

23-5029  
No. \_\_\_\_\_

Suprem. Court, U.S.

FILED

JUN 06 2023

OFFICE OF THE CLERK

IN THE SUPREME COURT OF THE UNITED STATES

Robert L. Hedrick  
Appellant

v.  
United States of America  
Appellee

APPLICATION FOR LEAVE TO PROCEED  
IN INFORMA PAUPERIS (28 U.S.C. § 1915(a))

RELIEF SOUGHT

Robert L. Hedrick, Appellant, seeks permission of the Court, pursuant to 28 U.S.C. § 1915 to proceed in this action without payment of filing or other fees and costs.

GROUND FOR RELIEF

The Appellant should be granted pauper status because:

1. The affidavit attached to this application states all of the assets of the Appellant.

2. The affidavit attached to this application states that the Appellant believes that he is entitled to the redress by this Court.

3. The Appellant is unable to pay the fees and costs or give security for them; enclosed is a 6 month (Trulinks Account Balances). (Attachment 1). *Previous's sent to the Clerk.*

PAPERS IN SUPPORT OF APPLICATION

This application is based on this argument, on the supporting affidavit of Robert L. Hedrick, on the Petition for Writ of Mandamus, to be filed in this action, that has been logged with the Court, and on any other papers, evidence or argument presented in connection with this motion. (SEE ENCLOSED AFFIDAVIT DATED MAY 24 2023, *pm*)

Dated: May 10, 2023  
REMITTED: May 26, 2023

*Robert L. Hedrick*

Robert L. Hedrick, Pro se  
94886-279 Unit 5811  
Federal Bureau of Prisons  
FCI Fort Dix  
P.O. Box 2000  
Joint Base MDL, NJ 08640

**ORIGINAL**

COUNTY OF BURLINGTON  
STATE OF NEW JERSEY

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

I, Robert L. HEDRICK, 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	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Self-employment	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Income from real property (such as rental income)	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Interest and dividends	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Gifts	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Alimony	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Child Support	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Disability (such as social security, insurance payments)	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Unemployment payments	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Public-assistance (such as welfare)	\$ -0-	\$ N/A	\$ -0-	\$ N/A
Other (specify):	\$ -0-	\$ N/A	\$ -0-	\$ N/A
<b>Total monthly income:</b>	<b>\$ -0-</b>	<b>\$ N/A</b>	<b>\$ -0-</b>	<b>\$ N/A</b>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>None</u>
			\$
			\$

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
			\$
			\$

4. How much cash do you and your spouse have? \$ .67 (ITERIUS only)  
 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
<u>None</u>	\$ <u>None</u>	\$ <u>N/A</u>
	\$	\$
	\$	\$

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

Home  
 Value None

Other real estate  
 Value None -0-

Motor Vehicle #1  
 Year, make & model None  
 Value -0-

Motor Vehicle #2  
 Year, make & model N/A  
 Value -0-

Other assets  
 Description None  
 Value -0-

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>none (n/r)</u>	\$ <u>none</u>	\$ <u>none</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>none</u>	<u>none</u>	<u>none</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>0-0-</u>	\$ <u>n/r</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>-0-</u>	\$ <u>n/r</u>
Home maintenance (repairs and upkeep)	\$ <u>-0-</u>	\$ <u>n/r</u>
Food	\$ <u>-0-</u>	\$ <u>n/r</u>
Clothing	\$ <u>-0-</u>	\$ <u>n/r</u>
Laundry and dry-cleaning	\$ <u>-0-</u>	\$ <u>n/r</u>
Medical and dental expenses	\$ <u>-0-</u>	\$ <u>n/r</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ - 0 -	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ - 0 -	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ - 0 -	\$ N/A
Life	\$ - 0 -	\$ N/A
Health	\$ - 0 -	\$ N/A
Motor Vehicle	\$ - 0 -	\$ N/A
Other: _____	\$ - 0 -	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ - 0 -	\$ N/A
Installment payments		
Motor Vehicle	\$ ~ 0 -	\$ N/A
Credit card(s)	\$ - 0 -	\$ N/A
Department store(s)	\$ - 0 -	\$ N/A
Other: <u>RESTITUTION (Court order - Lump sum)</u>	\$ 5,406,463 \$ <del>5,406,463</del>	\$ N/A
Alimony, maintenance, and support paid to others	\$ - 0 -	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ - 0 -	\$ N/A
Other (specify): _____	\$ - 0 -	\$ N/A
<b>Total monthly expenses:</b>	<b>\$ 5,406,463 (Lump sum)</b>	<b>\$ N/A</b>

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? -0-

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? -0-

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

*N/A*

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

*N/A*

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

Executed on: May 24, 2023  
SUBSCRIBED TO BEFORE ME ON May 24, 2023  
AT ~~Post Office~~

*SIGNATURE OF NOTARY*

SHONDEL A. BOYD  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 8/9/2023

*May 24 2023*

(Signature)

NOTARY PUBLIC IN AND FOR THE STATE OF NEW JERSEY  
MY COMMISSION EXPIRES ON: 8/9/2023