

24-6127

ORIGINAL

No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

FILED  
DEC 09 2024  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

PETITIONER Jocelyn L. Doyle

VS.

THE DEPARTMENT OF VETERAN AFFAIRS — RESPONDENT

And

THE MERIT SYSTEMS PROTECTION BOARD — RESPONDENT

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):

THE UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

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

"I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on (date). 12/10/2024

Jocelyn L. Doyle  
*Jocelyn L. Doyle*

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

I, Jocelyn L. Doyle, 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	
	You	Spouse	You	Spouse
Employment	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ <u>1200.<sup>00</sup></u>	\$ _____	\$ <u>1200.<sup>00</sup></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
BOONSBORO FAMILY DENTAL	BOONSBORO, MD	8/27/24 → PRESENT	\$ 1200.00
FELICITY DENTAL	FREDERICK, MD	Wednesday ONLY 3/2024	\$ 600.00
TEMP/ME (CONTRACTING)	FLORIDA	11-30/2023 → 8/6/24	\$ 300.00
SELF EMPLOYED BOARD OF ELECTIONS	Hagerstown, MD		Yearly \$800.00

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
/	/	/	\$ /
/	/	/	\$ /
/	/	/	\$ /

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
CHECKING	\$ /	\$ /
/	\$ /	\$ /
/	\$ /	\$ /

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

- Home  
Value 370,000
- Other real estate  
Value \_\_\_\_\_
- Motor Vehicle #1  
Year, make & model 2015 Subaru Legacy  
Value 5,000
- Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_
- Other assets  
Description \_\_\_\_\_  
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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

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
J.D.	daughter	13
_____	_____	_____
_____	_____	_____

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)	\$ 1,000.00	\$ _____
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 250.00	\$ _____
Home maintenance (repairs and upkeep)	\$ 900.00	\$ _____
Food	\$ 600.00	\$ _____
Clothing	\$ 100.00	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 300.00	\$ .
Recreation, entertainment, newspapers, magazines, etc.	\$ /	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$	\$
Life	\$ 90.00	\$
Health	\$	\$
Motor Vehicle	\$ 90.00	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s) <i>due to House upkeep</i>	\$ <del>1000.00</del> <i>on 1st Pg; JD</i>	\$
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): _____	\$	\$
<b>Total monthly expenses:</b>	\$ 3300.00	\$

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

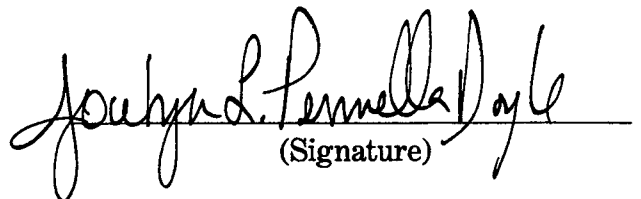
If yes, how much? \_\_\_\_\_

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 am a single mom, with ongoing medical health issues, working 3-4 days a week.*

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

Executed on: 12/12/2024, 2024

  
(Signature)