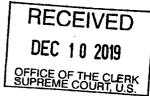
No. 19M39

#### IN THE



#### SUPREME COURT OF THE UNITED STATES

ALDON SMITH,

Petitoner,

v.

### ROBERT WILKIE, SECRETARY OF VETERANS AFFAIRS,

Respondent.

On Petition For Writ Of Certiorari To the United States Court of Appeals For the Federal Circuit

## MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner, Aldon Smith, pursuant to SUP CT. R. 39.1, respectfully moves for leave to file the accompanying petition for writ of certiorari in the Supreme Court of the United, States without payment of costs and to proceed *in forma pauperis*.

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Petitioner was previously found financially unable to pay costs by the U.S. Court of Appeals for the Federal Circuit in 18-1483 and U.S. Court of Appeals for Veterans Claims in 17-2787.

Petitioner has attached an affidavit required by 28 U.S.C. § 1746.

DATED: November 30, 2019

Respectfully submitted,

/s/Michael Stanski
MICHAEL STANSKI, ESQ.
Counsel of Record
LAW OFFICE OF MICHAEL STANSKI
3955 Riverside Ave
Jacksonville, FL 32205
T: (904) 370-3483
michael@stanskilaw.com

Counsel for Petitioner

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

my motion to proceed in formathe costs of this case or to give	<i>a pauperis</i> , 1 st	ate that because	of my poverty I	am unable to pay
1. For both you and your spot the following sources during weekly, biweekly, quarterly, amounts, that is, amounts be	ng the past 12 , semiannually, o	months. Adjus or annually to sl	st any amount t now the monthly	that was received
	e monthly amount during It 12 months		Amount expe next month	cted
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	<b>\$</b>	\$
Income from real property (such as rental income)	\$	\$	\$	<b>\$</b>
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 1700	\$	\$ 1200	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify): VA	\$ 1100	\$	\$ 1100	\$

Total monthly income:

\$ 2300

s.)
two years, most recent employer fas.)
s.)
s.)
f Grace menthly no
f Gross monthly pay ment
\$ \$
\$
bank accounts or in any other finar
bank accounts or in any other final
bank accounts or in any other finar
bank accounts or in any other final
ou have Amount your spouse h
ou have Amount your spouse h
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ou have Amount your spouse he sss
ou have Amount your spouse he sss
ou have Amount your spouse h  S S S S S S S S S S S S S S S S S S
\$\$_\$_ \$\$_

amount owed.  Person owing you or	Amount owed to y	OII.	Amount	owed to your spouse
your spouse money	Amount owed to y	ou	Amount	owed to your spouse
	\$		\$	
	\$		\$	
	\$		\$	1
7. State the persons who re instead of names (e.g. "J.	ly on you or your spouse S." instead of "John Smi	for support. th").	For min	nor children, list initial
Name	Relationshi <sub> </sub>			Age
8. Estimate the average mo paid by your spouse. A annually to show the more	djust any payments that	at are made	weekly,	biweekly, quarterly, or  Your spouse
Rent or home-mortgage pay	vment			real opered
(include lot rented for mobile Are real estate taxes inclused in the property insurance inclusions).	le home) ded? <b>☑</b> Yes  □ No	\$ 1109		\$
Utilities (electricity, heating water, sewer, and telephone		\$ 290		\$
Home maintenance (repairs	and upkeep)	\$ 125	•	\$
Food		\$ 40c	>	\$
Clothing		<u>\$ 75</u>	•	\$
Laundry and dry-cleaning		\$_0		\$
Medical and dental expense	α	. 0	/	<b>e</b> .

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 250	\$
Recreation, entertainment, newspapers, magazines, etc.	\$_ <b>Ø</b>	\$
Insurance (not deducted from wages or included in mortg	gage payments)	
Homeowner's or renter's	\$_50	\$
Life	\$_Ø	\$
Health	\$	\$
Motor Vehicle	\$ 219	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage	payments)	
(specify):	\$	\$
Installment payments		
Motor Vehicle	<u>\$ 323</u>	\$
Credit card(s)	\$ 110	\$
Department store(s)	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	• •	œ
Other (specify): Whom to Man Coan	\$ 98/115	Ψ \$
Total monthly expenses:	s 3174	\$

9.	Do you expect any major changes to your monthly income or expenses or in your assets o liabilities during the next 12 months?	r
	☐ 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:	
		٠
11.	Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal a typist) any money for services in connection with this case, including the completion of the form?	o: hi
	☐ Yes         No	
_	If yes, how much?	
If y	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 can VA DISABILITY NECLES	se
I d	eclare under penalty of perjury that the foregoing is true and correct.	
Exc	ecuted on:	
	Aldon Smitt	
	(Signature)	