

19-6657
No. 18-3631

Mad calendar

IN THE

SUPREME COURT OF THE UNITED STATES

America

Rikisha S. Smith PETITIONER

(Your Name)

ORIGINAL

VS. AUMF Bill
Barack Obama — 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*.

FILED

AUG 14 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

2nd Courts of appeal's
2nd Circuits of appeal'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:

a copy of the order of appointment is appended.

RECEIVED
OCT 22 2019 or
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Rikisha S. Smith
(Signature)

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

I, _____, 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	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Self-employment	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Interest and dividends	\$ _____	\$ UNKNOWN	\$ FDA	\$ N/A
Gifts	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Alimony	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Child Support	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Disability (such as social security, insurance payments)	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Unemployment payments	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Public-assistance (such as welfare)	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Other (specify): _____	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A
Total monthly income:	\$ 0.00	\$ UNKNOWN	\$ FDA	\$ N/A

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>

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
<u>ACMIS</u>	\$ <u>0.00</u>	\$ <u>unknown</u>
<u>ACMIS</u>	\$ <u>0.00</u>	\$ <u>unknown</u>
	\$ <u>0.00</u>	\$ <u>Unknown</u>

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 Unknown

Motor Vehicle #1
 Year, make & model 2013 Traverse
 Value 21,000

Motor Vehicle #2
 Year, make & model Unknown
 Value _____

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

TBS
State
Federal

Amount owed to you

\$ 100,000,000
\$ 100,000,000
\$ 100,000,000

Amount owed to your spouse

\$ N/A
\$ N/A
\$ 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

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, 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

\$ N/A

\$ N/A

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ N/A

\$ N/A

Home maintenance (repairs and upkeep)

\$ N/A

\$ N/A

Food

\$ 300-500 \$ N/A

Clothing

\$ 800 \$ N/A

Laundry and dry-cleaning

\$ 60.00 \$ N/A

Medical and dental expenses

\$ N/A \$ N/A

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

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.

FDA

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? 2,000

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

Puppet master puppet show
The Gov. The FDA has contracts with
each other they marked my children

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? pro bono

Yes No

If yes, how much? _____

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

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

I paid the second court of appeals
already.

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

Executed on: September 2nd, 2019

Ricksha S. Smith
(Signature)