

21-5223

Lower Court
#20-16044

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Donnell Bledsoe Sr. - PETITIONER
(Your Name)

Supreme Court, U.S.
FILED
JUL 14 2021
OFFICE OF THE CLERK

CBS Television Network, Greg Berlanti,
Steven Lillian, Marco S. SGA
Mark Zuckerberg - 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):

EASTERN DISTRICT OF CALIFORNIA, NORTHERN DISTRICT OF CALIFORNIA AND U.S. COURT OF APPEALS WITH DIST

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.

Donnell Bledsoe Sr.
(Signature)

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

I, Donnell Bledsoe, 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	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1011.00</u> <u>SSA</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ _____	\$ <u>N/A</u>
Total monthly income:	\$ <u>1011.00</u>	\$ _____	\$ _____	\$ <u>1011.00</u>

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
RETIRED	S S A		\$ 1011.00
			\$
			\$

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
N-A	N-A	N-A	\$ N-A
			\$
			\$

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
N/A	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 0	\$ 0

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

Home Value 0

Other real estate Value 0

Motor Vehicle #1
 Year, make & model JAGUAR 1999
 Value 5,000.00 X58

Motor Vehicle #2
 Year, make & model _____
 Value _____

Other assets
 Description 0
 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	Amount owed to you	Amount owed to your spouse
<u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>M.O.B.</u>	<u>Daughter</u>	<u>6</u>
<u>K.O.B.</u>	<u>son</u>	<u>14</u>
_____	_____	_____

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)	\$ <u>Ø</u>	\$ <u>Ø</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>350.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>100.00</u>	\$ _____
Food	\$ <u>150.00</u>	\$ _____
Clothing	\$ <u>100.00</u>	\$ _____
Laundry and dry-cleaning	\$ <u>40.00</u>	\$ _____
Medical and dental expenses	\$ _____	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 30.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 40.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ N/A
Life	\$ _____	\$ N/A
Health	\$ _____	\$ N/A
Motor Vehicle	\$ _____	\$ N/A
Other: _____	\$ _____	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ N/A
Installment payments		
Motor Vehicle	\$ _____	\$ N/A
Credit card(s)	\$ _____	\$ N/A
Department store(s)	\$ _____	\$ N/A
Other: _____	\$ _____	\$ N/A
Alimony, maintenance, and support paid to others	\$ _____	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ N/A
Other (specify): _____	\$ _____	\$ N/A
Total monthly expenses:	\$ 810.00	\$ N/A

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 RECEIVE SSA / Disability retirement

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

Executed on: July 13, 2021

Donnell Bledsoe

(Signature)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SAN JOAQUIN

On 07/13/2021 before me, JORGE GONZALEZ NOTARY PUBLIC
(insert name and title of the officer)

personally appeared DONNELL BLEDSOE
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

(Seal)

