No. ____________________

IN THE

SUPREME COURT OF THE UNITED STATES

Kitti R. Payne (aka Kitti R. Power) — Sole PETITIONER
(Your Name)

VS.

Publishers Clearing House, Inc.; dba PCH Lotto, PCH Affiliates, aka PCH, The Clearing House — RESPONDENT(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):

09/24/2015 U.S. District Court, Eastern District of California (1:15-cv-01453-sko) as complaint is screened pursuant to 28 § 1915(e)(2) before service is permitted. (Oct. 13, 2015 Order 1:15-cv-01453-sko).

☐ 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: NA, or

☐ a copy of the order of appointment is appended.

Kitti R. Payne 05/18/2017
ProSe and Individual Taxpayer
(Signature)

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

I, Kitti R. 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**	
	You	Spouse	You	Spouse
Employment	$ 0	$ NA	$ 0	$ NA
Self-employment	$ 0	$ NA	$ 0	$ NA
Income from real property (such as rental income)	$ 0	$ NA	$ 0	$ NA
Interest and dividends	$ 0	$ NA	$ 0	$ NA
Gifts	$ 0	$ NA	$ 0	$ NA
Alimony	$ 0	$ NA	$ 0	$ NA
Child Support	$ 0	$ NA	$ 0	$ NA
Retirement (such as social security, pensions, annuities, insurance)	$ 0	$ NA	$ 0	$ NA
Disability (such as social security, insurance payments)	$ 0	$ NA	$ 0	$ NA
Unemployment payments	$ 0	$ NA	$ 0	$ NA
Public-assistance (such as welfare)	$ 0	$ NA	$ 0	$ NA
Other (specify): EBT Food Benefits	$ 194.00	$ NA	$ 194.00	$ NA
Total monthly income:	$ 194.00	$ NA	$ 194.00	$ NA

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

Employer	Address	Dates of Employment	Gross monthly pay
Diamond Foods	1050 S Diamond St. Stockton CA 95202	09/26/2006-10/26/2006	$ #3,200.00
NA	NA	NA	$ NA
NA	NA	NA	$ NA

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.) Not applicable: Spouse

Employer	Address	Dates of Employment	Gross monthly pay
(Not Applicable)	NA	NA	$ NA
NA	NA	NA	$ NA
NA	NA	NA	$ NA

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
(Not Applicable)	NA	$ NA	$ NA
NA	NA	$ NA	$ NA
NA	NA	$ NA	$ NA

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

☐ Home
Value NA

☐ Other real estate
Value NA

☐ Motor Vehicle #1
Year, make & model NA
Value NA

☐ Motor Vehicle #2
Year, make & model NA
Value NA

☑ Other assets
1.) Description *Living Quarters (motorhome): 1983 Suncrest motorhome ID# 1GBJP37W1D332294
Value #$700.00 License# 5ETV518 (*Non-operational DMV) State of CA *Need repairs for DMV registration

2.) Tow Dolly Trailer: 2002 West Texas utility trailer
Perm. Reg. License # 4AB8846 ID: 3BTD2201X2T002388
Value #80.00

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
NA	$ 0	$ 0
NA	$ 0	$ 0
NA	$ 0	$ 0

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
Kith R. Byne	Self	#59
NA	NA	NA
NA	NA	NA

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? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$ 0	$ NA
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0	$ NA
Home maintenance (repairs and upkeep)	$ 0	$ NA
Food	$ 0	$ NA
Clothing	$ 0	$ NA
Laundry and dry-cleaning	$ 0	$ NA
Medical and dental expenses	$ 0	$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 0	$ NA
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$ NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 0	$ NA
Life	$ 0	$ NA
Health	$ 0	$ NA
Motor Vehicle	$ 0	$ NA
Other: NA	$ 0	$ NA
Taxes (not deducted from wages or included in mortgage payments)		
(specify): NA	$ 0	$ NA
Installment payments		
Motor Vehicle	$ 0	$ NA
Credit card(s)	$ 0	$ NA
Department store(s)	$ 0	$ NA
Other: NA	$ 0	$ NA
Alimony, maintenance, and support paid to others	$ 0	$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ 0	$ NA
Other (specify): NA	$ 0	$ NA
Total monthly expenses:	$ 0	$ NA

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.~~ (Timeliness of Direct Appeal is approx. 30 days to expect Court-Awarded compensation)

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 (Reviews by U.S. Attorney as pertaining to previous offenders via 04/27/2017 citizen complaint)

If yes, how much? NA

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

NA

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? NA

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

NA

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

I am Pro Se and In Forma Pauperis I.F.P. petitioner;
I currently attend a temporary overnight shelter for women on a first come, first serve basis and have zero monthly expenses.

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

Executed on: May 18, 2017

(Signature)
Pro Se and Individual Taxpayer