

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

JOSEPH EMERSON — PETITIONER
(Your Name)

VS.
INTERSTATE BUS MAINTENANCE
(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):

Supreme Court of Ohio (columbus, ohio)

City Justice 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.

Joseph Emerson
(Signature)

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

I, JOSEPH EMEWU, 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>2,100</u>	\$ <u>n/a</u>	\$ <u>2,100</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>
Total monthly income:	\$ <u>2,100</u>	\$ <u>n/a</u>	\$ <u>2,100</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 BAG MFG	2309 PRUDENTIAL HIGHWAY, PHILA, PA	11/16/22 - 1/22/23	\$ 2,560.00
TIME STAFFING	3246 NAVARRE, OAKWOOD	APR 15 - APR 18	\$
AMERICAN LINER	5120 ADVENTURE DR		\$

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? \$

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
GENOA BANK SAVINGS	\$ 850.00	\$ N/A
GENOA BANK CHECKING	\$ 236.65	\$ 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.

Home
Value _____

Other real estate
Value _____

Motor Vehicle #1
Year, make & model 2000 C4 CORVETTE
Value \$1,200

Motor Vehicle #2
Year, make & model 1982 4000 1100
Value \$1,000

Other assets
Description 1974 CORVETTE (WHEELS, WINDSHIELD, EXHAUST, ETC)
Value \$2,300

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 250	\$ N/A
Home maintenance (repairs and upkeep)	\$ 100	\$ N/A
Food	\$ 600	\$ N/A
Clothing	\$ 100	\$ N/A
Laundry and dry-cleaning	\$ 100	\$ N/A
Medical and dental expenses	\$ 301	\$ N/A

I PAY OUT OF POCKET
HORMONE THERAPY FOR
TESTOSTERONE CYPRONATE.

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 500	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$ 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 Owe 4500	\$ N/A
Credit card(s)	\$ 18,000 due	\$ 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
Total monthly expenses:	\$ 2,450	\$ 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.

Possibly less hours as warehouse Employee
HAVE VOLUNTEER LEAVE UNPAID

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? N/A

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 HAD A THROTTLE PROBLEM SO BOUGHT ANOTHER
TANK SAVING MONEY AND DOING ALL VEHICLE
ALL ROAD WORTHY. WAREN'T
AWEAR TO THE EXPENSE.

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

Executed on: August 14th, 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-
 Defendant.) 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 <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 First¹: SSI²: Medicaid³: Veterans Pension Benefit⁴: SNAP / Food Stamps⁵:

Monthly Income

I am NOT able to access my spouse's income			
	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

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$ 2560.00
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
TOTAL MONTHLY INCOME			\$
Liquid Assets			
Type of Asset	Estimated Value		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$ 1433.74		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
Total Liquid Assets	\$		
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$ 600	Insurance (Medical, Dental, Auto, etc.)	\$ 100.00
Food / Paper Products/Cleaning Products/Toiletries	\$ 800	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$ 400	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$ 400	Credit Card, Other Loans	\$
Phone	\$ 50	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
Total Column A Expenses	\$ 2250	Total Column B Expenses	\$ 100
TOTAL MONTHLY EXPENSES (Column A + Column B)			2350

I, Joseph Emerson, hereby certify that the information I have provided on
(Print Name)
this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs
or fees in this case.

Joseph Emerson
Signature

NOTARY PUBLIC:

Sworn to before me and signed in my presence this 16th day of January, 2023,
in Lucas County, Ohio.



LAUREN COLANGELO
Notary Public, State of Ohio
My Commission Expires
02-21-2027

Lauren Colangelo
Notary Public (Signature)

Lauren Colangelo
Notary Public (Printed)
My Commission expires: 02-21-2027

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so
at no cost to the Applicant.

ORDER

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.
- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is NOT an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED

Judge / Magistrate

Date

[Effective: April 15, 2020.]

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 TO 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 TENANT.

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

Sworn to, or affirmed, and subscribed in my presence this 50 day of June,
2073.

