

No. **23-5466**

ORIGINAL

FILED

AUG 23 2023

**OFFICE OF THE CLERK
SUPREME COURT, U.S.**

IN THE
SUPREME COURT OF THE UNITED STATES

Toddell Alexander — PETITIONER
(Your Name)

VS.

United States — 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):

☒ 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.

Toddell Alexander
(Signature)

RECEIVED

AUG 29 2023

**OFFICE OF THE CLERK
SUPREME COURT, U.S.**


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

I, Toddell Alexander, 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>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>100</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>100</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

- | Employer | Address | Dates of Employment | Gross monthly pay |
|------------|---------|---------------------|-------------------|
| <i>USA</i> | | | \$ |
| | | | \$ |
| | | | \$ |

- | Employer | Address | Dates of Employment | Gross monthly pay |
|---|---------|---------------------|-------------------|
|  | | | \$ |
| | | | \$ |
| | | | \$ |

- | Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| <u>N/A</u> | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

- ☐ Home
Value N/A
- ☐ Other real estate
Value N/A
- ☐ Motor Vehicle #1
Year, make & model N/A
Value
- ☐ Motor Vehicle #2
Year, make & model N/A
Value
- ☐ Other assets
Description N/A
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

N/A

\$ N/A

\$ N/A

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>TJ, KA</u>	<u>sons</u>	<u>9 & 12</u>	<u>child support</u>
<u>ZSA, ZA</u>	<u>daughters</u>	<u>8 & 3</u>	<u>child support</u>
<u>KC, BA</u>	<u>daughters</u>	<u>19 & 16</u>	<u>child support</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.

Rent or home-mortgage payment
(include lot rented for mobile home)

You

Your spouse

\$ N/A

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 0

\$ N/A

Home maintenance (repairs and upkeep)

\$ 0

\$ N/A

Food

\$ 0

\$ N/A

Clothing

\$ 0

\$ N/A

Laundry and dry-cleaning

\$ 0

\$ N/A

Medical and dental expenses

\$ 0

\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>172.72</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>172.71</u>	\$ <u>N/A</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? _____

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.

I have to pay a monthly balance to child support in Ohio. Also, I am not employed.

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

Executed on: 8-23- Aug 23rd, 2023

Todd A

(Signature)

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154
Expiration Date: 09/30/2023

I. Sender Information: (Completed by the Sender)

Date: 07/22/2022

- ☒ **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT**
☐ **(IWO) ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**

- ☐ **AMENDED IWO**
☐ **TERMINATION OF IWO**

☒ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory Ohio Remittance ID (incl w/pymt) 7050211122ES04-12013
 City/County/Dist./Tribe SUMMIT COUNTY CSEA Order ID ES04-1201342
 Private Individual/Entity _____ Case ID 7050211122

II. Employer and Case Information: (Completed by the Sender)

USP HAZELTON

RE: ALEXANDER, TODDELL

Employer/Income Withholder's Name

Employee/Obligor's Name (Last, First, Middle)

PO BOX 450

426-59-5897

Employer/Income Withholder's Address

Employee/Obligor's Social Security Number

BRUCETON MLS, WV 26525-0450

09/25/1987

Employee/Obligor's Date of Birth

NELOMS, KASHAE, R

Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN _____

Child(ren)'s Name(s) (Last, First, Middle)

Child(ren)'s Birth Date(s)

COX, KEIASJA, R

07/07/2004

III. Order Information: (Completed by the Sender)

This document is based on the support order from Ohio (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ <u>0.00</u>	Per <u>MONTH</u> current child support	
\$ <u>169.32</u>	Per <u>MONTH</u> past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
\$ <u>0.00</u>	Per <u>MONTH</u> current cash medical support	
\$ <u>0.00</u>	Per <u>MONTH</u> past-due cash medical support	
\$ <u>0.00</u>	Per <u>MONTH</u> current spousal support	
\$ <u>0.00</u>	Per <u>MONTH</u> past-due spousal support	
\$ <u>3.39</u>	Per <u>MONTH</u> other (must specify) <u>2% PROCESS CHRG & OTHER OBLIGATIONS</u>	

for a **Total Amount to Withhold** of \$ 172.71 per **MONTH**.

IV. Amounts to Withhold: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ <u>39.86</u>	per weekly pay period	\$ <u>86.36</u>	per semimonthly pay period (twice a month)
\$ <u>79.71</u>	per biweekly pay period (every two weeks)	\$ <u>172.71</u>	per monthly pay period

\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.