

No. 23-5466 ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

FILED  
AUG 23 2023  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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, Tortelli 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>0</u>	\$ <u>1/4</u>	\$ <u>0</u>	\$ <u>1/4</u>
Self-employment	\$ <u>0</u>	\$ <u>1/4</u>	\$ <u>0</u>	\$ <u>1/4</u>
Income from real property (such as rental income)	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>
Interest and dividends	\$ <u>0</u>	\$ <u>1/4</u>	\$ <u>0</u>	\$ <u>1/4</u>
Gifts	\$ <u>100</u>	\$ <u>1/4</u>	\$ <u>0</u>	\$ <u>1/4</u>
Alimony	\$ <u>0</u>	\$ <u>1/4</u>	\$ <u>0</u>	\$ <u>1/4</u>
Child Support	\$ <u>0</u>	\$ <u>1/4</u>	\$ <u>0</u>	\$ <u>1/4</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>
Disability (such as social security, insurance payments)	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>
Unemployment payments	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>
Public-assistance (such as welfare)	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>
<b>Total monthly income:</b>	\$ <u>100</u>	\$ <u>1/4</u>	\$ <u>1/4</u>	\$ <u>1/4</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
<u>N/A</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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
<u>N/A</u>			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

<b>Type of account (e.g., checking or savings)</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
<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 N/A

Other real estate  
Value N/A

Motor Vehicle #1  
Year, make & model N/A  
Value N/A

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

Other assets  
Description N/A  
Value N/A

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>
	\$ <u>N/A</u>	\$ <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>Tj, KA</u>	<u>Sons</u>	<u>9 3/12</u> <u>child support</u>
<u>ZSA, ZA</u>	<u>Daughters</u>	<u>8 8/3</u> <u>child support</u>
<u>KC, BA</u>	<u>Daughters</u>	<u>19 3/16</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.

	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>0</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>0</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</u>

	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>
<b>Total monthly expenses:</b>	<b>\$ <u>172.72</u></b>	<b>\$ <u>N/A</u></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? \_\_\_\_\_

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 23<sup>rd</sup>, 2023



(Signature)

# INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154

Expiration Date: 09/30/2023

## I. Sender Information: (Completed by the Sender)

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

Date: 07/22/2022

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](http://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

Rernitance 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

Employer/Income Withholder's FEIN

Employee/Obligor's Date of Birth

Child(ren)'s Name(s) (Last, First, Middle)  
COX, KEIASJA, R

Child(ren)'s Birth Date(s)  
07/07/2004

NELOMS, KASHAE, R

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

## 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.

\$ 0.00 Per MONTH current child support  
\$ 169.32 Per MONTH past-due child support - Arrears greater than 12 weeks?  Yes  No  
\$ 0.00 Per MONTH current cash medical support  
\$ 0.00 Per MONTH past-due cash medical support  
\$ 0.00 Per MONTH current spousal support  
\$ 0.00 Per MONTH past-due spousal support  
\$ 3.39 Per MONTH other (must specify) 2% PROCESS CHRG & OTHER OBLIGATIONS

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:

\$ 39.86 per weekly pay period \$ 86.36 per semimonthly pay period (twice a month)

\$ 79.71 per biweekly pay period (every two weeks) \$ 172.71 per monthly pay period

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