

No. 24-52964

PH 3443-21-0263 I1
YB 230-0175-24 EEO
2 B-230-0179-22
IN THE
SUPREME COURT OF THE UNITED STATES

Joseph Carl Payne
PETITIONER
(Your Name)

ORIGINAL

MSPB VS. — RESPONDENT(S)

Supreme Court, U.S.
FILED
JUL 27 2024
OFFICE OF THE CLERK

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____

_____, or

a copy of the order of appointment is appended.

[Signature]
(Signature)

RECEIVED
JUL 30 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Joseph Carl Payne, 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.

Income source	Average monthly amount during the past 12 months	Amount expected next month		
		Spouse	You	Spouse
BWS Pension School Employment	1666 2000	\$ 1,900	\$ Retirement	\$ Retirement
Self-employment	\$ 1,150	\$	\$	\$
Income from real property (such as rental income)	\$ 1,400	\$	\$	\$
Interest and dividends	\$ 400	\$	\$	\$
Gifts	\$ 400	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$ 400	\$ 2,900	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 4,500	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 4,350?	\$	\$	\$
Unemployment payments	\$ 1	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify) <u>W.S.P.S</u>	\$ 3,500	\$	\$	\$
Total monthly income:	\$ 1,066 about	\$ 4,800 about	\$ wife retired	\$

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
24386 Godwin School	Old Millsboro, DE	JAN. 2022	\$ 1560
19966-302934-68A		about	\$
			\$

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
Wife Retired			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ _____
 Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
N/A	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

<input type="checkbox"/> Home	\$ 550,000	<input type="checkbox"/> Other real estate	Townhouse
Value		Value	350,000

<input checked="" type="checkbox"/> Motor Vehicle #1	2024 Titan	<input checked="" type="checkbox"/> Motor Vehicle #2	2020 P. lot
Year, make & model		Year, make & model	
Value	52,000	Value	35,000

Other assets
 Description N/A
 Value _____

6. 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
N/A	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
Christopher	SON	46
Daniel		
PAVONE		

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)	\$ _____	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 200	\$ 200
Home maintenance (repairs and upkeep)	\$ 200	\$ 200
Food	\$ 500	\$ 500
Clothing	\$ 200	\$ 200
Laundry and dry-cleaning	\$ 200	\$ 200
Medical and dental expenses	\$ 2,000	\$ 200

See attached

Transportation (not including motor vehicle payments) You Your spouse
\$ _____ \$ _____

Recreation, entertainment, newspapers, magazines, etc. \$ _____ \$ _____

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's \$ _____ \$ _____

Life \$ 200,000 \$ _____

Health \$ 170,000 \$ _____

Motor Vehicle \$ NO \$ _____

Other: _____ \$ _____ \$ _____

Taxes (not deducted from wages or included in mortgage payments)

(specify): _____ \$ _____ \$ _____

Installment payments

Motor Vehicle \$ _____ \$ _____

Credit card(s) \$ 2,000 \$ _____

Department store(s) \$ _____ \$ _____

Other: _____ \$ _____ \$ _____

Alimony, maintenance, and support paid to others \$ _____ \$ _____

Regular expenses for operation of business, profession or farm (attach detailed statement) \$ _____ \$ _____

Other (specify): See attached \$ _____ \$ _____

Total monthly expenses: \$ _____ \$ _____

Postal insurance

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 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? _____

If yes, state the attorney's name, address, and telephone number:

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? _____

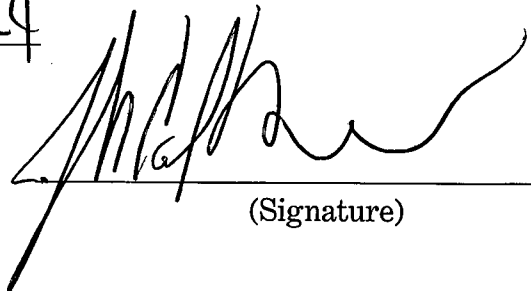
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

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

Executed on: 7-27-

24



(Signature)