Notary Public:

My Commissions Expire:



Evan J Trowbridge

NOTARY PUBLIC
STATE OF OHIO

My Commission Expires
June 20, 2026

RECEIVED
Note: This affidavit
Supreme Court of

Note: This affidavit must be executed not more than six months before the date of filing with the Supreme Court in order to comply with S.Ct.Prac.R. 3.06]

JUL 06 2023

CLERK OF COURT
SUPREME COURT OF OHIO

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

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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	CASE NO.
Plaintiff,	JUDGE
vs.	
FBI INTERSTATE UNITED STATES DISTRICT COURT Defendant.	<u>FINANCIAL DISCLOSURE / FEE- WAIVER AFFIDAVIT AND ORDER</u>

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, OHIO 43697			

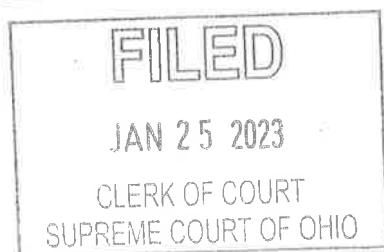
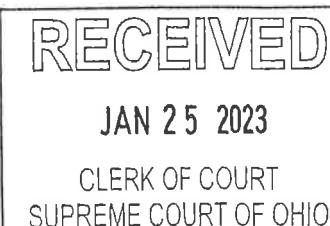
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> 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 First¹: SSI²: Medicaid³: Veterans Pension Benefit⁴: SNAP / Food Stamps⁵:

Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income



Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$ 2560.00
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$ 0	\$	\$
TOTAL MONTHLY INCOME			\$
Liquid Assets			
Type of Asset	Estimated Value		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$ 1438.74		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
Total Liquid Assets			\$
Monthly Expenses			
Column A			
Type of Expense	Amount		
Rent / Mortgage / Property Tax / Insurance	\$ 600		
Food / Paper Products/Cleaning Products/Toiletries	\$ 800		
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$ 400		
Transportation / Gas	\$ 400		
Phone	\$ 50		
Child Care	\$		
Total Column A Expenses	\$ 2250		
TOTAL MONTHLY EXPENSES (Column A + Column B)			2350

I, JOSEPH EMERSON, hereby certify that the information I have provided on
 (Print Name)
 this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs
 or fees in this case.

Joseph Emerson
 Signature

NOTARY PUBLIC:

Sworn to before me and signed in my presence this 20th day of JANUARY, 2023,
 in WILMINGTON County, Ohio.



LAUREN COLANGELO

Notary Public, State of Ohio

My Commission Expires: 02-21-2027

Notary Public (Printed)

My Commission expires: 02-21-2027

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so
 at no cost to the Applicant.

AFADAVID OF INDIGENCE
IN THE SUPREME COURT OF OHIO

I, JOSEPH EMERSON, DO HEREBY STATE THAT I AM WITHOUT THE NECESSARY FUNDS TO PAY THE COSTS OF THIS ACTION FOR THE FOLLOWING REASONS:

- 1) FBI DWINDLES MY MONEY THREE DECADES TRYING TO FORCE ME A FABRICATED INTERSTATE DRUG DEALER
- 2) I HAVE A PENDING LAWSUIT EMPLOYER MAY BE REMOVED COURT AND NO GUARNTEE A JOB THEREAFTER.
- 3) I HAVE PENDING LAWSUITS COURT NOT PAYING SITTING ON.

ORDER

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.
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IT IS SO ORDERED

Judge / Magistrate

Date

[Effective: April 15, 2020; amended effective April 15, 2022.]

FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

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.)

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Applicant's Date of Birth <u>09-09-1962</u>	Last 4 Digits of Applicant's SSN <u>9642</u>		

Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	Applicant	Spouse (If Living in Household)	Total Monthly Income

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Type of Asset	Estimated Value		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$ 1433.74		
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Other Liquid Assets	\$		
Total Liquid Assets			\$
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$ 600	Insurance (Medical, Dental, Auto, etc.)	\$ 100.00
Food / Paper Products/Cleaning Products/Toiletries	\$ 800	Child or Spousal Support that You Pay	\$
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Transportation / Gas	\$ 400	Credit Card, Other Loans	\$
Phone	\$ 50	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
Total Column A Expenses	\$ 2250	Total Column B Expenses	\$ 100
TOTAL MONTHLY EXPENSES (Column A + Column B)			2350

I, JOSEPH EMERSON, hereby certify that the information I have provided on
(Print Name)
this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs
or fees in this case.

Joseph Emerson
Signature

NOTARY PUBLIC:

Sworn to before me and signed in my presence this 26th day of January, 2023,
in LUCAS County, Ohio.



LAUREN COLANGELO
Notary Public, State of Ohio
My Commission Expires
02-21-2027

Lauren Colangelo
Notary Public (Signature)

Lauren Colangelo
Notary Public (Printed)
My Commission expires: 02-21-2027

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so
at no cost to the Applicant.