

No 22-7196

In the Supreme Court of the United States

United States of America,
Prelle, arthur scott,
Petitioners,

Supreme Court, U.S.
FILED

MAR 30 2023

OFFICE OF THE CLERK

v.

Chief Executive Officer of
"New Jersey, State Of",
et al.,
Respondents.

ON PETITION FOR A WRIT OF *CERTIORARI*
TO THE UNITED STATES COURT OF APPEALS
FOR THE THIRD CIRCUIT

PETITION 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*.

The petitioner has previously been granted motion to proceed *in forma pauperis* with the same substance of the attached petition and affidavit in the District Court of the United States for the Eastern District of Pennsylvania No. 16-3728.



Petitioner's affidavit or declaration in support of this motion is attached
hereto.

Respectfully submitted,

March 2, 2023

A handwritten signature in black ink, appearing to read "by: Arthur Scott Prelle".

Prelle, arthur scott, petitioner
pro se
in care of 62 soldiers square
unincorporated, Pennsylvania.
postal code 19087
484 757 8303
aprelle@hush.com

Motion to Proceed *in forma pauperis*

To the Honorable Judges and Clerk of said court:

Here comes the complainant Prelle, arthur scott and moves the court for leave to request:

1. The complainant Prelle, arthur scott is unable to pay the docket fee of \$300 under Rule 38(a) because he is without specie to said rule and because of *his* financial condition.
2. complainant Prelle, arthur scott is unable to obtain funds from anyone, including *his* family and associates, to pay this fee.
3. complainant Prelle, arthur scott is without specie and explains *his* condition in *his* completed affidavit in support of motion that verifies *his* financial condition, and why *he* cannot afford to pay the aforementioned filing fee.
4. complainant Prelle, arthur scott moves the honorable court to proceed *in forma pauperis*.

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Respectfully,

March 2, 2023

by: 

Prelle, arthur scott, petitioner
pro se
in care of 62 soldiers square
unincorporated, Pennsylvania.
postal code 19087
484 757 8303
aprelle@hush.com

Affidavit In Support of Motion **to Proceed in forma pauperis**

Affidavit in Support of Motion

I am a complainant in this case and affirm under God and penalty of perjury under the laws of the United States of America that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I affirm I am without specie. The court rules do not specify with what specie income, accounts or assets are valued. I certify under God and under penalty of perjury under the laws of the United States of America that the information below is true and correct. This is on special deposit. Further I sayeth naught.

Affirmed:



Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: March 2, 2023

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	\$ none	\$ N/A	\$ none	\$ N/A
Self-employment	\$ none	\$ N/A	\$ none	\$ N/A

Income from real property (such as rental income)	\$ none	\$ N/A	\$ none	\$ N/A
Interest and dividends	\$ none	\$ N/A	\$ none	\$ N/A
Gifts	\$ none	\$ N/A	\$ none	\$ N/A
Alimony	\$ none	\$ N/A	\$ none	\$ N/A
Child support	\$ none	\$ N/A	\$ none	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ none	\$ N/A	\$ none	\$ N/A
Disability (such as social security, insurance payments)	\$ none	\$ N/A	\$ none	\$ N/A
Unemployment payments	\$ none	\$ N/A	\$ none	\$ N/A
Public-assistance (such as welfare)	\$ none	\$ N/A	\$ none	\$ N/A
Other (specify):	\$ none	\$ N/A	\$ none	\$ N/A
Total monthly income:	\$ none	\$ N/A	\$ none	\$ N/A

2. *List your 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
none	none	none	\$ none
			\$
			\$

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	N/A	N/A	\$ N/A
			\$
			\$

4. *How much cash do you and your spouse have? \$ none*

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	\$ none	\$ N/A
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motorcar #1
(Value) \$ none	(Value) \$ none	(Value) \$ none
		Make and year: Lexus 2015
		Model: ES350
		Registration #: see 11

Motorcar #2	Other assets	Other assets
(Value) \$ none	(Value) \$ none	(Value) \$ none
Make and year: none		
Model: none		
Registration #: none		

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	\$ none	\$ none
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if under 18, initials only]	Relationship	Age
none	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, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ none	\$ N/A
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)	\$ none	\$ N/A
Home maintenance (repairs and upkeep)	\$ none	\$ N/A
Food	\$ none	\$ N/A
Clothing	\$ none	\$ N/A
Laundry and dry-cleaning	\$ none	\$ N/A
Medical and dental expenses	\$ none	\$ N/A
Transportation (not including motor vehicle payments)	\$ none	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ none	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ none	\$ N/A
Life:	\$ none	\$ N/A
Health:	\$ none	\$ N/A

Motor vehicle:	\$ none	\$ N/A
Other:	\$ none	\$ N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ none	\$ N/A
Installment payments		
Motor Vehicle:	\$ none	\$ N/A
Credit card (name):	\$ none	\$ N/A
Department store (name):	\$ none	\$ N/A
Other:	\$ none	\$ N/A
Alimony, maintenance, and support paid to others	\$ none	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ none	\$ N/A
Other (specify):	\$ none	\$ N/A
Total monthly expenses:	\$ none	\$ N/A

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?* Yes No
If yes, how much? \$ unknown
11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*
 Said motorcar in #5 is in possession of affiant for use by its owner as a traveling motorcar registered to State Of Pennsylvania title number 'KZE2642'. Affiant is never in receipt of title a.k.a. Manufacturer's Certificate of Origin for said motorcar.

12. *State the city and state of your legal residence.*

privately residing/domiciling outside a “Federal District,” within a non-military occupied private estate, grounded upon the land of Wayne unincorporated community and republic nation Pennsylvania commonwealth.

Your daytime phone number: (484) 757-8303

Your age: 56 *Your years of schooling:* none of law or equity

Last four digits of your social-security number: N/A