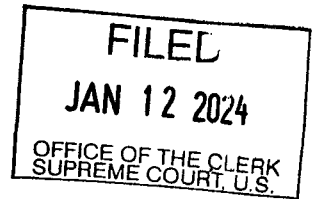


No. **23 - 6516**



IN THE
Supreme Court of the United States

REVEREND DR. SAMUEL T. WHATLEY,
SAMUEL T. WHATLEY, II,

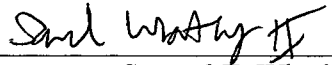
PETITIONER,

V.

CITY OF NORTH CHARLESTON SOUTH CAROLINA, *et. al.*,
RESPONDENT(S).

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed in *forma pauperis*, and have previously been granted leave in the following courts: *Whatley et. al. v. City of North Charleston, et al.*, No. 23-1538 (4th Cir. 2023), and *Whatley, et. al. v. City of North Charleston, et al.*, Civil Action 2:23-cv-00516 (D.S.C. Mar. 31, 2023). Petitioner's affidavit or declaration in support of this motion is attached



Samuel T. Whatley, II
Ph.D. Criminal Justice
(Doctorate Student Liberty University)

*Friends of the Court and Biblically Founding
Scholar and Historically Related to Family of the American Revolution*

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

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

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	\$ 0
			\$
			\$

4. How much cash do you and your spouse have? \$ _____
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
student checking (Student Loan Refund)	\$ 1000 - estimate	\$
Savings	\$ 3100 estimate	\$
	\$	\$

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	<input type="checkbox"/> Other real estate
Value _____	Value _____

<input checked="" type="checkbox"/> Motor Vehicle #1	<input checked="" type="checkbox"/> Motor Vehicle #2
Year, make & model 2011 Honda Civic	Year, make & model 1983 Ford Mustang
Value \$7000 estimate	Value \$3000 estimate
lots of Repairs needed -	lots of Repairs needed

☐ Other assets
Description _____
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	\$ 0	\$ 0
	\$	\$
	\$	\$

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

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)	\$ 0	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 450-	\$ N/A
Home maintenance (repairs and upkeep)	\$ 50-	\$ N/A
Food	\$ 350-	\$ N/A
Clothing	\$ 50-	\$ N/A
Laundry and dry-cleaning	\$ 50-	\$ N/A
Medical and dental expenses	\$ 50-	\$ N/A

Estimated and managed by Reverend Dr. Samuel Whalley (other Petitioner)

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ 145	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 73	\$ N/A
Motor Vehicle	\$ 73	\$ N/A
Other:	\$ 0	\$ N/A

managed by Reverend Dr. Samuel Whalley (other Petitioner)

Taxes (not deducted from wages or included in mortgage payments)

(specify):	\$ 0	\$ N/A
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Installment payments

Motor Vehicle	\$ 0	\$ N/A
Credit card(s)	\$ 200	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other:	\$ 0	\$ N/A

depends - student loan Refunds help pay

Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
---	------	--------

Other (specify):	\$ 0	\$ N/A
------------------	------	--------

Total monthly expenses:	\$ 1218	\$ N/A
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mostly managed by Reverend Dr. Samuel Whalley (other Petitioner / Student loan Refunds)

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.

Student unemployed, most living expenses managed by Reverend Dr. Samuel T. Whitley and Student (can Refund), and caring for disabled - seriously ill. Grandmother and helping my dad.

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

Executed on: 10 January, 2024

Samuel Whitley II

(Signature)

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Reverend Dr. Samuel T. Whitley
(Your Name) — PETITIONER

VS.
City of North Charleston S.C., 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):

Fourth Court of Appeals No. 23-1538
District of Columbia Case 2:23-cv-00516

☐ 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.

Samuel T. Whitley
(Signature)

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

I, Reverend Dr. Samuel T. Wharton, 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 <i>estimated</i>	\$ <u>942 -</u>	\$ <u>N/A</u>	\$ <u>942 -</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</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>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>942 -</u> <i>estimated</i>	\$ <u>N/A</u>	\$ <u>942</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
N/A	N/A	N/A	\$ 0
			\$
			\$

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	\$ 0
			\$
			\$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
checking	\$ 150	\$ N/A
savings	\$ 100	\$ N/A
	\$	\$

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

☒ Home
Value estimated \$250,000?
Lots of Repairs

☐ Other real estate
Value _____

☒ Motor Vehicle #1
Year, make & model 2011 Honda Civic
Value \$7000 estimated
Lots of Repairs Needed

☒ Motor Vehicle #2
Year, make & model 1994 Cadillac Fleetwood
Value \$1000 estimated
Lots of Repairs Needed

☒ Other assets
Description Unconstitutionally ordered by Richland Family Court 30 January 2023, forced to sell marital home, paying illegal sanctions
Value \$62000
estimating
Cost \$1500, outrageous attorney fees \$5000 - racketeering property agent fees over \$2000, and almost \$44,000 to other closing attorneys that were friends of the family court judge, ex spouse, had to repay disabled mother's debt, hospital cost, travel court cost and many repairs - still on going

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

\$ 0

\$ 0

\$ _____

\$ _____

\$ _____

\$ _____

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").

N/A Name

N/A Relationship

N/A Age

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)

\$ 0

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

estimated \$ 450-

\$ N/A

Home maintenance (repairs and upkeep)

depends \$ 50-

\$ N/A

Food

on going \$ 350-

\$ N/A

Clothing

\$ 50-

\$ N/A

Laundry and dry-cleaning

\$ 50-

\$ N/A

Medical and dental expenses

\$ 50-

\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 145	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 73	\$ N/A
Other: _____	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <i>may have depends?</i>	\$ 0	\$ N/A
<i>large amount unspent at this time</i>		
Installment payments		
Motor Vehicle	\$ 0	\$ N/A
Credit card(s) <i>depends</i>	\$ 200-	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: _____	\$ 0	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): <i>depends</i>	\$ 0	\$ N/A
Total monthly expenses: <i>estimated changes monthly</i>	\$ 1218-	\$ 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.

Student unemployed, as self-employed as caregiver to seriously ill, death-disabled mother. Did apply as a major candidate, but unknown of outcome

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

Executed on: 1 November, 2023

and
10 January 2024


(Signature)