

19-6339

Docket No. 19-

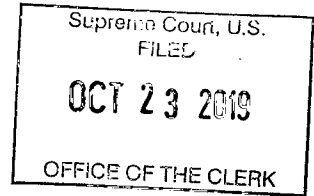
ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

Jackson Miles - Petitioner

v.

Secretary of Health and Human Services - Respondent



Regarding Case No. 2019-1480 Miles v. HHS  
of the United States Court of Appeals for the Federal Circuit  
Denying Final Petition for Panel Rehearing (August 5, 2019)

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MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

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The Petitioner requests leave to file the attached petition for a writ of certiorari without prepayment of costs, if any, and to proceed in forma pauperis.

Petitioner has not been granted leave to proceed in forma pauperis in any other court, as I have just turned eighteen years of age, and have been granted the right by the United States Court of Appeals for the Federal Circuit to represent myself in my case. An affidavit for permission to appeal in forma pauperis is attached.

Signature Jackson Miles

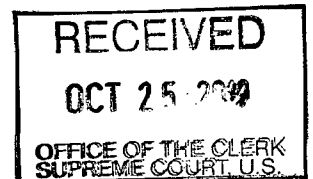
Jackson Miles, pro-se

1010 Hackberry Court Redact address and phone number per Rule 34.6

Carrollton, TX 75007

972-492-1308

prepared with assistance mm/ *mm*



United States Supreme Court Case Docket No:

Relating to

UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

Jackson Miles )

Plaintiff )

v. )

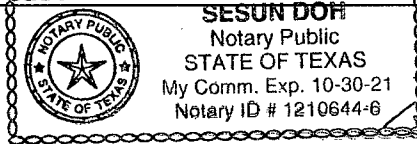
Secretary of Health and Human Services )

Defendant )

USCAF Case No. 2019-1480  
Relating to USCFC Case No. 12-00254

**AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p>
Signed: <i>Jackson Miles</i>	Date: <i>10-2-2019</i>



*See DOH*  
*10-2-2019*

My issues on appeal are:

Supreme Court review and request for hearing of facts and Constitutional issues involved in:

Opinion of the United States Court of Appeals for the Federal Circuit, Miles v. Secretary of Health and Human Services, No. 2019-1480 ( May 8, 2019)

Opinion of the United States Court of Federal Claims, Miles v. Secretary of Health and Human Services, No. 1:12-vv-00254-LAS

Order of the United States Court of Appeals for the Federal Circuit Denying  
Petition for Panel Rehearing (August 5, 2019)

Order of the United States Court of Federal Claims OFFICE OF SPECIAL  
MASTERS No. 12-254V (June 28, 2018) Case 1:12-vv-00254-UNJ Document  
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I am disabled and I do not have a spouse.

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	\$n/a	\$0	\$n/a
Self-employment	\$0	\$n/a	\$0	\$n/a
Income from real property (such as rental income)	\$0	\$n/a	\$0	\$n/a
Interest and dividends	\$0	\$n/a	\$0	\$n/a
Gifts	\$0	\$n/a	\$0	\$n/a
Alimony	\$0	\$n/a	\$0	\$n/a
Child support	\$0	\$n/a	\$0	\$n/a
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$n/a	\$0	\$n/a
Disability (such as social security, insurance payments)	\$0	\$n/a	\$0	\$n/a
Unemployment payments	\$0	\$n/a	\$0	\$n/a
Public-assistance (such as welfare)	\$0	\$n/a	\$0	\$n/a
Other (specify):	\$0	\$n/a	\$0	\$n/a

<b>Total monthly income:</b>	\$0	\$/na	\$0	\$n/a
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2. *List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

<b>Employer</b>	<b>Address</b>	<b>Dates of employment</b>	<b>Gross monthly pay</b>
None	n/a	n/a	\$0
None	n/a	n/a	\$0
None	n/a	n/a	\$0

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.)*

<b>Employer</b>	<b>Address</b>	<b>Dates of employment</b>	<b>Gross monthly pay</b>
n/a	n/a	n/a	\$0
n/a	n/a	n/a	\$0
n/a	n/a	n/a	\$0

4. *How much cash do you and your spouse have? \$ 480*

*Below, state any money you or your spouse have in bank accounts or in any other financial institution.*

<b>Financial Institution</b>	<b>Type of Account</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
Bank of America	Savings	\$480	\$n/a
n/a	n/a	\$n/a	\$n/a
n/a	n/a	\$n/a	\$n/a

***If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you***

have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$0	(Value) \$0	(Value) \$0
		Make and year: n/a
		Model: n/a
		Registration #:n/a

Motor vehicle #2	Other assets	Other assets
(Value) \$0	(Value) \$0	(Value) \$0
Make and year :n/a	n/a	n/a
Model :n/a	n/a	n/a
Registration #:n/a	n/a	n/a

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	\$0	\$0
n/a	\$0	\$0
n/a	\$0	\$0
n/a	\$0	\$0

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

Name [or, if under 18, initials only]	Relationship	Age
n/a	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, semiannually, 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	\$0	\$ n/a
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$0	\$ n/a
Home maintenance (repairs and upkeep)	\$0	\$ n/a
Food	\$0	\$ n/a
Clothing	\$0	\$ n/a
Laundry and dry-cleaning	\$0	\$ n/a
Medical and dental expenses	\$10,000	\$ n/a
Transportation (not including motor vehicle payments)	\$0	\$ n/a
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$ n/a
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$0	\$ n/a
Life:	\$0	\$ n/a
Health:	\$0	\$ n/a
Motor vehicle:	\$0	\$ n/a
Other:	\$0	\$ n/a
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$ n/a
Installment payments		
Motor Vehicle:	\$0	\$ n/a
Credit card (name):	\$0	\$ n/a

Department store (name):	\$0	\$ n/a
Other:	\$0	\$ n/a
Alimony, maintenance, and support paid to others	\$0	\$ n/a
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$ n/a
Other (specify):	\$0	\$ n/a
<b>Total monthly expenses:</b>	<b>\$10,000</b>	<b>\$0</b>

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. (See below)

10. *Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?*  Yes  No I have no money for these expenses.

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

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

*I have no money to pay these fees. I am an adult with a severe full disability. I request all assistance and accommodations permitted under ADA.*

12. *State the city and state of your legal residence.*

*Your daytime phone number: (972 )492-1308*

*Your age: 18      Your years of schooling: 13*

*Last four digits of your social-security number: 7789*

9) Waiting on SSI determination of disability process to qualify for government assistance and aid under various programs. I am not able to work.