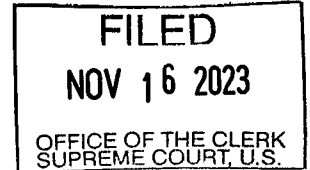


23-6310

No. \_\_\_\_\_

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



JOSEPH EMERSON — PETITIONER  
(Your Name)

VS.

META PLATFORMS / FACEBOOK / MIAMI UNIVERSITY  
(ET AL) 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):

LUCAS COUNTY Common Pleas Court, Toledo, OHIO

☐ 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.

[Signature]  
(Signature)

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

I, JOSEPH EMERSON, 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>N/A</u>	\$ <u>N/A</u>	\$ <u>2,560</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>2,560</u>	\$ <u>N/A</u>

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
INTERSTATE	2309 <del>St</del> <sup>Pavement</sup> <del>St</del> <sup>Road</sup>	<del>1/1/82</del> <sup>1/1/82</sup> <del>12/31/82</del> <sup>12/31/82</sup>	\$ 2,560
TIME STAFFING	Norwalk, PENN		\$ N/A
	CLEVELAND, OHIO	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
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

4. How much cash do you and your spouse have? \$ ~~7433.79~~ <sup>843.27</sup>  
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
SAVINGS ACCOUNT	\$ <del>7433.79</del> <sup>843.27</sup>	\$ N/A
	\$ N/A	\$ N/A
	\$ N/A	\$ N/A

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

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>1974 CORVETTE</u> Value <u>NOT ROAD SOUND</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>2000 CHEVY <sup>SUV</sup> <del>Silverado</del></u> Value <u>1,000</u>
<input type="checkbox"/> Other assets Description <u>1982 HONDA GOLDWING</u> Value <u>1,000</u>	

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

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)	\$ 600	\$ N/A
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)	\$ 400	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ 800	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry-cleaning	\$ 50.00	\$ N/A
Medical and dental expenses	\$ N/A	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 400 NO MONEY	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ For Thy	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$ N/A
Life	\$ N/A	\$ N/A
Health	\$ N/A	\$ N/A
Motor Vehicle	\$ 200	\$ N/A
Other: _____	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ N/A	\$ N/A
Installment payments		
Motor Vehicle	\$ N/A	\$ N/A
Credit card(s)	CLOSED ACCOUNT OWE 10,000	\$ N/A
Department store(s)	\$ N/A	\$ N/A
Other: _____	\$ N/A	\$ N/A
Alimony, maintenance, and support paid to others	\$ N/A	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify): _____	\$ N/A	\$ N/A
<b>Total monthly expenses:</b>	\$ 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? *HOME DEPOT PEOPLE WORK VOLUNTEER 18 HOURS A WEEK. OUR COMPANY IS JANITOR ONLY, SO ANYTIME ANYTHING CAN HAPPEN.*
- ☐ 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

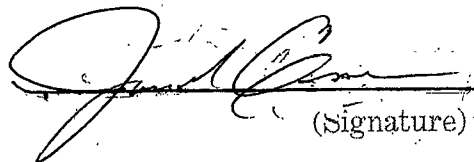
If yes, how much? \_\_\_\_\_

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.
- THE FBI PLAY I AM A DRUG DEALER FOR MONEY AND DWINDELS MY MONEY TO NOTHING SHOWING ME TO A SHELTER, THE ATTACHED COURT CASES WERE RIGGED NOTHING EVERY CASE EVEN THREE MOTIONS OF DEFAULT AND TWO RIGGED AND, A TOTAL OF FIVE PAYING NOTHING.*

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

Executed on: NOVEMBER 11, 2023

  
(Signature)

FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

23-0139

IN THE SUPREME COURT OF  
OHIO

JOSEPH EMERSON )

CASE NO.

