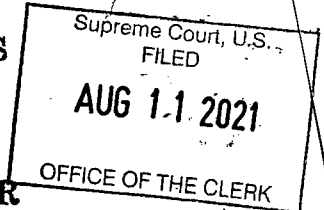


21-5416  
No. \_\_\_\_\_

Lower Court  
# 20-16709

**ORIGINAL**

IN THE  
SUPREME COURT OF THE UNITED STATES



Donnell Bledsoe SR PETITIONER  
(Your Name)

VS.  
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 SR, 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>1011.00</u> <u>SSA</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>0</u>
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>
<b>Total monthly income:</b>	\$ <u>1011.00</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>1011.00</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 30.00	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ 40.00	\$ NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ NA
Life	\$ 0	\$ NA
Health	\$ 0	\$ NA
Motor Vehicle	\$ 0	\$ NA
Other: 0	\$ 0	\$ NA
Taxes (not deducted from wages or included in mortgage payments)		
(specify): 0	\$ 0	\$ NA
Installment payments		
Motor Vehicle	\$ NA	\$ NA
Credit card(s)	\$ 0	\$ NA
Department store(s)	\$ 0	\$ NA
Other: 0	\$ 0	\$ NA
Alimony, maintenance, and support paid to others	\$ 0	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ NA
Other (specify): 0	\$ 0	\$ NA
<b>Total monthly expenses:</b>	\$ 810.00	\$ NA

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 16, 2021

Dannell 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
Date Month Year

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...

Document Date: 8/11/2021

Number of Pages: 5

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

Thumbprint