawn shop loans and pay day loans and loans from relatives to feed my family and pay my bills. Also consider the fact that I have a negative -\$2,322.14 monthly cash flow and a negative -\$819,862.21 net worth, which makes it impossible for me to pay my non-food non-rent bills, or your fees (without my son's help).

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

Executed on:	Sep 11	, 2022

(Signatures)

Adams Family Financial Hardship				
Documentation as of Sep 11, 2022				···········
Income	Annual	Monthly		
Me - Retirement Annuity	\$42,048.00	\$3,504.00		
Spouse - FCPS Instructional Assistant	\$18,184.29	\$1,515.36		
Combined	\$60,232.29	\$5,019.36		
Total Gross Monthly Income	\$5,019.36			
Monthly Expenses	· · · · · · · · · · · · · · · · · · ·			
Taxes, SS, Medicare, Retirement, Life Ins	\$380.53			
Health & Dental Insurance	\$463.64	Housing		
Mortgage	\$2,196.68	\$2,196.68		
Umbrella Insurance (USAA)	\$28.54	\$28.54		
HOA Dues	\$155.00	\$155.00		
Home Maintenance	\$204.55	\$204.55		
No Vehicle Driver Insurance (USAA)	\$32.04	\$2,584.77		
Metro (no car - 1 trip per week)	\$46.42			
IRS \$64,018.13 2010 tax assessment	\$525.60	Dec 1 Garnis	shment	
Veteran's Affairs	\$25.00			
Payday Loans	\$0.00	-		
Credit Cards	\$327.40			
Medical Bills	\$0.00			
Sons' Loans	\$0.00			
Other Debts (\$1200 & \$1500 loans & Roof Loan)	\$0.00			
Food for Family of 5	\$1,253.92			
Medical & Dental Expenses (copayments)	\$100.00			
Utilities	\$1,013.71			
Term Life Insurance	\$588.47			
Total Monthly Expenses	\$7,341.49			
Negative Monthly Cash Flow	-\$2,322.14	sons help wi	ith food & ut	ilities
Assets				
Townhouse (2020 Fairfax County Tax Value)	\$506,050.00	can't use eq	uity because	of
Total Assets	\$506,050.00	504 bad cred	dit and IRS ta	x lien
Liabilities	· . <u> </u>			
Government Debts	\$65,299.29			
Payday Loans	\$4,569.47			
Credit Card Debt	\$79,505.64			
Medical Bills	\$148,254.37			

Difference Due To Employer Discrimination	-\$1,456,095.09		
11/18/17 Net Worth	-\$819,862.21		
7/4/05 Net Worth	\$636,232.88		
Change In My Net Worth Says It All!			
	7019,002.21		
Negative Net Worth	-\$819,862.21		
Total Debts	\$1,325,912.21		
Mortgage	\$265,661.23		
Past Due Utilities	\$0.00		
Other Debts	\$5,884.63	out of state tuition	
School PLUS Loans	\$676,560.00	Penn State & Embry-Riddle+Pilo	
Debt Owed Sons	\$80,177.58		



COMMONWEALTH of VIRGINIA

Virginia Employment Commission

B-MON-001

00041699036007054023 ֆիկությունը.....դահինիալելակոլիկիկիսին CHARLES D ADAMS 12994 PARK CRESCENT CIR HERNDON, VA 20171-2818

Ciniment Information

Mail Date: 06/13/2022

IO: S0757219 First Name: CHARLES Last Name: ADAMS Payment Method: Direct Deposit

Benefit Effective Date: 06/05/2022 Weekly Benefit Amount: 100.00 Number of Weeks: 12

aximum Benefit Amount: 1,200.00 inefit Year Ending Date: 06/03/2023

Did you know... you can retrieve this and other documents by going online at https://css.vec.virginia.gov/CSS and logging into your account? Creating an online account is simple, secure, and easy.

Statement of Wages and Potential Benefit Entitlement **Unemployment Insurance**

The Virginia Employment Commission (VEC) has calculated the weekly benefit amount (WBA) and maximum benefit amount (MBA) of the claim for unemployment benefits that you filed based on the base period wages and employer(s) in our records. The amounts listed below are the base period wages on file with the VEC that were used in calculation of your potential benefit:

ALTERNATE BASE PERIOD WAGES						
Employer Name	Employer Account	April 1, 2021 - June 30, 2021	July 1, 2021 - September 30, 2021		January 1, 2022 - March 31, 2022	
FAIRFAX COUNTY PUBLIC SCHOOLS	1890123	\$0.00	\$0.00	\$3,728.39	\$1,280.88	\$5,009.27
Total Wages		\$0.00	\$0.00	\$3,728.39	\$1,280.88	\$5,009.27

Decision by Deputy: VEC673

Call the VEC at 1-866-832-2363;

- If there are employers listed above for whom you did not work or for whom the wages are misreported. Failure to report an error in this information may result in an overpayment that you will be required to repay.
- If there are employers not listed above for whom you did work during the base period or if wages are missing for an employer listed above. Be prepared to submit proof of the wages that are missing from this statement such as pay stubs or a W-2 tax form so that the VEC can re-evaluate your potential benefit entitlement. NOTE: Some earnings, by law, are not reportable to the VEC and cannot be used in the calculation of your potential benefit entitlement.

APPEAL RIGHTS

This decision becomes final unless a notice of appeal is filed by 07/13/2022. The appeal must be in writing and should set forth the grounds upon which the appeal is sought. If an appeal is filed, you should continue to file your weekly claim each week.

Appeals should be filed through one of the following methods:						
Internet Fax Mail		In-Person				
www.vec.virginla.gov	(804) 786-849Z	Virginia Employment Commission Attention: First Level Appeals P.O. Box 26441	At Any VEC Service Location			



Equal Opportunity Employer/Program Auxiliary Aids and Services Are Available Upon Request to Individuals with Disabilities Most services available at www.vec.virginia.gov 1-866-832-2363

VUIS-01-18-2022

8-MON-001

CERTIFICATE OF SERVICE

I CERTIFY THAT I SERVED A TRUE AND CORRECT COPY OF THE ATTACHED LETTER TO THE PARTIES IDENTIFIED BELOW BY US MAIL.

Charles D. Adams

12994 Park Crescent Circle, Herndon, VA 20171

Qualo Slaw

703-708-9077

melindaEadams@verizon.net

Date: 08/04/23

LOWER COURT

US Court of Appeals for the Federal Circuit 717 Madison Place, NW Washington, DC 20439 marksteiner@cafc.uscourts.gov