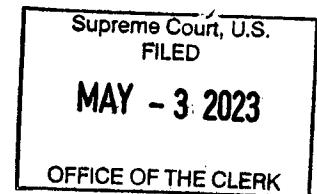


ORIGINAL

22-7574
CASE NO:

IN THE SUPREME COURT OF THE UNITED STATES



NAWAZ AHMED

Petitioner-Appellant,

v.

Tim SHOOP, Warden,

Respondent-Appellee.

**Motion for lave to proceed in Forma Paupris and
Affidavit Per Rule 39.1.**

1. Petitioner pro se Nawaz Ahmed, A404-511 request the honorable court to grant him leave to proceed in Forma paupris under Rule 39.1 supported by Declaration/Affidavit. And grant him waiver of fees and security. Petitioner was granted full fees waiver in the court of appeals in case 22-3039 and in the district court in case 2:07-cv-658.
2. Petitioner has been appointed counsels in capital habeas corpus case 2:07-cv-658 and in the 6th Cir.court of appeals in many cases and in the Ohio Seventh district court of appeal case 22-BE-49 in an order filed 11/9/22. He is incarcerated at Chillicothe Correctional Institution on Ohio deathrow. He is under ADA disability for old age(68) and medical reasons in record. Petitioner has no relatives or support system in the USA and has been in prison since his arrest in September 1999 and incarcerated in DRC system. Petitioner request the honorable court to grant

him leave to proceed in *Forma paupris* for the Petition for Certiorari Review of 6th Cir. Orders filed in the underlying appeal case 22-3039.

3. This Court as well as others have utilized the U.S. Federal Poverty Guidelines to assess an applicant's financial condition. An *in forma pauperis* application is therefore "sufficient" when it "states that one cannot because of his poverty pay or give security for the costs and still be able to provide himself and his dependents with the necessities of life." *Adkins v. E.I. DuPont de Nemours & Co.*, 335 U.S. 331, 339, 69 S. Ct. 85, 93 L. Ed. 43 (1948) (internal quotation marks omitted). The poverty guidelines may be formally referenced as "the poverty guidelines updated periodically in the **Federal Register** by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."; See, 87 Fed. Reg. 3315 (Jan. 21, 2022). **2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**, for single household is \$19,590.00 for the 2022 year; Ahmed has only \$1,900.00 in his inmate account for his entire future life. The 187% of the poverty threshold for single household = \$ 27,337.5 yr.

See, <https://www.federalregister.gov/documents/2022/01/21/2022-01166/annual-update-of-the-hhs-poverty-guidelines> (last visited Feb. 4, 2022). The Court may take judicial notice of such guidelines. Fed. R. Evid. 201(c)(1);

4. For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 404E.3, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 795-7309—or visit <http://aspe.hhs.gov/poverty/>. For information about the number of people in poverty, visit the Poverty section of the Census Bureau's website at <https://www.census.gov/topics/income-poverty/poverty.html> or contact the Census Bureau's

Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> for further information.

CONCLUSION

The IFP status be granted.

RESECTFULLY SUBMITTED

Respectfully Submitted,

(NAWAZ AHMED), A404-511, CCI.
P.O.Box 5500, Chillicothe, OH 45601

Date: May 02, 2023

SERVICE:

I certify under penalty of perjury that I have handed over the above Motion and Cert Petition to the CCI mail CO on May 02,2023 in a sealed envelope, with postage authorized and the envelope addressed to the Clerk of Supreme Court of the United Sates.

A second envelope was addressed to Responder's counsel at his official address at the office of Oh Attorney general.

Executed on" May 03,2023.


(Nawaz Ahmed) A404-511, CCI.

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

I, NAWAZ AHMED, 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>16.00</u>	\$ <u>Deceased</u>	\$ <u>16.00</u>	\$ <u>deceased</u>
Self-employment	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Income from real property (such as rental income)	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Interest and dividends	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Gifts	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Alimony	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Child Support	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Disability (such as social security, insurance payments)	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Unemployment payments	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Public-assistance (such as welfare)	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Other (specify): _____	\$ <u>NIL</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Total monthly income:	\$ <u>16.00</u>	\$ <u></u>	\$ <u>16.00</u>	\$ <u>16.00</u>

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
OH state	OH - CCI.	2022-2023	\$ 16.00
/	/	/	\$ /
			\$ /

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
/	/	/	\$ /
			\$ /
			\$ /

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

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
/	/	\$ /	\$ /
	/	\$ /	\$ /
		\$ /	\$ /

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

Home
Value NIL

Other real estate
Value NIL

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

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

Other assets
Description St. NIL inmate Acct \$1900.00 for all life
Value NIL

*remaining to live and
costs of printing, postage,
supplies etc.*

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>Nil</u>	\$ <u>deceased</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
outstanding Past loan	\$ <u>2400.00</u>	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>40.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>Nil</u>	\$ _____
Food	\$ <u>20.00</u>	\$ _____
Clothing writing Supplies, pens, papers, Glue, Postage, Tape, combs, etc.	\$ <u>80.00</u>	\$ _____
Laundry and dry-cleaning	\$ <u>5.00</u>	\$ _____
Medical and dental expenses	\$ <u>240.00</u>	\$ _____

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? Nil

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

Attorney Keith A. Yeezel (Case dockets, copies of court orders)

Costs of Self Representation

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? CC1 for printing and mailing, postage, over the counter supplies. Medical copay Religious Subscription Fee of Paper, Worship meds and vitamins

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

CC1 \$120.00

\$ 60.00

CC1 Cashier

Religious Subscription Fee of Paper, Worship

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

No relatives in USA, No support system. inmate on Deathrow, inmate at OH deathrow since 1999, ADA disability old Age (68 yrs)

Cardiac, Cancer, Vision/Cataract, Diabetic Disability. Religious Books
Eyeglasses, Commission, costs of self representation. Quran + paper, magazine
for practice, worship

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

Executed on: May 2, 2023

7-20-23

NAWAZ AHMED

(Signature)

A454-511, CC1

P.O. BOX 5500

Chillicothe, OH 45601