

No. 22-7275

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
MAR 25 2023
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Matthew Jones — PETITIONER
(Your Name)

VS.

State of Delaware — 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):

Delaware Superior Court, Sussex County
Delaware Supreme Court ~~Delaware Court of Appeals~~

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.

Matthew Jones
(Signature)

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
Grottos	Maia St Rehoboth Beach, DE	2012	\$ 300
Brown, Shultz, Attorneys at Law	Dover, DE	2004	\$ 970

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
No Spouse	N/A	N/A	\$ N/A
Single			\$
Never Married			\$

4. How much cash do you and your spouse have? \$ 120

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	\$ 1346	\$ 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 _____

Other real estate
Value _____

Motor Vehicle #1
Year, make & model _____
Value _____

Motor Vehicle #2
Year, make & model _____
Value _____

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>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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>N/A</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>N/A</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>250</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>40</u>	\$ <u>N/A</u>
Food	\$ <u>500</u>	\$ <u>N/A</u>
Clothing	\$ <u>40</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>40</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 200	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 75	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		

Homeowner's or renter's

Life	\$ N/A	\$ N/A
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Health	\$ N/A	\$ N/A
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Motor Vehicle	\$ 270	\$ N/A
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Other:	\$ 133	\$ N/A
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Taxes (not deducted from wages or included in mortgage payments)	\$ N/A	\$ N/A
(specify):		

Installment payments	\$ N/A	\$ N/A
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Motor Vehicle	\$ N/A	\$ N/A
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Credit card(s)	\$ N/A	\$ N/A
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Department store(s)	\$ N/A	\$ N/A
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Other:	\$ N/A	\$ N/A
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Alimony, maintenance, and support paid to others	\$ N/A	\$ N/A
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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
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Other (specify):	\$ N/A	\$ N/A
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Total monthly expenses:	\$ N/A	\$ N/A
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	\$ 578	\$ N/A
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	678	\$ N/A
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+ 870

\$ 1548

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 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.

Heart disease related to involuntary Court Ordered medical injections for mental health, schizophrenia, in the years, 2005 - 2023

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

Executed on: April 4th, 2023


(Signature)