19-7495

No. _____

IN THE

SUPREME COURT OF THE UNITE

ABUALA MD BADRUDDOZA — PETITIONER
(Your Name)

VS.

US DHS (USCIS) (USINS) ETC. — 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): (1) US 9TH CIR. CT. (11) U.S.D.C. DISTRICT COURT I GRIEVED FOR THE REVIEW/EVALUATION BUT THE JURISDICTION(S) TO NOT TO CMT DOWNED - AT THE BASE POINT

☐ 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.

ABU Badruddoza
01-29-2020

(Signature)

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

I, ABUALA MD BADRUDDOZA, 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)	$	$	$	$
Interest and dividends	$	$	$	$
Gifts	$	$	$	$
Alimony	$	$	$	$
Child Support	$	$	$	$
Retirement (such as social security, pensions, annuities, insurance)	$	$	$	$
Disability (such as social security, insurance payments)	$	$	$	$
Unemployment payments	$	$	$	$
Public-assistance (such as welfare) "NON REFUGEE CASE"	$	$	$	$
Other (specify): BEGMARCY! THE PEOPLE GOING TO PRAY I REQUEST (HELP).	$	$	$	$
Total monthly income:	$	$	$	$

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
I. PALOMAR COMMUNITY COLLEGE (SAN MARCOS) CA	SM, SD, CA	1989 - 2016	I WERE UNABLE TO EARN
II. ARROWHD	CANYON, WA, DC		$
III MCDONALDS	CA		$
IV DARUL HIJRAH MOSQUE - VA	F.C. VA		$

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. I/O (NO SPOUSE) SUFFERING THE WORK RELATED PHYSICAL INJURIES DEFORMITY, CASUAL LABOUR, NO HOPE (SUPPORTS)

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
	$	$
	$	$
	$	$

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

☐ Home NONE, LOST 33 YEARS
Value

☐ Other real estate
Value N/A

☐ Motor Vehicle #2GBL223 DMV-CA 1991 IMPOUNDED
Year, make & model 1980/1999 (CITRENG)
Value FREE GIVEN

☐ Motor Vehicle #2 N/A
Year, make & model N/A
Value N/A

☑ Other assets FOR THE 33 YRS INSIDE THE U.S. (NO SAVINGS FROM THE EARNINGS)
Description
Value

THE 2ND PARTY PUSHED MY CAR THROUGH THE REAR OF HIS CAR AND BLAMING ME FOR THE NEGOCIATION(S), INTERNATIONAL MIGRATION OF THE LEGALIZATIONS.

6. State every person, business, or organization owing you or your spouse money, and the amount owed. U.S.A

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"). FAMILIES, NEIGHBOR, RELATIVE, FRIEDS; FREEZING THE ALONE PERSON! (LONELINESS)

Name	Relationship	Age
ABU ALAMD BADRUDDOLA	MYSELF	VISA QUE. INSIDE THE U.S.
OR ABU-BADRUDDOZA-ALAMD	MYSELF	
OR ALA MD, BADRUDDOZA-ABU	MYSELF	

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. EVALUATION DONE FOR THE LAST 33 YEARS IN THE U.S. & PHYSICAL ENDURED KEEPING LONE/ALONE (EARNING FREQUENCIES) DC PERPETIES

	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	$_____	$_____
Utilities (electricity, heating fuel, water, sewer, and telephone)	$_____	$_____
Home maintenance (repairs and upkeep)	$_____	$_____
Food	$_____	$_____
Clothing	$_____	$_____
Laundry and dry-cleaning	$_____	$_____
Medical and dental expenses	$_____	$_____

