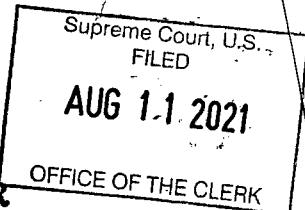


21-5416
No. _____

Lower Court
20-16709

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



Donnell Bledsoe Sr PETITIONER
(Your Name)

MARK ZUCKERBERG AND
FACEBOOK A Delaware Co. 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):

United States Eastern District, United States
Northern District, Appeal Court for Ninth District
AND The United States Supreme Court

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>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Self-employment | \$ <u>0</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Interest and dividends | \$ <u>0</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Gifts | \$ <u>0</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Alimony | \$ <u>0</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Child Support | \$ <u>0</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>101.00</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| SSA | | | | |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Unemployment payments | \$ <u>0</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Other (specify): <u>0</u> | \$ <u>0</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>0</u> |
| Total monthly income: | \$ <u>101.00</u> | \$ <u>NA</u> | \$ <u>0</u> | \$ <u>101.00</u> |

| | 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 | \$ 0 | \$ N/A |
| Life | \$ 0 | \$ N/A |
| Health | \$ 0 | \$ N/A |
| Motor Vehicle | \$ 0 | \$ N/A |
| Other: <u> </u> | \$ 6 | \$ N/A |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <u> </u> | \$ 0 | \$ N/A |
| Installment payments | | |
| Motor Vehicle | \$ N/A | \$ N/A |
| Credit card(s) | \$ 0 | \$ N/A |
| Department store(s) | \$ 0 | \$ N/A |
| Other: <u> </u> | \$ 0 | \$ N/A |
| Alimony, maintenance, and support paid to others | \$ 0 | \$ N/A |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0 | \$ N/A |
| Other (specify): <u> </u> | \$ 0 | \$ 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? 0

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? 0

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: August 4th, 2021

Donnell Bledsoe Jr.

(Signature)

CALIFORNIA JURAT WITH AFFIANT STATEMENT

See Attached Document (No signature needed on this page)
 See Statement Below (To be completed only by document signer(s), not Notary, in box below)

(Large dashed box for signatures, crossed out with a large 'X')

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

Signature of Document Signer No. 1

Signature of Document Signer No. 2

Signature of Document Signer No. 3

Subscribed and sworn to (or affirmed) before me on this

11th day of August, 2021 by

Donnell Bledsoe

Name of Signer No. 1

Name of Signer No. 2

Name of Signer No. 3



Space for Notary Seal

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature of Notary Public

-----OPTIONAL DATA FOR SECURITY-----

Name of Document: Motion for Leave...

Thumbprint

Document Date: 8/1/2021

Number of Pages: 5

Number of Signatures Notarized (circle): 1 2 3 Other: _____