



IN THE

SUPREME COURT OF THE UNITED STATES

Aleks PETITIONER (Your Name)

Supreme Court, U.S. FILED DEC 2 6 2019 OFFICE OF THE CLERK

or

UNITED STATES_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:

8

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

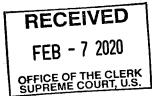
 \Box Petitioner has **not** previously been granted leave to proceed in forma pauperis in any other court.

□ Petitioner's affidavit or declaration in support of this motion is attached hereto.

 \Box 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:

 \Box a copy of the order of appointment is appended.



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AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS ALEKSANDR BIBLE the notification in the above optitled area. In some

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.

| | e monthly amount during t 12 months | | Amount expected next month | |
|--|--|--------|-------------------------------|--------|
| | You | Spouse | You | Spouse |
| Employment | \$ | \$ | \$ | \$ |
| Self-employment | \$ | \$ | \$ | \$ |
| Income from real property (such as rental income) | \$ X | \$ | \$ | \$ |
| Interest and dividends | \$ | \$ | \$ | \$ |
| Gifts | \$ | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ | \$ |
| Child Support | \$ | \$ | \$ | \$ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ | \$ | \$ | \$ |
| Disability (such as social security, insurance payments) | \$1000 | \$ | \$ | \$ |
| Unemployment payments | \$ | \$ | \$ | \$ |
| Public-assistance (such as welfare) | \$ | \$ | \$ | \$ |
| Other (specify): | \$ | \$ | \$ | \$ |
| 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 |
|----------|---------|--|-------------------|
| NONC | | | \$ |
| | | ······································ | \$ |
| ······ | | | ð |

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 NOV | Address | Dates of Employment | Gross monthly pay |
|-----------------|---------|------------------------|-------------------|
| | | | \$ \$ |
| | | i Dai C.P. | |

4. How much cash do you and your spouse have? \$ NON C 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 |
|---|-----------------|------------------------|
| - MAR | \$ | \$ |
| NONC | \$ | \$ |
| | \$ | \$ |

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

Home N/O/ Value

NOTOR Vehicle #1 Year, make & model NONC Value ______ Other assets NONC Description ____ ☐ Motor Vehicle #1

| • | |
|---|--------------------|
| C | Motor Vehicle #2 |
| | Year, make & model |
| | Value |

 \Box Other real estate

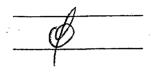
Value_

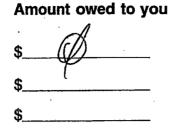
 \Box Other assets

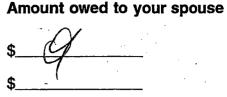
Value_

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

Person owing you or your spouse money







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 | |
|------|--------------|--------|--|
| | | | |
| | · · · | ······ | |

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.

Your spouse

Rent or home-mortgage payment (include lot rented for mobile home)

Are real estate taxes included? \Box Yes \Box No Is property insurance included? \Box Yes \Box 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 mort | gage payments) | |
| Homeowner's or renter's | \$ | \$ |
| Life | \$ | \$ |
| Health | \$ | \$ |
| Motor Vehicle | \$ | \$ |
| Other: | \$ | \$ |
| Taxes (not deducted from wages or included in mortgage | e payments) | |
| (specify): | \$ | \$ |
| Installment payments | 1 | |
| Motor Vehicle | \$ | \$ |
| Credit card(s) | \$ | \$ |
| Department store(s) | \$ | \$ |
| Other: | \$ | \$ |
| Alimony, maintenance, and support paid to others | \$ | \$ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ | \$ |
| Other (specify): | \$ | \$ |
| Total monthly expenses: | \$ | \$ |
| | / | |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

T Yes

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? \Box Yes \Box No

If yes, how much?

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

- 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 □ Nø
 - If yes, how much?

If 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 case.

NO JOB NO WORK

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

Executed on:

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