

ORIGINAL

Supreme Court, U.S.  
FILED

JAN 20 2021

OFFICE OF THE CLERK

21-5264

THE UNITED STATES SUPREME COURT

PETITIONER,

MELVIN DINKINS

VS

RESPONDENT,

NORMAN K. MOON, DISTRICT JUDGE

MOTION FOR LEAVE TO PROCEED  
IN FORMA PAUPERIS

1. As Pro Se representative and "Attorney of record", the Petitioner  
requests to proceed In Forma Pauperis, in order to file the attached

Petition, for a Writ of Mandamus.

2. Related cases in State Circuit Court, Western District Federal Court

(except case 3:18-cv-00001), and the 4<sup>th</sup> Circuit, have all granted E.D.P.



3. When a Request to Remove Federal Question charges from State Court was denied, the first year of expenses, time, effort, and loss of hourly employment began – before **five additional cases** were filed in Federal court, and reviewed by **Primary Respondent** Hon. District Judge Moon – that toll of costs multiplied without touching tremendous, perpetual and increasing Damages that are contended to incur from the offenses on file. And, affects other **Real Parties in Interest**, providers of Medicare, **as well**.

4. Because resources drained for over four years of time, **with never even a Hearing**, it is necessary to report debts as they are due (in attached affidavit) since all credit and an expensive loan was disrupted by (Petitioner contends) the **Secondary Respondent**, Region Ten CSB. These debts have accrued with Medical bills (most recent 11/2020 @ \$700.20) costing thousand, and State business taxes at last count was \$3000, although no business has been conducted **since 2014 due to Civil Action**.

5. The secondary Respondent Region Ten CSB, a corporate/ local government entity that provides Health Programs for Mental and Substance ailments, revoked their contract as fiduciary for the Petitioner in 2019. Then soon after, canceled remaining Services by insisting that they exceeded the needs of Pro Se Petitioner.

6. The Petitioner Mr. Dinkins, is a recipient of assistance through Social Security, and was concluding an attempt to discard Disability benefits – under a Social Security Work Program – before discrepancies with the Region Ten account.

Petitioner' income is no longer subsidized with part-time work, but regardless, Pro Se representation will recover the loss of business that took 25 years assembling, and personal credit that took eight years to build.

7. Pro Se Petitioners' residential complex denied renewal of his lease in February 2020, and, Pro Se Dinkins contracted a "virus" before a shelter could be found – leaving a friend to provide the families' home from March 2020 until October 2020 – when temporary housing (motel room) was obtained. A debt not easy to return, even with neither pressure nor expectancy.

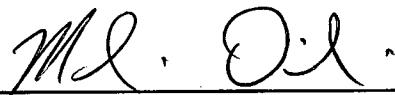
8. The new Fiduciary allows only \$60 per week for all expenses, even while the Petitioner was homeless, and is restrictive except for rent & similar standard monthly requirements.

No storage unit could be afforded when Pro Se Dinkins left his residence, therefore everything except clothes brought along, must be replaced when another residence is found.

9. Currently, the cost of residing in a Motel is less than Petitioners' monthly income, allowing the withdrawal of \$60 per week, and this will continue an expected ten to twenty months until moving. Additionally,

first & last month's rent, and a deposit (then initiating utilities with all other costs of settling a relocation), should be covered with money saved from March-October, before compensating friends for help.

10. The number of documents that five cases might contain are substantial, plus, the Federal Appeal and initial State action all in multiples and then shipped, find it necessary for this request – beside a separate Motion to File other unattained, or nonessential documents at a later time – toward In Forma Pauperis status, considering Pro Se representatives' current income and expenses.



