

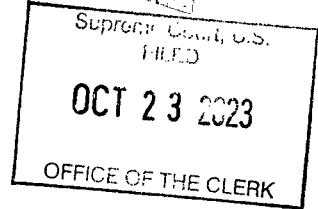
No. 22-12345

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

Sarah. Nathreen. Nakanwagi PETITIONER
(Your Name)



VS.

City of Flagstaff — 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.

Nathreen. N. S.

(Signature)

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

I, Sarah Nathreen Nakanwagi, 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	\$ nla	\$ 0	\$ nla
Self-employment	\$ 0	\$ nla	\$ 0	\$ nla
Income from real property (such as rental income)	\$ 0	\$ nla	\$ 0	\$ nla
Interest and dividends	\$ 0	\$ nla	\$ 0	\$ nla
Gifts	\$ 0	\$ nla	\$ 0	\$ nla
Alimony	\$ 0	\$ nla	\$ 0	\$ nla
Child Support	\$ 0	\$ nla	\$ 0	\$ nla
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ nla	\$ 0	\$ nla
Disability (such as social security, insurance payments)	\$ 0	\$ nla	\$ 0	\$ nla
Unemployment payments	\$ 0	\$ nla	\$ 0	\$ nla
Public-assistance (such as welfare)	\$ 0	\$ nla	\$ 0	\$ nla
Other (specify): <u>none</u>	\$ 0	\$ nla	\$ 0	\$ nla
Total monthly income:	\$ 0	\$ nla	\$ 0	\$ nla

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
none	none	none	\$ none
			\$
			\$

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
nla	nla	nla	\$ nla
			\$
			\$

4. How much cash do you and your spouse have? \$ 2020

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	\$ 2020	\$ nla
	\$	\$
	\$	\$

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

Home
Value nla

Other real estate
Value nla

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

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

Other assets
Description nla
Value nla

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
none	\$ none	\$ none
	\$ _____	\$ _____
	\$ _____	\$ _____

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
none	none	none

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)	\$ 904	\$ nla
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 45	\$ nla
Home maintenance (repairs and upkeep)	\$ 0	\$ nla
Food	\$ 79	\$ nla
Clothing	\$ 0	\$ nla
Laundry and dry-cleaning	\$ 0	\$ nla
Medical and dental expenses	\$ 0	\$ nla

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ nla
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ nla
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ nla
Life	\$ 0	\$ nla
Health	\$ 0	\$ nla
Motor Vehicle	\$ 0	\$ nla
Other: <u>none</u>	\$ 0	\$ nla
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>none</u>	\$ 0	\$ nla
Installment payments		
Motor Vehicle	\$ 0	\$ nla
Credit card(s)	\$ 0	\$ nla
Department store(s)	\$ 0	\$ nla
Other: <u>none</u>	\$ 0	\$ nla
Alimony, maintenance, and support paid to others	\$ 0	\$ nla
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ nla
Other (specify): <u>none</u>	\$ 0	\$ nla
Total monthly expenses:	<u>\$ 945</u>	\$ nla

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.

not applicable (N/A)

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? none

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

not applicable (N/A)

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? none

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

not applicable (N/A)

12. Provide any other information that will help explain why you cannot pay the costs of this case.
Been nursing debilitating injuries sustained when I was savagely subjected to the most heinous hate/bias-motivated violence, when I was relatively new in America on 7th December 2015. These injuries limited my capacity to work henceforth. I was also denied unemployment benefits and disability benefits that I hadn't worked long enough. Defendant's defamation and retaliation against me, further blocked my employability and livelihood opportunities.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: October 23rd, 2023

Nathreen.N.S.

(Signature)