No. 24-5983

FLED SET V 8 2024

IN THE

SUPREME COURT OF THE UNITED STATES

PETITIONER (Your Name)

VS. ÉSPONDENT(S)

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): $\int \int dx dx$

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

 \Box a copy of the order of appointment is appended.

,

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

16 10/ I, $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$, and 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.

	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$. \$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance) VVVV Disability (such as social security, insurance payment	\$ \$[0	\$ 7_00 \$	_ \$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly incon	ne: \$ <u>(</u> 40	7,0%	\$	\$

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employér	Address		Gross monthly pay
NA		Employment	\$
			\$
1991-1979 - 1997 - 1977		· · · · · · · · · · · · · · · · · · ·	\$

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
\underline{N}			\$ \$
	·	[n 1]	\$

Type of account (e.g., checking or savings) 0f 5aving-, (Ne A

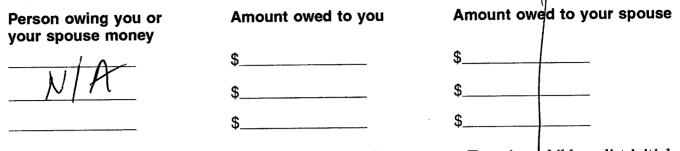
Amount you have	Amount your apouse has
\$ 50,00	\$
\$	\$
\$	\$

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

□ Home Value N A	Other real estate Value
$\Box \text{ Motor Vehicle #1} Year, make & model 2000Vature 25,000$	☐ Motor Vehicle #2 Year, make & model Value
Description OUN Olle	ction
Value at 1045t \$7	50.00

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

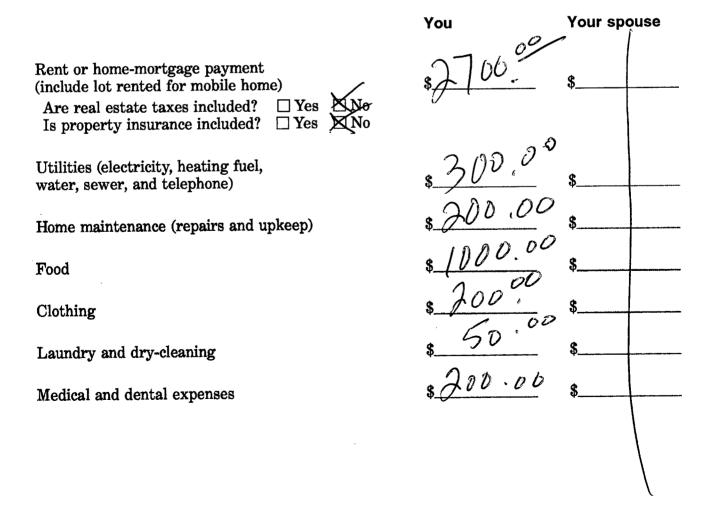
÷



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
<u>NIM</u>		

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
Transportation (not including motor vehicle payments)	\$ 50.	\$
Recreation, entertainment, newspapers, magazines, etc.	<u>\$ 10.</u>	\$
Insurance (not deducted from wages or included in mortg	age payments)	
Homeowner's or renter's	\$ 30,00	\$
Life	\$_NH	\$
Health	\$ 427.00	\$
Motor Vehicle	\$ 125	\$
Other:	SN/H	\$
Taxes (not deducted from wages or included in mortgage	payments)	_
(specify):	<u>\$</u>	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$	\$
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):	\$	\$
Total monthly expenses:	\$3242,0	\$

њ. - - •

•

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

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? \Box Yes

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

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.

1 LUras sile inprova I declare under penalty of perjury that the foregoing is true and correct. Q, 20_6 Executed on: (Signature