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23-6225
No. _____

FILED
OCT 05 2023
OFFICE OF THE CLERK
SUPREME COURT OF NEW JERSEY

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

MICHAEL RAMSEY— PETITIONER
(Your Name)

VS.

ATTORNEY GENERAL NEW JERSEY;

ADMINISTRATOR NEW JEW JERSEY— RESPONDENT(S)

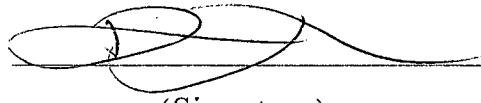
MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): United States District Court, United States Court of Appeals for the Third Circuit

[] 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.



(Signature)

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

I, MICHAEL RAMSEY, 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 past 12 months		Amount expected the next month	
	You	Spouse	You	Spouse
Employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Self-employment (such as rental income)	\$ N/A N/A	\$ N/A \$ N/A	\$ N/A \$ N/A	\$ N/A Income from real property
Interest and dividends	\$ N/A \$ N/A	\$ N/A \$ N/A	\$ N/A \$ N/A	\$ N/A \$ N/A
Gifts	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Alimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child Support	\$ N/A	\$ N/A	\$ N/A	\$ N/A
security, pensions, annuities, insurance)				Retirement (such as
Disability (such as social security, insurance payments)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Unemployment payments	\$ N/A	\$ N/A	\$ N/A	\$ N/A

social

N/A N/A N/A N/A
Public-assistance \$ N/A \$ N/A \$ N/A \$ N/A

(such as
Other (specify): N/A \$ N/A \$ N/A \$ N/A \$ welfare)
Total monthly income: N/A \$ N/A \$ N/A \$ N/A \$ 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 pay	monthly
N/A	N/A	N/A	\$	N/A
			\$	
			\$	

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
N/A	N/A	N/A	\$ N/A
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ N/A
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

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

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

Home Value <u>N/A</u>	Other real estate Value <u>N/A</u>	ordinary household furnishings.
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Motor Vehicle #1

Year, make & model

Motor Vehicle #2

Year, make & model

<u>N/A</u>	Value <u>N/A</u>
Value <u>N/A</u>	

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 spouse money	Amount owed to you	Amount owed to your spouse your
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<u>N/A</u>	<u>\$\$</u>	<u>N/A</u>	<u>N/A</u>
	<u>\$\$</u>		
	<u>\$\$</u>		

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

Name	Relationship	Age
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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) No	\$ <u>N/A</u>	\$ <u>N/A</u>
Are real estate taxes included? Yes Is No		
property insurance included? Yes		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>N/A</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>

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

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 ONLY MAKE \$31.00 FROM STATE PAY FROM THE PRISON, AFTER THE PRISON TAKES OUT FOR MY FINES, I AM LEFT WITH \$18.00.

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