

22-5956

ORIGINAL

No. \_\_\_\_\_

Supreme Court, U.S.  
FILED

SEP 16 2022

OFFICE OF THE CLERK

OCTOBER TERM 2022

IN THE  
SUPREME COURT OF THE UNITED STATES

U.S.A.-U.N./CITIZEN-VETERAN PROSPECTIVE  
CHARLES KENNETH WALLACE, SR. — PETITIONER  
(Your Name)

VS.

22ND JDC-St. Tammany Parish, Cr. No 194255  
IN RE: St. of La. v. Wallace — 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*.

[ X ] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): 2ND JDC-La., 24TH JDC-La., 34TH JDC-La.,  
22ND JDC-PARISH OF ST. TAMMANY-Covington, LA; La. Sup. Ct.

USDC-EDL; US-5th Cir. Ct. App.; SCOTUS; USDC-MDL; USDC-WDLs

[ ] 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.

RECEIVED

SEP 26 2022

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

Charles K. Wallace, SR.  
(Signature)

CHARLES KENNETH WALLACE, SR.  
DWCC-#093248-H3A#24  
670 Bell Hill Road  
HOMER, LA 71040-2150

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

I, CHARLES K. WALLACE, 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	Deceased Spouse	You	Deceased Spouse
Employment	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Self-employment	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Income from real property (such as rental income)	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Interest and dividends	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Gifts	\$ <u>23.34</u>	\$ <u>n/a</u>	\$ <u>10.00</u>	\$ <u>n/a</u>
Alimony	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Child Support	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>(*)</u>	\$ <u>n/a</u>	\$ <u>(*)</u>	\$ <u>n/a</u>
Disability (such as social security, insurance payments)	\$ <u>(*)</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Unemployment payments	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Public-assistance (such as welfare)	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Other (specify): <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>

**Total monthly income:** \$ 10.00    \$ n/a    \$ n/a    \$ n/a

(\*) \$1,084.00-\$1,232 monthly SS/RET./VET. BENEFITS ON HOLD PENDING REVIEW; United States Court of Federal Claims, Case No. 1:22-cv-00834-MBH, Washington, DC 20439 [42 USCA § 402(x)]

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
n/a:-----	-----	-----	\$-----:
n/a:-----	-----	-----	\$-----:
n/a:-----	-----	-----	\$-----:

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
Deceased:-----	-----	-----	\$---n/a
" :-----	-----	-----	\$---n/a
" :-----	-----	-----	\$---n/a

4. How much cash do you and your spouse have? \$ 0.00  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
n/a	n/a	\$ n/a	\$ n/a
n/a	n/a	\$ n/a	\$ n/a
n/a	n/a	\$ n/a	\$ n/a

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

☐ Home  
Value none

☐ Other real estate  
Value none

☐ Motor Vehicle #1  
Year, make & model none  
Value n/a

☐ Motor Vehicle #2  
Year, make & model none  
Value n/a

☐ Other assets  
Description none  
Value n/a

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
Secty. "HHS"	\$1,084.00 Month (+/-)	\$ Deceased
US-Treasury	\$3,200.00 Stimulus	\$ Deceased
	\$	\$ Deceased

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
n/a	n/a	n/a
n/a	n/a	n/a
n/a	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)	\$ n/a	\$ n/a
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	n/a	
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	n/a	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ n/a	\$ n/a
Home maintenance (repairs and upkeep)	\$ n/a	\$ n/a
Food	\$1,000.00	\$ n/a
Clothing	\$ n/a	\$ n/a
Laundry and dry-cleaning	\$ n/a	\$ n/a
Medical and dental expenses Sick Calls	\$80.00	\$ n/a