**7/24/2021**

MELVIN DINKINS, PRO SE  
123 4<sup>TH</sup> STREET N.W.  
CHARLOTTESVILLE, VIRGINIA 22902  
434-326-3266

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

I, Melvin Dinkins, 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<br>the past 12 months |                 | Amount expected<br>next month |                 |
|--|---|-----------------|-------------------------------|-----------------|
|  | You   | Spouse          | You                           | Spouse          |
| Employment   | \$ <u>N/A</u>                                       | \$ _____        | \$ <u>N/A</u>                 | \$ _____        |
| Self-employment  | \$ <u>N/A</u>                                       | \$ _____        | \$ <u>N/A</u>                 | \$ _____        |
| Income from real property<br>(such as rental income)                       | \$ <u>N/A</u>                                       | \$ _____        | \$ <u>N/A</u>                 | \$ _____        |
| Interest and dividends   | \$ <u>N/A</u>                                       | \$ _____        | \$ <u>N/A</u>                 | \$ _____        |
| Gifts  | \$ <u>N/A</u>                                       | \$ _____        | \$ <u>N/A</u>                 | \$ _____        |
| Alimony  | \$ <u>N/A</u>                                       | \$ _____        | \$ <u>N/A</u>                 | \$ _____        |
| Child Support  | \$ <u>N/A</u>                                       | \$ _____        | \$ <u>N/A</u>                 | \$ _____        |
| Retirement (such as social<br>security, pensions,<br>annuities, insurance) | \$ <u>N/A</u>                                       | \$ _____        | \$ <u>N/A</u>                 | \$ _____        |
| Disability (such as social<br>security, insurance payments)                | \$ <u>1,300.</u>                                    | \$ _____        | \$ <u>1,300.</u>              | \$ _____        |
| Unemployment payments  | \$ <u>N/A</u>                                       | \$ _____        | \$ <u>N/A</u>                 | \$ _____        |
| Public-assistance<br>(such as welfare)                                     | \$ <u>N/A</u>                                       | \$ _____        | \$ <u>N/A</u>                 | \$ _____        |
| Other (specify): <u>N/A</u>  | \$ _____  | \$ _____        | \$ _____                      | \$ _____        |
| <b>Total monthly income:</b>   | <b>\$ <u>1,300.</u></b>                             | <b>\$ _____</b> | <b>\$ <u>1,300.</u></b>       | <b>\$ _____</b> |

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 |
|----------|---------|---------------------|-------------------|
| _____    | _____   | _____               | \$_____           |
| N/A      | _____   | _____               | \$_____           |
|          |         |                     | \$ N/A            |

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            |

4. How much cash do you and your spouse have? \$ 3.00  
 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 _____                              | \$ 9.60.        | \$ N/A                 |
| _____                                       | \$ _____        | \$ _____               |
| Social Security Fiduciary/Rep. _____        | \$ (unknown)    | \$ _____               |

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

Home N/A  
 Value \_\_\_\_\_

Other real estate N/A  
 Value \_\_\_\_\_

Motor Vehicle #1 N/A  
 Year, make & model \_\_\_\_\_  
 Value \_\_\_\_\_

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

Other assets  
 Description \_\_\_\_\_ N/A  
 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 |
|---------------------------------------|--------------------|----------------------------|
| _____                                 | \$ _____           | \$ _____                   |
| N/A                                   | \$ N/A             | \$ N/A                     |
| _____                                 | \$ _____           | \$ _____                   |

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   |
|-------|--------------|-------|
| _____ | _____        | _____ |
| 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<br>(include lot rented for mobile home)                               | \$ 1,014. | \$ N/A      |
| Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |             |
| Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |             |
| Utilities (electricity, heating fuel,<br>water, sewer, and telephone)                               | \$ N/A    | \$ N/A      |
| Home maintenance (repairs and upkeep)   | \$ N/A    | \$ N/A      |
| Food  | \$ 160.   | \$ N/A      |
| Clothing  | \$ 40.    | \$ N/A      |
| Laundry and dry-cleaning  | \$ 20.    | \$ N/A      |
| Medical and dental expenses   | \$ 20.    | \$ N/A      |

|   | You              | Your spouse   |
|---|------------------|---------------|
| Transportation (not including motor vehicle payments)                                       | \$ N/A           | \$ N/A        |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$ N/A           | \$ N/A        |
| Insurance (not deducted from wages or included in mortgage payments)                        |                  |               |
| Homeowner's or renter's   | \$ N/A           | \$ N/A        |
| Life  | \$ N/A           | \$ N/A        |
| Health  | \$ N/A           | \$ N/A        |
| Motor Vehicle   | \$ N/A           | \$ N/A        |
| Other: <u>N/A</u>   | \$ _____         | \$ _____      |
| Taxes (not deducted from wages or included in mortgage payments)                            |                  |               |
| (specify): <u>Business tax (due)</u>  | \$ 3,000. +      | \$ N/A        |
| Installment payments  |                  |               |
| Motor Vehicle   | \$ N/A           | \$ N/A        |
| Credit card(s)  | \$ N/A           | \$ N/A        |
| Department store(s)   | \$ N/A           | \$ N/A        |
| Other: <u>N/A</u>   | \$ _____         | \$ _____      |
| 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): <u>N/A</u>   | \$ _____         | \$ _____      |
| <b>Total monthly expenses:</b>  | <b>\$ 3,000.</b> | <b>\$ N/A</b> |

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.

A representative payee (fiduciary) receives my Social Security Disability income and allocates \$60. per week for myself (food, clothing etc.,) then the remainder goes to only rent, utilities, and such as that (plus emergencies if contacted on time).

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

Executed on: July 24, 2024

M.L.D.R.

(Signature)