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ORIGINAL

In The

SUPREME COURT OF THE UNITED STATES

______**@**____

Charles D. Adams, PETITIONER

Supreme Court, U.S. FILED

DEC 23 2023

OFFICE OF THE CLEPK

v.

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

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

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 <i>in forma pauperis</i> 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 in forma pauperis in an other court.
Petitioner's affidavit or declaration in support of this motion is attached hereto.

Respectfully submitted,

Charles D. Adams

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 DEPARTMENT OF DEFENSE Defendant - Appellee ORDER

The court grants leave to proceed in forma pauperis.

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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NOTE: This order is nonprecedential.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

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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

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.

2

ADAMS v. DEFENSE

FOR THE COURT

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

s24

AFFIDAVIT OR DECLARATION OF INDIGENCY 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 -\$2095.58 and a negative net worth of -\$876,664.81. 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 US 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	•		Amount expected next month	
	You	Spouse	You	Spouse
Employment	<u>\$366.66</u>	<u>\$2506.67</u>	<u>\$0.00</u>	\$2506.67
Self-employment	\$0.00	\$0.00	\$0.00	\$0.00
Income from real property	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00
Interest and dividends	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00
Gifts	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00	\$0.00
Alimony	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Child Support	<u>\$0.00</u>	\$0.00	<u>\$0.00</u>	<u>\$0.00</u>
Retirement	<u>\$3957.00</u>	<u>\$0.00</u>	\$3957.00	<u>\$0.00</u>

Total monthly income:	<u>\$4323.66</u>	<u>\$2506.67</u>	<u>\$4323.66</u>	<u>\$2506.67</u>
Other (specify):	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00
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
<u>FCPS</u>	Fairfax County, VA	<u>10/2015-Preent</u>	<u>\$366.66</u>
No FT Job (PT Only)	Various	6/2010-10/2015	Varied (Minimum Wage to \$15.00/hr)
<u>DoD MDA</u>	7100 Defense Pentagon Washington, DC 20301	6/2009-6/2010	\$0.00
<u>DoD MDA</u>	7100 Defense Pentagon Washington, DC 20301	01/2004-6/2009	\$10,037.17

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	10/2016-Present	<u>2506.67</u>
No FT Job (PT Only)	<u>Various</u>	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 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>	
-	nd their values, which ry household furnishi	v	r your spouse owns. Do not list	
X Home (Townhouse	e)		Other real estate	
Value \$564,870.0	0 (\$252,002.82 mortga	ige)	Value	
No access to equit	y because of bad credit	t (506) and I	RS lien	
Motor Vehicle #1			Motor Vehicle #2	
Year, make, model		,	Year, make, model	
Value		,	Value	
Registration #:]	Registration #:	
X Other assets None	(lost all including car	to employer	discrimination)	
Description n/a				
Value <u>\$0.00</u>				
6. State every personamount owed.	n, business, or organi	zation owin	g you or your spouse money, and the	e
Person owing you or your spouse money	Amount owed	l to you	Amount owed to your spouse	
None	\$0.00		\$0.00	
7. State the persons	who rely on you or yo	our 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.

Don't on house months are many	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>2584.77</u>	Included
Are real estate taxes included? X Yes No		
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>300.00</u>	Included
Food	\$ <u>1253.92</u>	Included
Clothing	\$ <u>0.00</u>	Included
Laundry and dry-cleaning	\$ <u>0.00</u>	Included
Medical and dental expenses	\$ <u>100.00</u>	<u>Included</u>
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>209.71</u>	<u>Included</u>
Health and Dental	\$ <u>443.51</u>	Included
Motor Vehicle (no car)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other:	\$ <u>0.00</u>	\$ <u>0.00</u>

Taxes (not de	educted	from	wages	or	incl	uded	in
mortga	ge pay	yments)						

Specify: _Taxes, SS, Medicare, Retirement_	\$ <u>658.34</u>	<u>Included</u>
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Credit Cards (11 Visa/MC/Military Star)	\$ <u>1218.00</u>	Included
Other: _Veterans Administration	\$ <u>25.00</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): _\$777,827.43 PLUS Loans (Deferred)	\$ <u>0.00</u>	Included
Total monthly expenses	\$ <u>8925.91</u>	<u>Included</u>
Negative Monthly Cash Flow	<u>-\$2095.58</u>	
9. Do you expect any major changes to your monthly i or liabilities during the next 12 months?	ncome or exp	enses or in your assets
Yes X No If yes, describe on an attached sheet		
10. Have you paid — or will you be paying — an attorne connection with this case, including the completion of t		for services in
Yes X No No money to pay them		
If yes, how much?		
If yes, state the attorney's name, address, and telep	hone number.	
11. Have you paid – or will you be paying – anyone other or a typist) any money for services in connection with this 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 -\$2,095.58 monthly cash flow and a negative -\$876,664.81 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:	Oct 5	, 2023	Molinde Eddens
			Chal DAlow
			(Signatures)