Plaintiff, )

JUDGE

vs. )

UNITED STATES DISTRICT COURT )

FINANCIAL DISCLOSURE / FEE-  
WAIVER AFFIDAVIT  
AND ORDER

Defendant. )

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name <u>JOSEPH</u>		Applicant's Last Name <u>EMERSON</u>	
Applicant's Date of Birth <u>09-09-1962</u>		Last 4 Digits of Applicant's SSN <u>9642</u>	
Applicant's Address <u>P.O. Box 13, TOLEDO, OHIO 43697</u>			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First <sup>1</sup> : <input type="checkbox"/>	SSI <sup>2</sup> : <input type="checkbox"/>	Medicaid <sup>3</sup> : <input checked="" type="checkbox"/>	Veterans Pension Benefit <sup>4</sup> : <input type="checkbox"/> SNAP / Food Stamps <sup>5</sup> : <input type="checkbox"/>
Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

RECEIVED

JAN 31 2023

CLERK OF COURT  
SUPREME COURT OF OHIO

FILED

JAN 31 2023

CLERK OF COURT  
SUPREME COURT OF OHIO

FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

23-0102

IN THE SUPREME COURT OF  
OHIO

JOSEPH EMERSON )

Plaintiff, )

vs. )

FBI INTERSTATE )  
UNITED STATES DISTRICT COURT )  
Defendant. )

CASE NO.

JUDGE

**FINANCIAL DISCLOSURE / FEE-  
WAIVER AFFIDAVIT  
AND ORDER**

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name JOSEPH		Applicant's Last Name EMERSON	
Applicant's Date of Birth 09-09-1962		Last 4 Digits of Applicant's SSN 9642	
Applicant's Address P.O. Box 13, Toledo, OH 43697			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First <sup>1</sup> : <input type="checkbox"/> SSI <sup>2</sup> : <input type="checkbox"/> Medicaid <sup>3</sup> : <input checked="" type="checkbox"/> Veterans Pension Benefit <sup>4</sup> : <input type="checkbox"/> SNAP / Food Stamps <sup>5</sup> : <input type="checkbox"/>			
Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

RECEIVED

JAN 25 2023

CLERK OF COURT  
SUPREME COURT OF OHIO

FILED

JAN 25 2023

CLERK OF COURT  
SUPREME COURT OF OHIO



IN THE SUPREME COURT OF OHIO

Affidavit of Indigence

23-0856

I, JOSEPH EMERSON, do hereby state that I am without the necessary funds to pay the costs of this action for the following reason(s):

[Note: S.Ct.Prac.R. 3.06 requires your affidavit of indigence to state the reason(s) you are unable to pay the docket fees and/or security deposit.]

I AM SUING INTERSTATE MY EMPLOYER IN OHIO SUPREME COURT. I AM SUING MY LANDLORD IN TOLEDO MUNICIPAL COURT. NOTHING IS BEING DONE EXCEPT MORE DAMAGES TOLEDO MUNICIPAL COURT. A GAME IS I MOVE OUT FORCIBLY NO PLACE TO GO AND SIGN ANOTHER LEASE. I HAVE AROUND 1,000 MORE TO SPEND FINISHING MY CAR USING MYSELF AS LABOR. I JUST BOUGHT MY TRUCK TIRES NEIGHBOR RIGGED ONE LOW ON AIR SO ON WAY TO WORK BLEW. THE FBI IS TIED TO LANDLORD AND TENNANT.

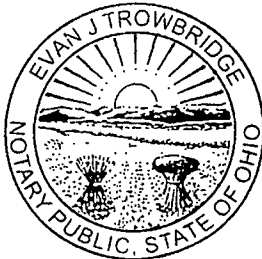
Pursuant to Rule 3.06, of the Rules of Practice of the Supreme Court of Ohio, I am requesting that the filing fee and security deposit, if applicable, be waived.

Affidavit: *Joseph Emerson*

Sworn to, or affirmed, and subscribed in my presence this 30 day of June, 2023.

*EL*  
Notary Public:

June 20, 2026  
My Commissions Expire:



Evan J Trowbridge

NOTARY PUBLIC  
STATE OF OHIO

My Commission Expires  
June 20, 2026

RECEIVED

JUL 06 2023

CLERK OF COURT  
SUPREME COURT OF OHIO

[Note: This affidavit must be executed not more than six months prior to being filed in the Supreme Court in order to comply with S.Ct.Prac.R. 3.06]

SCO-CLK 0001 (Rev. 5/2023) Previous Editions Obsolete

FILED

JUL 06 2023

CLERK OF COURT  
SUPREME COURT OF OHIO