

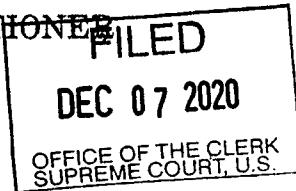
No. _____

19-8613

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Abdul-Aziz M. Shabazz-Wiggins — PETITIONER
(Your Name)



VS.

Commonwealth of Virginia — 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*.

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

Verified by PDFiller
05/25/2020

Abdul-Aziz Shabazz-Wiggins

(Signature)

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

I, Abdul-Aziz Shabazz, 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	\$ 1600	\$ 0	\$ 1600
Self-employment	\$ 400	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <u>Veterans Benefit</u>	\$ 1700	\$ 0	\$ 1700	\$ 0
Total monthly income:	\$ 2100	\$ 1600	\$ 2100	\$ 1600

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>Reliance Medical Transport</u>	<u>156 Newtown Rd Suite A1 Virginia Beach, VA 23462</u>	<u>03012019</u>	\$ <u>2240</u>
			\$ <u></u>
			\$ <u></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>Chesapeake Bobcats</u>	<u>312 Cedar Rd.</u>	<u>10152017</u>	\$ <u>1988</u>
<u>Tidewater Medical</u>	<u>2503 Woodrow St</u>	<u>09012015</u>	\$ <u>1120</u>

4. How much cash do you and your spouse have? \$ 200

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

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>Navy Federal</u>	<u>checking</u>	\$ <u>0</u>	\$ <u>100</u>
	<u>savings</u>	\$ <u>0</u>	\$ <u>0</u>
<u>ABNB Federal</u>	<u>checking</u>	\$ <u>100</u>	\$ <u>0</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 n/a

Motor Vehicle #1
Year, make & model 2003 Ford F350
Value 500

Motor Vehicle #2
Year, make & model 2008 VW Beetle
Value 300

Other assets
Description 2004 Dodge Ram 1500
Value 500

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
	\$ _____	\$ _____
	\$ _____	\$ _____

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

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)	\$ 1200	\$ 0
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		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 230	\$ 570
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 500
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 30
Medical and dental expenses	\$ 80	\$ 30

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 240	\$ 120
Recreation, entertainment, newspapers, magazines, etc.	\$ 200	\$ 200
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 219
Health	\$ 0	\$ 49
Motor Vehicle	\$ 325	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 25	\$ 130
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 2100	\$ 1848

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.

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? 3500

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

Jarrett McCormack 484 Viking Dr. Suite 190 Virginia Beach, VA. 23452 (757)463-7224

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? _____

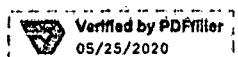
If yes, state the person's name, address, and telephone number:

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

I have been unable to keep and/or secure employment since being wrongfully terminated by Western Tidewater Regional Jail. I paid for training at Isle of Wight Fire Department to become certified as an Emergency Medical Technician only to be informed by the VA Office of EMS that I can not work in EMS while any part of this case is pending. While receiving treatment from the VA for depression I have been working when I can from home as a backyard mechanic.

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

Executed on: March 10, 2020



Abdul-Aziz Shabazz-Wiggins

(Signature)