	You	Your spouse
Transportation (not including motor vehicle payments)	$	$
Recreation, entertainment, newspapers, magazines, etc.	$	$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$	$
Life	$	$
Health	$	$
Motor Vehicle 2ZBL223 DMV/CA COMPARING THE JAPANESE THE RED ARMY (CITING, NEW/OLD)	$	$
Other: FORCIBLE DISPOSSESSED THE ORIGINAL OSC FORM I221S (ALLEGATION THE ORIGINAL CIRCUMSTACES (REPAIR)	$	$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): TAXATION WITHOUT REPRESENTATION	$	$
Installment payments ENSURANCE: THE INTERNATIONAL BORDER FENCE \IB/SYS-US/TJ/MX		
Motor Vehicle	$	$
Credit card(s)	$	$
Department store(s)	$	$
Other: US AND INTERNATIONAL MIGRATION BLAMING FOR THE ACCIDENT THE REFUGEES) THE LEGALIZATION CASE	$	$
Alimony, maintenance, and support paid to others	$	$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$	$
Other (specify): BE GMORCY TO THE BORDER, HIRING ATTORNY FOR THE LEAL REPAIR—WHERE IS MY ORIGINAL AND THE LOCAL FILE?	$	$
Total monthly expenses: 04/07-1991, RN 84503	$	$

CALIFORNIA "CHP" OFFICER C. SMITH; INSURACE (FARMER INSURANCE CO, SM/SD-CA) VEHICLE ~~[illegible]~~ TOWARD THE SUBROGATION UNIT, ORIGINAL OSC FORM I221S AND THE ORIGINAL CHARGING DOCUMENT(S) FORCIBLY DISPOSSESSED 14-19 THE U.S. B.P. AGENT(S) MR. JOSE M. ZAMARRIPA ARRIVING AT THE SPOT(S). NEW CITATION ISSUED/OLD ORIGINAL OSC FORM I221S AND THE CHARGING DOCUMENT LOCKING, MY BODY INJURIED DEFORMITIES CONTINUED

√

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? LOCKING ME WITHHOLDING THE PHYSICAL INJURIO DEFORMITY(IES) QUESTION OF THE U.S. LEGALIZATIONS INJURIES DEFORMITIES QUESTIONS (?) THE PROOF IS WHERE (THE ORIGINAL OSC FORM E221S) ???)

☐ Yes ☒ No If yes, describe on an attached sheet.

CHANGE IS THE PERMANENT RESIDENCY A MAJOR FAULTS OF THE US(INS). ORIGINAL OSC FORM E221S (VS) THE ORIGINAL OSC (IN BANGLADESH) THIS IS THE PROOF. → 11-07-1988 EL CENTRO, CA DOMESTIC ↓ 1974

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? PAID TO MR. CARL M. SHUSTERMAN/LA CA)

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

: EVERYTHING TAKEN AWAY BY FORCE (FACE, TIME, HOW ROBBING/STEALING): HE DENIED ME THE ORIGINAL COPIES OF THE OSC FORM E221S EXHIBIT NO. 1. AND THE ORIGINAL COPIES OF THE CHARGING DOCUMENT (2018-2019) 1990 HE SERVED AND STEALING (ROBBING) A COMPLEX DECK!?

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? N/A

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

PLEASE SEE THE US FOI-PA, THE PROSECUTION FOR THE CODING AND CITATION) IS NOT RELEASING TO MY POSSESSION (LIBRARY HAND) VIOLATION OF THE FOIA-PA IN THE TERMS OF THE REFORM (REPAIRS),

12. Provide any other information that will help explain why you cannot pay the costs of this case. UNABLE TO DRIVE, UNABLE/UNABLE TO WORK (CONT. THE PROSECUTION FOR) — JUST AFTER RELEASING THE ORIGINAL FILE TO MY POSSESSION THE ORIGINAL OSC FORM E221S ALLEGING THE ORIGINAL CHARGES WHO MUST STIPULATE(ING) THE TIME, PLACE, ENTRY INSIDE THE U.S.A WAS) IS CONTINUED THE INJURIES DEFORMITIES THAT THEY TAKEN CARE WILLFULLY AND WITHHOLDING THE REPAIRING OF THE INJURIES DEFORMITIES QUE-

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

BLAMING ME UP FOR THE OCCURRING ACCIDENTS AND/OR DENIED THE NEGOCIATIONS

Executed on: 01. 29TH (WED), 2020

AAZ Badrudozan
01-29-2020

(Signature)

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