

Supreme Court, U.S.
FILED
NOV 07 2022
OFFICE OF THE CLERK

No. 22-6123

IN THE
SUPREME COURT OF THE UNITED STATES

Brian David Hill — PETITIONER
(Your Name)

VS.

United States of America — 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 District Court - Middle District of North Carolina case no.

1:13-cr-435-1, 1:22-CV-00074

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.

Brian D. Hill
Signed

Brian D. Hill

(Signature)

ORIGINAL

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

I, Brian David Hill, 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 N\A</u>	\$ <u>N\A</u>	\$ <u>0.00 N\A</u>	\$ <u>N\A</u>
Self-employment	\$ <u>0.00 N\A</u>	\$ <u>N\A</u>	\$ <u>0.00 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>0.00</u>	\$ <u>N\A</u>	\$ <u>0.00</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>N\A</u>	\$ <u>N\A</u>	\$ <u>N\A</u>	\$ <u>N\A</u>
Disability (such as social security, insurance payments)	\$ <u>841</u>	\$ <u>N\A</u>	\$ <u>841</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): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>841.00</u>	\$ <u>N\A</u>	\$ <u>841.00</u>	\$ <u>N\A</u>

SNAP-EBT benefits may not be garnishable and that money is limited to food purchases. So that was not included as it is a program and not simply just income.

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) Not Applicable N\A

Employer	Address	Dates of Employment	Gross monthly pay
Never worked. Permanently disabled,			\$ _____
Benefits assigned under 42 U.S. Code § 407 - Assignment of benefits			\$ _____
			\$ _____

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 - Have no spouse			\$ _____
			\$ _____
			\$ _____

4. How much cash do you and your spouse have? \$ 50.96 in First Horizon Bank account
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 - Social Security SSI deposit	\$74.86	\$ N\A
	\$ _____	\$ N\A
	\$ _____	\$ N\A

\$50 is the minimum balance for the First Horizon Bank Account.

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

- | | |
|--|--|
| <input type="checkbox"/> Home
Value RENTAL \$500 monthly
N\A | <input type="checkbox"/> Other real estate
Value _____ |
| <input type="checkbox"/> Motor Vehicle #1
Year, make & model No car in my name
Value _____ | <input type="checkbox"/> Motor Vehicle #2
Year, make & model _____
Value _____ |
| <input type="checkbox"/> Other assets
Description _____
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
<u>N\A</u>	\$ <u>N\A</u>	\$ <u>N\A</u>
<u>N\A</u>	\$ <u>N\A</u>	\$ <u>N\A</u>
<u>N\A</u>	\$ <u>N\A</u>	\$ <u>N\A</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>N\A</u>	<u>N\A</u>	<u></u>
<u>N\A</u>	<u>N\A</u>	<u></u>
<u>N\A</u>	<u>N\A</u>	<u></u>

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>500</u>	\$ <u>N\A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N\A</u>		
Utilities (electricity, heating fuel, water, sewer, and telephone) Included with Rent	\$ <u>0.00</u>	\$ <u>N\A</u>
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ <u>N\A</u>
Food EBT SNAP between \$100-\$250	\$ <u>100-250</u>	\$ <u>N\A</u>
Clothing Up to \$100	\$ <u>100</u>	\$ <u>N\A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N\A</u>
Medical and dental expenses \$99 for eye glasses but can pay in \$33 increments.	\$ <u>99 at \$33 per month</u>	\$ <u>N\A</u>

Note: Food expenses increased due to the monthly allotments from the Covid-19 relief benefits. Food expenses will decrease when monthly allotments ever cease. Monthly allotments only for food and beverage purchases at qualified grocery stores. Monthly allotments vary depending on inflation. Monthly allotments are not cash and cannot be used as cash but only as food and beverage credit purposes where the Social Services pays the cost of the food and groceries. If Medicaid cannot pay for eye glasses completely then \$99 bill can be paid by \$33 per month increments.

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0.00</u>	\$ <u>N\A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>100</u>	\$ <u>N\A</u>
Note: Things to prevent stress and provide coping skills		
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0.00</u>	\$ <u>N\A</u>
Life	\$ <u>0.00</u>	\$ <u>N\A</u>
Health	\$ <u>0.00</u>	\$ <u>N\A</u>
Motor Vehicle	\$ <u>0.00</u>	\$ <u>N\A</u>
Other: _____	\$ <u>N\A</u>	\$ <u>N\A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0.00</u>	\$ <u>N\A</u>
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ <u>N\A</u>
Credit card(s)	\$ <u>0.00</u>	\$ <u>N\A</u>
Department store(s)	\$ <u>0.00</u>	\$ <u>N\A</u>
Other: _____	\$ <u>0.00</u>	\$ <u>N\A</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</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>Legal expenses, misc. expenses</u>	\$ <u>42</u>	\$ <u>N\A</u>
Note: misc expenses like things to destress, provide coping skills		
Total monthly expenses:	\$ <u>841</u>	\$ <u>N\A</u>

SNAP/EBT benefits not included in monthly expenses as it is provided to only qualified individuals such as those on Medicaid Government health insurance and SSI benefits. Food purchases through SNAP/EBT covered by Social Services of Virginia. Is not garnishible income as it cannot be spent as regular money and is limited only to food and beverages at qualified grocery stores which accept EBT cards.

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.

No additional sheet needed. Media said that Social Security disability benefits are going to be increased at some point due to Cost of Living Adjustment (COLA) expenses due to massive inflation and food prices spike. Inflation is on everything and on every basic need in living. The increase has not happened yet.

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? _____

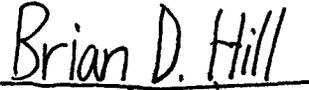
If yes, state the person's name, address, and telephone number:

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

Brian David Hill is only on SSI disability disbursement money as his source of income.
Brian David Hill does not work a job and has no employment.

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

Executed on: _____ October 31, 2022



Signature

Brian D. Hill

(Signature)

Brian David Hill - Petitioner
310 Forest Street, Apartment 2
Martinsville, Virginia 24112