NO 22-659 A

Supreme Court, U.S. FILED

JAN 1 0 2023

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

JAMES MICHAL FAYED PETITIONER
(Your Name)

VS.

WARDON, C.S.P. SAN QUELLINESPONDENT(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):
U.S. CIRCUIT COURT - NINTH CCA, U.S. DISTRICT
COUPT (S) - NORTHERN, EASTERN, CENTRAL - CACIF.
\square 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.
ECEIVED

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

I, SAMES M. FAYES 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 the pa	je monthly amount during st 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$_ <i>\phi</i>	\$ N.A.	\$ <i>ф</i>	\$ N.A.
Self-employment	s <u>uu</u>	\$	\$ <u>u</u> "	\$ <u>" "</u>
Income from real property (such as rental income)	\$uu	\$ <u>u</u> u	\$ <u> u </u>	\$ 11 11
Interest and dividends	\$ <u>" " " " " " " " " " " " " " " " " " " </u>	\$ <u> </u>	\$ (1 11	\$ " 01
Gifts	\$ 12500	\$ <u>J.A.</u>	\$ 5000	\$ N.A.
Alimony	\$	\$ <u> 11 11</u>	\$ _	\$_N.A.
Child Support	\$ (1 (1	\$	\$ U U	s u 11
Retirement (such as social security, pensions, annuities, insurance)	\$ 11	\$ " "	\$	\$
Disability (such as social security, insurance payments)	\$_11	\$ (1 (1	\$	\$
Unemployment payments	\$ <u>"</u> "	\$ <u></u> tı	\$ 11 11	\$ 11 11
Public-assistance (such as welfare)	\$ <u>" "</u>	\$ <u>" "</u>	\$ <u>" "</u>	\$!! !!
Other (specify):	\$ <u>N.A.</u>	\$ N.A.	\$ N.A.	\$ N.A.
Total monthly income:	\$ 12500	\$_ u	\$ 5000	s_ n 4

Employer	Address	Dates of Employment	Gross monthly pay
N. A.	J.A.	N.A.	\$ \$
3. List your spour (Gross monthly	se's employment history pay is before taxes or o	for the past two years ther deductions.)	s, most recent employer f
Employer	Address	Dates of Employment	Gross monthly pay
Below, state an institution.	do you and your spouse y money you or your spouse g., checking or savings)	pouse have in bank acco	unts or in any other finar Amount your spouse ha
Below, state an institution. Type of account (e.	y money you or your spg., checking or savings)	Amount you have \$\$ \$\$	Amount your spouse has \$
Below, state an institution. Type of account (e	y money you or your spg., checking or savings)	Amount you have \$\$ \$\$	
Below, state an institution. Type of account (e	g., checking or savings) . A. and their values, which	Amount you have \$\$ \$\$	Amount your spouse has \$
Below, state an institution. Type of account (e	g., checking or savings) . A. and their values, which	Amount you have \$	Amount your spouse has \$
Below, state an institution. Type of account (e	g., checking or savings) . A and their values, which usehold furnishings.	Amount you have \$	Amount your spouse has \$

6. State every person, busing amount owed.	ness, or organization o	wing you or your	spouse money, and the	
Person owing you or your spouse money	Amount owed to yo	u Amount	owed to your spouse	
	\$	\$		
1.4.	s_ N.A·	\$	J.A.	
<u> </u>	\$	Φ		
7. State the persons who rely instead of names (e.g. "J.S."	on you or your spouse f 'instead of "John Smith Relationship	or support. For mi	nor children, list initials	
attender was to be a first of the second			Aġe	
J.A.	N.A.		N.A.	
Rent or home-mortgage payme (include lot rented for mobile h Are real estate taxes included Is property insurance included	iome) 1? □ Yes □ No	You \$ V.A.	Your spouse	
Utilities (electricity, heating fu- water, sewer, and telephone)	el,	\$ (1 (1	\$	
Home maintenance (repairs and	l upkeep)	<u> </u>	<u>\$ 11 16</u>	
Food		\$	<u>\$</u>	
Clothing		\$ <u> </u>	\$u	
Laundry and dry-cleaning		\$	\$	
Medical and dental expenses		\$	\$u	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$_ N.A	\$ N.A.
Recreation, entertainment, newspapers, magazines, etc.	\$ 11 (1	<u>s_u u</u>
Insurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$ u (1	\$ 11 · · ·
Life	\$_ ct	\$ 11 11
Health	\$ <u>"</u> "	\$ h (1
Motor Vehicle	\$ ti (t	<u>\$ 4 (1</u>
Other:	\$ 11 14	\$_ U (1
Taxes (not deducted from wages or included in mortgage	payments)	
(specify):	\$ N.A.	\$_ N.A.
Installment payments		
Motor Vehicle	\$	\$A
Credit card(s)	\$	s_n u
Department store(s)	\$ u u	<u>\$ 11 11 </u>
Other:	\$ <u>(1</u>	\$ 11 (1
Alimony, maintenance, and support paid to others	\$ 11 11	\$ (()
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>``</u>	\$ <u>"</u> "
Other (specify):	\$	\$ 11 (1
Total monthly expenses:	\$ (1 11	s " ',

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
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.
Retitioner is INCARCERATES OF CACIFORNIA
State PRISON - SAN QUENTIN, CUSTODY STATUS Prohibits Employment.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on: 08 December, 2022
(Signature)
IPRO-SE'Z