

No. 21-7187

FILED
FEB 16 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

Paul E. Jozwiak — PETITIONER
(Your Name)

VS.

Raytheon Missile Systems; 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):

Previous Courts Stated In The Record They Mistakenly Denied In Forma Pauperis!

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 _____

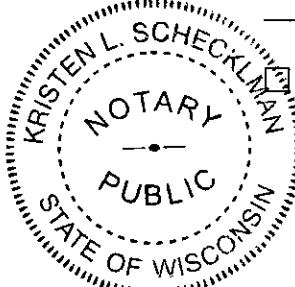
a copy of the order of appointment is appended.

(Signature)

Paul Jozwiak
RECEIVED

MAR - 1 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.



Karen L. Dohm
1-9-22

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

I, Paul E. Jozwiak, 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>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Self-employment	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Gifts	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Child Support	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Disability (such as social security, insurance payments)	\$ <u>2,237.00</u>	\$ <u>0.00</u>	\$ <u>2,237.00</u>	\$ <u>0.00</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>NONE</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly income:	\$ <u>2,237.00</u>	\$ <u>0.00</u>	\$ <u>2,237.00</u>	\$ <u>0.00</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
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>

4. How much cash do you and your spouse have? \$ 800.00

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
<u>SIMPLICITY CREDIT UNION</u>	<u>\$ 277.00</u>	<u>\$ 0.00</u>
<u>WELLS FARGO</u>	<u>\$ 116.00</u>	<u>\$ 0.00</u>
<u>N/A</u>	<u>\$ N/A</u>	<u>\$ 0.00</u>

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

Home
Value N/A

Other real estate
Value N/A

Motor Vehicle #1
Year, make & model 2011, Chevy, 1500
Value 6,200.00

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

Other assets
Description NONE
Value \$ 0.00

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>NONE</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>NONE</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>NONE</u>	\$ <u>0.00</u>	\$ <u>0.00</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>Elizabeth Jozwiak</u>	MOTHER	<u>88</u>
<u>NONE</u>	N/A	N/A
<u>NONE</u>	N/A	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 (include lot rented for mobile home)	\$ <u>0.00</u>	\$ <u>0.00</u>
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)	\$ <u>197.00</u>	\$ <u>0.00</u>
Home maintenance (repairs and upkeep)	\$ <u>125.00</u>	\$ <u>0.00</u>
Food	\$ <u>140.00</u>	\$ <u>0.00</u>
Clothing	\$ <u>60.00</u>	\$ <u>0.00</u>
Laundry and dry-cleaning	\$ <u>30.00</u>	\$ <u>0.00</u>
Medical and dental expenses	\$ <u>440.00</u>	\$ <u>0.00</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 80.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 40.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$ 0.00
Life	\$ 56.00	\$ 0.00
Health	\$ 520.00	\$ 0.00
Motor Vehicle	\$ 180.00	\$ 0.00
Other: <u>Public Storage Locker</u>	\$ 177.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE, FULLY-DISABLE</u>	\$ 0.00	\$ 0.00
Installment payments		
Motor Vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department store(s)	\$ 0.00	\$ 0.00
Other: <u>Loan For Legal Fees</u>	\$ 250.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify): <u>NONE</u>	\$ 0.00	\$ 0.00
Total monthly expenses:	\$ 2,295.00	\$ 0.00

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? UNKNOWN!

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? UNKNOWN!

If yes, state the person's name, address, and telephone number:

Quick-Print LLC Phone: (715)-384-8545
507 North Central Ave., Ste
Marshfield, WI 54449

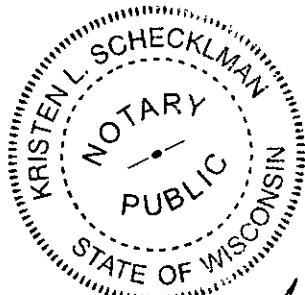
12. Provide any other information that will help explain why you cannot pay the costs of this case.

Only Source Of Income Is Social Security Disability Due To The Illegal and/or Forced Wrongful Employment Termination By Raytheon With Their Termination Of ALL Medical Coverage and Disability Benefits! Raytheon Did This Under Their ILLEGAL-ACTS Of Claiming An Administrative -Termination In Which They Falsely Claimed In Their Letters Was Within Their Legal Right!

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

Executed on: February 09, 2022

Paul Jozanek
(Signature)



STATE OF WISCONSIN
Milwaukee County
S. J. Shaver
1972

13-13-21

H & R Block

1625 S. Central Ave.

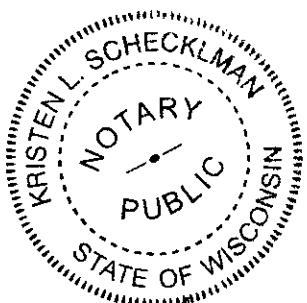
Marshfield, WI 54449

Paul E. Jozwiak only income is SSI per month. A copy is attached.

Beverly Krohn

Beverly Krohn

H & R Block



Mark J. Zdun

2/9/12

Your New Benefit Amount

BENEFICIARY'S NAME: PAUL E JOZWIAK

Your Social Security benefit will increase by 1.3% in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get

Your monthly benefit before deductions	\$2,385.50
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show \$0.00)	\$148.50
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00)	\$0.00
U.S. Federal tax withholding	\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show \$0.00)	\$0.00
After we take any other deductions, you will receive the payment you are due for December 2020, on or about January 20, 2021	\$2,237.00

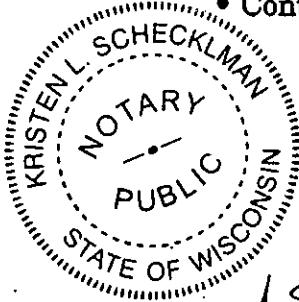
The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at www.godirect.org or call their Electronic Payment Solution Center at 1-800-333-1795. If outside the United States, please call 1-214-254-3113.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit www.ssa.gov/benefits/disability/appeal.html online.

If You Have Questions

- Visit us at www.ssa.gov online.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).
- Contact your nearest Social Security office.



2213 8TH ST SOUTH
WISCONSIN RAPIDS WI 54494

Kristen L. Schecklman
1/9/22