

22-5633

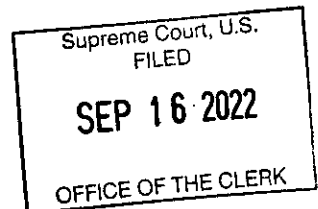
No. _____

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

James Blessing — PETITIONER
(Your Name)



VS. Nick Hoffman,

Olivia Mann,
Page Publishing, Inc — 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): Name change due father abuse of my mother.

Superior Court, New Jersey with other name

Appellate Court, New Jersey with other name

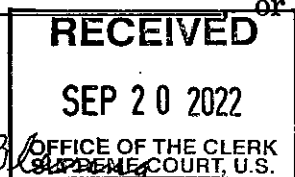
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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: Fee Waiver

☐ a copy of the order of appointment is appended.



James Blessing
(Signature)

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

I, Drew Bradford, 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>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>279</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>1142</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): <u>Food Stamp</u>	\$ <u>325</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>1746</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
Unemployed			\$
			\$
			\$

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
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$
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	\$ 5,998.12	\$
	\$	\$
	\$	\$

I own landlord \$28,000; dentist \$20,000; lawyer \$17,000; due for \$300

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

I have no assets

☐ Home
Value None

☐ Other real estate
Value _____

☐ Motor Vehicle #1
Year, make & model 2019 Toyota
Value \$ 5,000

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description None
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

None

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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

None

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.

I do not own any property

You

Your spouse

Rent or home-mortgage payment
(include lot rented for mobile home)

\$ 995 rent

\$ _____

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 110

\$ _____

Home maintenance (repairs and upkeep)

\$ 0

\$ _____

Food

\$ 900

\$ _____

Clothing

\$ 100

\$ _____

Laundry and dry-cleaning

\$ 40

\$ _____

Medical and dental expenses

\$ 1,200

\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>70</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>216</u>	\$ _____
Motor Vehicle	\$ <u>100</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
Total monthly expenses:	\$ <u>3725</u>	\$ _____

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 earn \$1,421 per month

I am Federal Court Order Disabled

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

Executed on: 9/7/22, 2022

James Blessing
(Signature)

Certification

I, James Blessing, certify as follows:

1. The lower Court Superior Court Judge allowed me to utilize the author book name for this case, which is about the book re. the author James blessing. When I was preading, a woman, who truly loved this message of Hope from God, gave me this name of James blessing. It is undisputed by Respondent that I am Drew Bradford with author name of James Blessing.
2. Under my functioning name of Drew Bradford, I submit to the Honorable Supreme Court, my real life functioning documents. The Superior Court granted me 2 Fee waiver under the legal name of Drew Bradford; my Disability Social security of \$1,142 per month and my Pension of \$279.80 per month. I do Attach also my Pharmacuetical documents plus my Birth Certificate.
3. My family is deceased, and my father vicioulsy abused my mother and me. So the name of James Blessing is appropriate.
4. I also submit to the Supreme Court, the 2 fee waivers Court orders and my Food Stamp validation, which I have been on for 14 years.
5. I won no real estate nor property nor stock nor bonds, except for a car which is a necessity in New Jersey.
6. I therefore apply for Indigent Petitioner and so Motion to the Supreme Court.
7. I, James Blessing, certify under law, that the foregoing statements made by me are true to the best of my knowledge

Dated Sept 15, 2022

James Blessing
James Blessing

COUNTY OF UNION
342 WESTMINSTER AVENUE
ELIZABETH, NJ 07208

1 OF 2 4435

1-908-791-7000

DATE MAILED: SEP 01 2022

TO: DREW BRADFORD
APT A
103 GALES DR
NEW PROVIDENCE NJ 07974

U060010
BA 11

25 08232022
C254900 NPA 11

IMPORTANTE: SI USTED NO ENTIENDE ESTE AVISO, COMUNIQUESE CON UN REPRESENTANTE DE ESTA OFICINA.

THIS LETTER AFFECTS YOUR WFNJ (CASH ASSISTANCE) AND/OR NJ SNAP BENEFITS.

NJ SNAP PROGRAM ACTION

YOUR FOOD STAMP APPLICATION HAS BEEN APPROVED. ON SEPTEMBER 1, 2022, \$****250.00 IN FOOD STAMP BENEFITS WILL BE DEPOSITED IN YOUR FAMILIES FIRST FOOD STAMP ACCOUNT. THIS BENEFIT COVERS THE PERIOD FROM SEPTEMBER 1, 2022 TO SEPTEMBER 30, 2022.

THEREAFTER, \$****250.00 IN FOOD STAMP BENEFITS WILL BE DEPOSITED IN YOUR FAMILIES FIRST FOOD STAMP ACCOUNT EACH MONTH UNTIL YOU ARE NOTIFIED OTHERWISE. THOSE BENEFITS WILL BE AVAILABLE ON THE 5TH DAY OF EACH MONTH UNTIL YOUR CERTIFICATION PERIOD ENDS. YOUR CERTIFICATION PERIOD WILL EXPIRE ON AUGUST 31, 2024, UNLESS YOU ARE NOTIFIED OTHERWISE, AND YOU WILL NO LONGER RECEIVE FOOD STAMP BENEFITS AFTER THAT TIME UNLESS YOU REAPPLY NO LATER THAN AUGUST 15, 2024.

FAIR HEARING INFORMATION APPEARS ON THE LAST PAGE OF THIS NOTICE:

IF YOU WISH FREE LEGAL COUNSEL, CONTACT:

UNION COUNTY
LEGAL SERVICES CORP.

