

ORIGINAL

21-8142
No. 21-

Supreme Court, U.S.
FILED

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OFFICE OF THE CLERK

In The
Supreme Court of the United States

MAJOR MIKE WEBB
PETITIONER, *PRO SE*,

Appellant,

v.

BRYAN L. PORTER, in Individual and Official Capacity,
RESPONDENT,

Appellee.

*Webb v. Porter/In re: Major Mike Webb, Case Number CL21001829
(Alexandria Cir. 2020), on appeal Webb v. Northam, Record Number
220089 (Va. 2021)*

Application to Proceed In Forma Pauperis

MAJOR MIKE WEBB, *PRO SE*
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**AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO
PROCEED IN FORMA PAUPERIS**

I, Major Mike Webb, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>500</u>	\$ <u>0</u>	\$ <u>500</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>2,000</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>VA</u>	\$ <u>3,000</u>	\$ <u>0</u>	\$ <u>3,000</u>	\$ <u>0</u>
Total monthly income:	\$ <u>5,500</u>	\$ <u>0</u>	\$ <u>5,500</u>	\$ <u>0</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			\$

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			\$ \$ \$

4. How much cash do you and your spouse have? \$ 300

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	\$ 300	\$ 0
Checking	\$ 5	\$ 0
Savings	\$ 5	\$ 0

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

Other assets

the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
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 (include lot rented for mobile home)	\$ 1,546	\$ 0
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, water, sewer, and telephone)	\$ 350	\$ 0
Home maintenance (repairs and upkeep)	\$ 150	\$ 0
Food	\$ 800	\$ 0
Clothing	\$ 500	\$ 0
Laundry and dry-cleaning	\$ 200	\$ 0
Medical and dental expenses	\$ 150	\$ 0

Total monthly expenses: \$ 5,396

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 am currently barred from filing any pleadings in the Circuit Court for the County of Arlington, and the Federal District Court in Alexandria. The County of Arlington has imposed a property tax for a vehicle I did not own, and have demanded payment of a tax I did not owe, under Va. Code§ 58.1-3516(A) and Va. Code § 58.1-3503(A)(3), and might fairly be described as retaliation under18 U.S.C. § 1513(b).

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

Name of Party (Print or Type): Major Mike Webb, 955 S. Columbus Street, Unit # 426, Arlington, Virginia 22204, GiveFaithATry@gmail.com, 856-220-1354.

MCC
Signature of Party

Executed on: 6-13-22
(Date)

Subscribed, acknowledged and sworn to before me, the undersigned Notary Public in the County of Alexandria, in the Commonwealth of Virginia, this June day of 13, 20 20.

15-20
NOTARY PUBLIC

My commission expires: 2/28/2026 Registration Number: 7983648

