23-6463 ORIGINAL In The

SUPREME	COURT	OF THE UNITED	STATES
	COUNT	Or THE ORIGINA	DIALED

Supreme Court, U.S.
FILED

DEC 3 0 2023

OFFICE OF THE CLERK

Charles D. Adams, PETITIONER

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 <i>in forma pauperis</i> in ar 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. For the Court--By Direction

/s/ Patricia S. Connor, Clerk

٧.

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NOTE: This order is nonprecedential.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.

2

ADAMS v. DEFENSE

FOR THE COURT

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

s31

	FILED: January 20, 2016
FOR THE FOU	OURT OF APPEALS JRTH CIRCUIT
No. 1	6-1043 56-13)
CHARLES DERECK ADAMS; MELIN	DA ELIZABETH ADAMS
Petitioners - Appellants	
v.	
COMMISSIONER OF INTERNAL REV	/ENUE
Respondent - Appellee	
OR	DER
The court grants leave to proceed	n forma pauperis.
Fo	r the CourtBy 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.

9

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	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$366.66	<u>\$2506.67</u>	<u>\$0.00</u>	<u>\$2506.67</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>	<u>\$0.00</u>	<u>\$0.00</u>
Interest and dividends	\$0.00	<u>\$0.00</u>	\$0.00	\$0.00
Gifts	\$0.00	\$0.00	<u>\$0.00</u>	<u>\$0.00</u>
Alimony	\$0.00	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Child Support	\$0.00	<u>\$0.00</u>	\$0.00	\$0.00
Retirement	\$3957.00	<u>\$0.00</u>	<u>\$3957.00</u>	<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>	\$0.00	<u>\$0.00</u>	\$0.00
Public-assistance	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00
Unemployment payments	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00
Disability	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	\$0.00

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	10/2015-Preent	<u>\$366.66</u>
No FT Job (PT Only)	Various	6/2010-10/2015	Varied (Minimum Wage to \$15.00/hr)
DoD MDA	7100 Defense Pentagon Washington, DC 20301	6/2009-6/2010	\$0.00
DoD MDA	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	2506.67
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 y have	ou Amount your spouse has		
Sanata Endaral CII	Charling	\$2 <i>47</i>	n/o		
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 y ary household furnishin		your spouse owns. Do not list		
X Home (Townhouse)		Other real estate			
Value \$564,870.0	00 (\$252,002.82 mortga	ge) V	Value		
No access to equi	ty because of bad credit	(506) and I	RS lien		
Motor Vehicle #1		\square N	Motor Vehicle #2		
Year, make, mode	1	Ţ	Year, make, model		
Value		Value			
Registration #:		F	Registration #:		
X Other assets None	e (lost all including car t	o employer	discrimination)		
Description n/a					
Value \$0.00					
6. State every personamount owed.	on, business, or organiz	zation owin	g you or your spouse money, and th		
Person owing you o your spouse money	r Amount owed	to you	Amount owed to your spouse		
None	\$0.00		\$0.00		
7. State the persons	s who rely on you or yo	our spouse f	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.

	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)	\$300.00	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>	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	Included	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 d	leducted	from	wages	or ii	nclude	d in
mortga	ge pa	yments)					

6. 6. 1 · 7 · · · · · · · · · · · · · · · · ·			
Specify: <u>Taxes, SS, Medicare, Retirement</u>	\$ <u>658.34</u>	Included	
Installment payments			
Motor Vehicle	\$ <u>0.00</u>	\$0.00	
Credit Cards (11 Visa/MC/Military Star)	\$ <u>1218.00</u>	Included	
Other: Veterans Administration	\$ <u>25.00</u>	Included	
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>	Included	
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?	income or exp	enses or in your assets	
Yes X No If yes, describe on an attached shee	t.		
10. Have you paid – or will you be paying – an attorne connection with this case, including the completion of		for services in	
Yes No No money to pay them			
If yes, how much?			
If yes, state the attorney's name, address, and telep	phone 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: <u>Oct 5</u> , 2023	Melerda Ethor
	Chal DAL
	(Signatures)

Severe Financial Hardship Summary as of Oct 5, 2023

Income	Annua	l Monthly	
Me - Retirement Annuity	\$47,484.0	0 \$3,957.00	
Me - PT On-Call FCPS Substitute Teacher	\$4,399.9	4 \$366.66	
Spouse -FT FCPS Instructional Assistant	\$30,080.0	0 \$2,506.67	
Total Income	\$81,963.9	4 \$6,830.33	
		 	
Monthly Expenses			
Taxes, SS, Medicare, Retirement, Life Ins	\$658.3	4	
Health & Dental Insurance	\$443.5	1 Housing	
Mortgage	\$2,168.68		
Umbrella Insurance (USAA)	\$11.50	 	
HOA Dues	\$178.00	\$155.00	
Home Maintenance	\$300.00		
No Vehicle Driver Insurance (USAA)	\$53.50		
Metro (no car - 1 trip per week)	\$46.42	1.7-	
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 1	l
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			food & utilities
		1	Tool & delitties
Assets			
Townhouse (2022 Fairfax County Tax Value)	\$564,870.00		
Total Assets	\$564,870.00		
Liabilities			
Government Debts	\$67,208.92		
Payday Loans	\$4,569.47		
Credit Card Debt	\$100,539.99		
Medical Bills	\$153,250,27		
Debt Owed Sons	\$80,251.28		
School PLUS Loans		Penn State & Embry-Riddle+Pilot	
Other Debts		out of state tuition	
Past Due Utilities	\$0.00		
Mortgage	\$252,002.82		
otal Debts	\$1,441,534.81		
legative 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 ւմներիքկենկենիիիիիիիիիիերներնայիայի CHARLES D ADAMS 12994 PARK CRESCENT CIR HERNDON, VA 20171-2818

Mail Date: 08/14/2023

ID: 50757219
First Name: CHARLES
Last Name: ADAMS
Payment Method: Direct Depo

Renefit Effective Date: 08/06/2023

nts by going online at /uidirect.vec.virginia.gov/CSS and http://www.account? Creating an online

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		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

Call the VEC at 1-866-832-2363 to below criteria applies. seet a redetermination if this is your first mailing of this decision AND the

- 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.vtrgirla.gov	(804) 785-9492	Virginia Employment Commission Attention: First Level Appeals P.O. Box 26441	At Any VEC Service Location		
www.vec.vtrgirla.gov	(804) 785-8492	Attention: First Level Appeals	At Any VEC Service Lo		



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.

Most services available at www.vec.virginia.gov 1-866-832-2363 or Virginia Relay 711

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

Date: 12/27/23

OPPOSING COUNSEL

Paul Y. Kim Missile Defense Agency (MDA) MDA/GCG Building 5222 Martin Road Redstone Arsenal, AL 35898