60 PRINCE STREET 2ND FL
ELIZABETH, NJ 07201
908-354-4340

DREW BRADFORD,

Plaintiff(s)

VS

JOHN ALLEN,

Defendant(s)

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION
MIDDLESEX COUNTY

DOCKET NO. MID-L-2101-15

CIVIL ACTION

ORDER

FILED

APR 16 2015

Harold W. Fullilove, J.S.C.

THIS Court having examined the Affidavit of DREW BRADFORD and the papers attached, and it appearing there from that said plaintiff is a person without sufficient means to file this action in Court;

IT is on this 16th day of April 20 15, ORDERED that, pursuant to Rule 1:13-2(a), the request for waiver of fees and costs is hereby:

GRANTED ☒

DENIED ☐

THIS order was DENIED because _____


HAROLD W. FULLILOVE, J.S.C.

IF your fee waiver request was filed with a complaint, your complaint is now dismissed without prejudice, pending payment of appropriate filing fees.

ALL other pleadings will be returned to you stamped only "RECEIVED", pending payment of the appropriate filing fees. Please note that these will not be considered "FILED" until payment is made.

PAYMENT must be made within 10 days of the return notice for filing to deemed to have been made on the original stamped receipt date.

NOTICE: This is a public document. Do not enter personal identifying information on it, such as your full Social Security number, driver's license number, insurance policy number, vehicle plate number or active financial account or credit card number. This document as submitted will be available to the public upon request.

Name Drew Bradford
Address 103 Gales Dr. #1, New Providence, NJ 07974
Telephone 908-635-7444
E-Mail _____

Superior Court of New Jersey
Passaic County (if applicable)
Docket Number: 43655-19

Drew Bradford

Plaintiff(s)/Appellant(s)

Summit Medical Group

Defendant(s)/Respondent(s)

Order Waiving Filing Fees

This matter having been brought before the court on application of Drew Bradford
(☒ plaintiff(s)/ ☐ appellant(s)/ ☐ defendant(s)/ ☐ respondent(s)) for an Order waiving filing fees
pursuant to Rule 1:13-2 or Rule 2:7-1, and the Court having considered the moving party's financial information,
the matter and for good cause appearing:

(Do not write below this line, For Court Use Only)

It is on this 24 day of Jan, 2020, ORDERED that the application for a fee waiver is

☒ Granted ☐ Denied

*reconsidered
of an earlier
order denying
summits request
to waive filing
fees*

TFB

Thomas F. Brogan, P.J.Cv.

unopposed



PHILIP D. MURPHY
GOVERNOR

SHEILA Y. OLIVER
LT. GOVERNOR

State of New Jersey
Department of Human Services
Division of Aging Services
P.O. Box 715
Trenton, N.J. 08625-0715

SARAH ADELMAN
COMMISSIONER

LOUISE RUSH
DIVISION DIRECTOR

DREW BRADFORD
103 GALES DR APT A
NEW PROVIDENCE, NJ 07974

Dear DREW BRADFORD,

Attached is your Pharmaceutical Assistance to the Aged and Disabled (PAAD) ID card. Please bring it with you when you visit the pharmacy. Your new card contains important information including your name, ID number, and pharmacy billing information. Your card also has a new expiration date. You will receive a renewal notification four months prior to the expiration date printed on your card. For any questions, call PAAD at 1-800-792-9745. By law, you must notify the NJ Division of Aging Services if your annual income exceeds the income limits set by law, you move outside of the State of New Jersey, you lose your Social Security Disability benefits and you are under age 65, or if you are eligible and do not enroll or remain enrolled in Medicare Part D. If you become ineligible for the PAAD program for any reason, you MUST return your PAAD card.

Please read this **PAAD Creditable Coverage Notice** carefully and keep it for your records. You may use it as proof of your Creditable Coverage with the New Jersey PAAD program.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare.

STATE OF NEW JERSEY
PHARMACEUTICAL ASSISTANCE TO THE AGED AND DISABLED

our PAAD Identification card is to the right. Carefully remove at the perforations. Persons violating any provision of the PAAD ACT shall be subject to applicable civil and criminal penalties in N.J.A.C. 10:167-7.4, and as may hereafter be amended, and to suspension of their eligibility for one year for a first offense and permanent revocation of their eligibility for a second offense. Names can have no more than 7 letters in the first and 12 in the last.

REMOVE AT PERFORATIONS

NEW JERSEY
PHARMACEUTICAL ASSISTANCE
TO THE AGED AND DISABLED PROGRAM

RXBin: 610515
ID NUMBER: 6141 38 4924 01
FIRST NAME: DREW
LAST NAME: BRADFORD
Effective Date: 10/01/2022
Expires: 09/30/2023



Your New Benefit Amount

BENEFICIARY'S NAME: DREW BRADFORD

Your Social Security benefit will increase by **5.9%** in 2022 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	\$1,312.10
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 18, 2021 or if someone else pays your premium, we show \$0.00)	-\$170.10
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2022. If you did not elect withholding as of November 1, 2021, 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 18, 2021, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive the payment you are due for December 2021 on or about January 26, 2022.	\$1,142.00

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.gov to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us within 60 days from the date you receive this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. The fastest and easiest way to file an appeal is to visit <https://secure.ssa.gov/iApp/NMD/start> 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.

855 LEHIGH AVE
UNION NJ 07083

Other Help For Older Adults and People with Disabilities

The Administration for Community Living offers older adults and people with disabilities a way to connect to a variety of community services and resources.

For Older Adults: Eldercare Locator at 1-800-677-1116 or www.eldercare.acl.gov