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>n/a</u>	\$ <u>n/a</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>n/a</u>	\$ <u>n/a</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>n/a</u>	\$ <u>n/a</u>
Life	\$ <u>n/a</u>	\$ <u>n/a</u>
Health	\$ <u>n/a</u>	\$ <u>n/a</u>
Motor Vehicle	\$ <u>n/a</u>	\$ <u>n/a</u>
Other: <u>"SSA"</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Installment payments		
Motor Vehicle	\$ <u>n/a</u>	\$ <u>n/a</u>
Credit card(s)	\$ <u>n/a</u>	\$ <u>n/a</u>
Department store(s)	\$ <u>n/a</u>	\$ <u>n/a</u>
Other: <u>Court Cost/Fees</u>	\$ <u>2.00 month</u>	\$ <u>n/a</u>
Alimony, maintenance, and support paid to others	\$ <u>n/a</u>	\$ <u>n/a</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>n/a</u>	\$ <u>n/a</u>
Other (specify): <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
<b>Total monthly expenses:</b>	\$ <u>2.00</u>	\$ <u>n/a</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/:ProSe case filings@cfc.uscourts.gov ; Case No.1:22-cv-00834-MBH filed August 01,2022

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? n/a

If yes, state the attorney's name, address, and telephone number: n/a

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? n/a

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

12. Provide any other information that will help explain why you cannot pay the costs of this case. Illegal Conviction/Sentence as foundation for Congressional bar to Rightful Social Security Insurance Vested Benefits;questionable?

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

Executed on: ~~August~~ Sept. 16, 2022

Charles K. Wallace, Sr.

(Signature)

Mr. Charles Kenneth Wallace, Sr.  
IN PROPRIA PERSONA GRATA

(Rev. 1/13/14)

TO BE COMPLETED BY THE INSTITUTION OF INCARCERATION OR  
DETENTION

I certify that Charles Wallace 093248 (prisoner/detainee name and number)  
has the current sum of \$ .62 on account to his credit at David Wade Correctional  
(name of institution). I further certify that during the past six months the applicant's average  
balance was \$ .72 and that the applicant's average monthly deposits were  
\$ 11.67. I have attached a certified copy of the applicant's prison trust fund account  
showing at least the past six months' transactions.

I further certify that the applicant does ☐ does not ☒ have a secondary  
savings account(s), such as a certificate of deposit or savings bond. The secondary account(s)  
balance, if any, is \$ \_\_\_\_\_

09-15-2022

(Date)

Judy Lofton

(Signature of Authorized Officer)

Judy Lofton

(Printed Name of Authorized Officer)

DEPARTMENT OF CORRECTIONS  
INMATE MASTER RECORD INFORMATION

DATE : 09/15/22  
TIME : 10:37:31

```
=====
DOC NUMBER...: 093248          STATUS.....: ACTIVE
LAST NAME    : WALLACE        FIRST NAME   : CHARLES    M.I.:
SENT LENGTH  : LIFE
RACE         : WHITE          DOC SYSTEM ENTRY DATE : 10/08/91
SEX          : MALE           DISCHARGE DATE :      /      /
LAST UPDATE  : 12/30/21       SAVINGS BONDS  :
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=====
LIVING QTRS      : H3A                      LIVING QTRS # : 7500
                  H-3 WING A
WORK ASSIGNMENT  : FIELD CREW N              WORK ASSIGNMENT # : 9439
                  GROUNDSKEEPER              PAY RATE : .020
INC.PAY XFER FLAG:                        INC.PAY XFER DATE.: 20190714
=====
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=====
DRAWING BALANCE : $      0.62      ->LAST 6 MONTH AVERAGE.....: $      0.72
SAVINGS BALANCE : $      0.00      ->LAST 6 MONTH AVERAGE.....: $      0.00
RESERVE BALANCE : $      0.00
TOTAL DEBT OWED : $    1777.70      LAST 6 MTH AVG EARNINGS.: $    11.67
ACCRUED SALES   : $      7.50      INSTITUTION LIMIT      : $    99.00
PERSONAL PROP. ACCRUED:$  0.00      PERSONAL PROPERTTY LIMIT: $   250.00
=====
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PRESS XMIT TO REQUEST ANOTHER INQUIRY : (ENTER X TO CANCEL FUNCTION)