Severe Financial Hardship Summary as of Oct 5, 2023

Income	Annua	I Monthly	/
Me - Retirement Annuity	\$47,484.00	0 \$3,957.00	
Me - PT On-Call FCPS Substitute Teacher	\$4,399.9	4 \$366.66	
Spouse -FT FCPS Instructional Assistant	\$30,080.00	\$2,506.67	
Total Income	\$81,963.94	4 \$6,830.33	
Monthly Expenses			
Taxes, SS, Medicare, Retirement, Life Ins	\$658.34	1	
Health & Dental Insurance	\$443.51		
Mortgage	\$2,168.68	- 0	
Umbrella Insurance (USAA)	\$11.50		
HOA Dues	\$178.00		
Home Maintenance	\$300.00		
No Vehicle Driver Insurance (USAA)	\$53.50	1	
Metro (no car - 1 trip per week)	\$46.42	7 7 7 1 1 1 1	
IRS \$67056.44 2010 tax assessment		Dec 1 Garnish	ment
Veteran's Affairs	\$25.00		
Payday Loans	\$0.00		
Medical Bills	\$421.60		
Sons' Loans	\$0.00		
Credit Cards	\$1,218.00		
Student Loans	\$298.42		
Other Debts (\$1200 & \$1500 loans & Roof Loan)	\$0.00	1	
Food for Family of 5	\$1,253.92		
Medical & Dental Expenses (copayments)	\$100.00	· ·	
Utilities	\$1,013.71		
Term Life Insurance	\$209.71	-	
Total Monthly Expenses	\$8,925.91		
Negative Monthly Cash Flow		sons help with	food & utilities
Assets			
Fownhouse (2022 Fairfax County Tax Value)	\$564.970.00		
Total Assets	\$564,870.00 \$564,870.00		
	3304,870.00		
iabilities			
Sovernment Debts	\$67,208.92		
ayday Loans	\$4,569.47		
redit Card Debt	\$100,539.99		1
Medical Bills	\$153,250.27		
Pebt Owed Sons	\$80,251.28		
chool PLUS Loans		Penn State & F	mbry-Riddle+Pilot
ther Debts		out of state tui	
ast Due Utilities	\$0.00		
1ortgage	\$252,002.82		
otal Debts	\$1,441,534.81		
egative Net Worth	-\$876,664.81		

Severe Financial Hardship Summary as of Oct 5, 2023

Change In My Net Worth Says It All!			
7/4/05 Net Worth	\$636,232.88		
11/18/17 Net Worth	-\$876,664.81		
Difference Due To Employer Discrimination	-\$1,512,897.69		



COMMONWEALTH of VIRGINIA Virginia Employment Commission

00041699036010689132 ուսուք-իկնգրիրդիկիկիկիկիկիիրիդիորդուս-իւննի CHARLES D ADAMS 12994 PARK CRESCENT CIR HERNDON, VA 20171-2818

Claimant Information

Mail Date: 08/14/2023 ID: 50757219 First Name: CHARLES Last Name: ADAMS Payment Method: Direct Deposit

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:

REGULAR BASE PERIOD WAGES							
Employer Name	Employer Account	April 1, 2022 - June 30, 2022	July 1, 2022 - September 30, 2022	October 1, 2022 - December 31, 2022	January 1, 2023 - March 31, 2023	Totals for Base Period April 1, 2022 - March 31, 2023	
FAIRFAX COUNTY PUBLIC SCHOOLS	1890123	\$3,857.92	\$703.36	\$3,709.87	\$1,558.76	\$9,829.91	
Total Wages		\$3,857.92	\$703.36	\$3,709.87	\$1,558.76	\$9,829.91	

Decision by Deputy: VEC673

below criteria applies.

- If there are employers listed above for whom you did not work or for whom the wages are misreported. Fallure 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.

 The request for redetermination must be made within one year of the mail date above.

APPEAL RIGHTS

The following appeal rights apply only to challenge the effective date or if this is your redetermination of an earlier decision. This decision becomes final unless a notice of appeal is filed by 09/13/2023. 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.vfrginla.gov	(804) 786-8492	Virginia Employment Commission Attention: First Level Appeals P.O. Box 25441	At Any VEC Service Location				
	i	Richmond, VA 23261-6441					



Equal Opportunity Employer/Program Auxiliary Aids and Services Are Available Upon Request to Individuals with Disabilities Language interpretation and translation services are available upon request. VUIS-08-19-2022 Most services available at www.vec.virginia.gov 1-866-832-2363 or Virginia Relay 711 B-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

703-708-9077

melindaEadams@verizon.net

LA a Rode

Date: 12/12/23

OPPOSING COUNSEL

Todd F. Tilford
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