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No. 20-5234

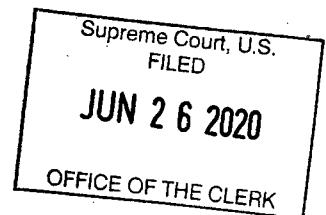
IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Jeremiah Bryant — PETITIONER
(Your Name)

VS.

Borger Management, et al — 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):

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.

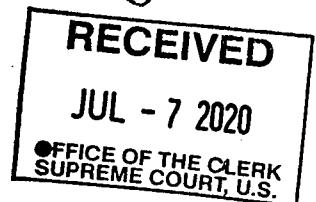
Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____
_____, or

a copy of the order of appointment is appended.

Jeremiah Bryant
(Signature)

Jeremiah Bryant



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

I, Jeremiah Bryant, 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	\$ NA	\$ NA	\$ NA	\$ NA
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)	\$ 1,141	\$ "	\$ 1,141	\$ "
Disability (such as social security, insurance payments)	\$ NA	\$ NA	\$ NA	\$ NA
Unemployment payments	\$ NA	\$ NA	\$ NA	\$ NA
Public-assistance (such as welfare)	\$ 16 SNAP	\$ "	\$ 16 SNAP	\$ "
Other (specify): _____	\$ NA	\$ NA	\$ NA	\$ NA
Total monthly income:	\$ 1,141	\$ NA	\$ 1,141	\$ NA

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
NA	NA	NA	\$ NA
			\$
			\$

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
NA	NA	NA	\$ NA
			\$
			\$

4. How much cash do you and your spouse have? \$ 0
 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
Checking	\$ 100.00	\$ NA
NA	\$ NA	\$ NA
	\$	\$

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

Home
 Value None

Other real estate
 Value None

Motor Vehicle #1
 Year, make & model None
 Value

Motor Vehicle #2
 Year, make & model None
 Value

Other assets
 Description None
 Value

4.

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
NA	\$ NA	\$ NA
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
NA	NA	NA
_____	_____	_____
_____	_____	_____

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)	\$ 300.00	\$ NA
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)	\$ NA	\$ NA
Home maintenance (repairs and upkeep)	\$ NA	\$ NA
Food	\$ 400.00	\$ NA
Clothing	\$ 50.00	\$ NA
Laundry and dry-cleaning	\$ 50.00	\$ NA
Medical and dental expenses	\$ NA	\$ NA

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	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 100.00	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ 100.00	\$ NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NA	\$ NA
Life	\$ NA	\$ NA
Health	\$ NA	\$ NA
Motor Vehicle	\$ NA	\$ NA
Other: _____	\$ NA	\$ NA
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ NA	\$ NA
Installment payments		
Motor Vehicle	\$ NA	\$ NA
Credit card(s)	\$ 25.00	\$ NA
Department store(s)	\$ NA	\$ NA
Other: _____	\$ NA	\$ NA
Alimony, maintenance, and support paid to others	\$ NA	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ NA	\$ NA
Other (specify): _____	\$ NA	\$ NA
Total monthly expenses:	\$ 1,025.00	\$ NA

7.

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? _____

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 No

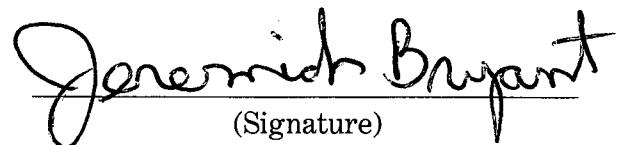
If yes, how much? _____

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

Executed on: June 26, 2020


(Signature)

Jeremiah Bryant



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES

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146.



Notice Date: 12/07/2019

Account ID: 20953350

Person ID: 21000427149
Jeremiah Bryant
301 G St SW 516
Washington, DC 20024

H Street Service Center
645 H Street NE, 2nd Floor
Washington, DC 20002
Phone number: (202) 724-5506
Fax Number: (202) 724-8964

Subject: SNAP Recertification Approval

Dear Jeremiah Bryant,

Your recertification for Supplemental Nutrition Assistance Program (SNAP) has been approved effective December 2019 through November 2021. We used the information you gave us to determine your benefits. Your eligibility for this program is based on the following budget information:

For the period of October 2019 through November 2021 your benefit for each month will be as follows:

Total # of persons in household:	1
Gross Income before deductions:	\$1,141.00
Maximum SNAP Allotment for SNAP Household:	\$194.00
Net income:	\$974.00
Thirty Percent of Net Income:	\$293.00
Your Benefit Amount	\$16.00

If your circumstances change, and you let us know, we will look at your case again and see if these changes still apply.

Your SNAP household will continue to receive the amount listed above unless there is a change in your household circumstances, or change in the SNAP Policy. The agency will notify you in writing if any such changes occur.

ESA Manual Citation: Part VIII; Chapter 4; Section 4.9

If You Think We Made a Mistake