

22-7269

ORIGINAL

In the Supreme Court of the United States of America

FILED

APR 07 2023

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

**MOTION TO PROCEED  
IN FORMA PAUPERIS**

9th Circuit Case No. 22-56059 and  
9th Circuit Case No. 22-55879

Melchor Karl T. LIMPIN

Petitioner,

v.

ROBERT B.C. MCSEVENNEY *et al.*,  
and MERRICK B. GARLAND *et al.*,

Respondent(s).

I, Melchor Karl T. LIMPIN, is the petitioner in this case. I respectfully request to proceed without prepayment of filing fees or security under 28 U.S.C. § 1915 and declare that I am unable to pay the fees for this proceeding or give security because of my poverty, where I believe that I am entitled to redress.

In support, I have attached a Form 4 (Motion and Affidavit for Permission to Proceed in Forma Pauperis).

Pursuant to Supreme Court Rule 39.1, the Court of Appeals for the Ninth Circuit previously GRANTED *in forma pauperis*, See *Limpin v. United States*, (9th Circuit Case No. 19-55369) that is directly related and identical on the same and substantial facts in this petition [See Appendix 13].

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

Respectfully submitted,

  
Melchor Karl T. LIMPIN, pro se petitioner

Date:

April 7, 2023

# IN THE SUPREME COURT OF THE UNITED STATES

## Form 4. Motion and Affidavit for Permission to Proceed in Forma Pauperis


Instructions for this form: <http://www.ca9.uscourts.gov/forms/form04instructions.pdf>

9th Cir. Case Number(s) 22-56059 and 22-55879

Case Name Limpin v Mcseveney et al., and Limpin v Garland et al.,

**Affidavit in support of motion:** I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Signature



Date April 6, 2023

The court may grant a motion to proceed in forma pauperis if you show that you cannot pay the filing fees **and** you have a non-frivolous legal issue on appeal.

Please state your issues on appeal. (*attach additional pages if necessary*)

Please see Motion to Proceed in forma pauperis and the petition for a writ of certiorari.

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	\$ 0	\$ 0	\$ 0	\$ 0
Self-Employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and Dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 1,451	\$ 0	\$ 1451	\$ 0
Unemployment Payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-Assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify) None	\$ 0	\$ 0	\$ 0	\$ 0
<b>TOTAL MONTHLY INCOME:</b>	\$ 1,451	\$ 0	\$ 1,451	\$ 0

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	N/A	From N/A To N/A	\$ 0
		From To	\$
		From To	\$
		From To	\$

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
None	N/A	From N/A To N/A	\$ 0
		From To	\$
		From To	\$
		From To	\$

4. How much cash do you and your spouse have? \$ 20

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
Citibank	Checking Account	\$ 116.97	\$ 0
		\$	\$
		\$	\$
		\$	\$

*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 furnishing.

Home	Value	Other Real Estate	Value
None	\$ N/A	None	\$ N/A

Motor Vehicle 1: Make & Year	Model	Registration #	Value
NONE	N/A	N/A	\$ 0
Motor Vehicle 2: Make & Year	Model	Registration #	Value
			\$

Other Assets	Value
NONE	\$ 0
	\$
	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
NONE	\$ N/A	\$ N/A
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	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	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 772	\$ 0
- Are real estate taxes included? <input type="radio"/> Yes <input checked="" type="radio"/> No		
- Is property insurance included? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 80	\$ 0
Home maintenance (repairs and upkeep)	\$ 40	\$ 0
Food	\$ 250	\$ 0
Clothing	\$ 50	\$ 0
Laundry and dry-cleaning	\$ 40	\$ 0
Medical and dental expenses	\$ 2.75	\$ 0
Transportation (not including motor vehicle payments)	\$ 23	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 25	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's	\$ 0	\$ 0
- Life	\$ 0	\$ 0
- Health	\$ 0	\$ 0
- Motor Vehicle	\$ 0	\$ 0
- Other NONE	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
Specify NONE	\$ 0	\$ 0

	You	Spouse
Installment payments		
- Motor Vehicle	\$ 0	\$ 0
- Credit Card (name) NONE	\$ 0	\$ 0
- Department Store (name) NONE	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify) Installments for superior court fines	\$ 50	\$ 0
<b>TOTAL MONTHLY EXPENSES</b>	\$ 1,332.75	\$ 0

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? \$ 75

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

My disability income is only \$1,451 per month, from Social Security benefits with such income that is substantially below the federal poverty level.

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

City San Diego State California

Your daytime phone number (ex., 415-355-8000) (619)381-6330

Your age 56 Your years of schooling 19