

ORIGINAL

No.

23-6735

THE SUPREME COURT OF THE UNITED STATES

Fuhai Li

Petitioner

FILED

JAN 16 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

v.

United States of America

Respondent

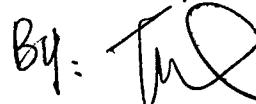
Motion for Leave to Proceed in Forma Pauperis

NOW COMES Petitioner Fuhai Li, respectfully submits this motion for leave to Proceed in forma Pauperis Pursuant to Rule 39 of this Court, and in support thereof avers as follows:

1. Petitioner is unable to pay the cost of this litigation.
2. Petitioner's leave to Proceed in forma Pauperis was granted in the United States Court of Appeals for the Third Circuit.
3. Petitioner's declaration in Compliance with 28 U.S.C. §1746 in the form prescribed by the Federal Rules of Appellate Procedure, Form 4, is attached here.

WHEREFOR, Petitioner respectfully prays that this Honorable Court grant the instant motion.

Respectfully Submitted,

By: 

Fuhai Li, Pro Se

Req# 75356-067

FCI McKean

P.O. Box 8000

Bradford, PA 16701

Dated: January 15, 2024

RECEIVED

JAN 24 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

UNITED STATES DISTRICT COURT
for the
< Middle > DISTRICT OF < Pennsylvania >

United States of America :)
Plaintiff(s) :)
v. :)
Fuhai Li :) Case No. 3:16-CR-00194-001
Defendant(s) :)

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion.	Instructions
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.
Signed: 	Date: January 14, 2024

My issues on appeal are: The Court of appeals erred in denying Petitioner's motion to recall mandate when Petitioner has demonstrated that Petitioner was actually innocent in light of the new evidence in his §2255 motion and that a fraudulent conduct was carried out by the district Court.

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	\$ 159.80	\$ 3360	\$ 84.62	\$ 3360
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 159.80	\$ 3360	\$ 84.62	\$ 3360

2. List your 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
Commissary	FCI McKean	10-6-2021	\$ 288
Unicor	FCI McKean	9-18-2023	\$ 30
			\$

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
Triboro Adm Service	183 Forest St. Apt 1 Montclair, NJ 07042	12-20-2020	\$ 3360
			\$
			\$

4. How much cash do you and your spouse have? \$ 908.16

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
Wayne bank	Checking	\$ 0	\$ 655.00
FCI	BOP Trulincs	\$ 253.16	\$ 0
		\$ N/A	\$ N/A

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

See Institutional statement attached

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

Home	Other real estate	Motor vehicle #1
(Value) \$ 370,000	(Value) \$ N/A	(Value) \$ 400
		Make and year: Toyota 2003
		Model: Sienna
		Registration #: GKP7258

Motor vehicle #2	Other assets	N/A	Other assets	N/A
(Value) \$ N/A	(Value) \$ N/A	(Value) \$ N/A	(Value) \$ N/A	(Value) \$ N/A
Make and year: N/A				
Model: N/A				
Registration #: N/A				

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
↓	\$ ↓	\$ ↓
↓	\$ ↓	\$ ↓
↓	\$ ↓	\$ ↓

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

Name (or, if under 18, initials only)	Relationship	Age
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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$	\$ 1350
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	N/A	

Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ None	\$ 500
Home maintenance (repairs and upkeep)	\$ None	\$ 150
Food	\$ 150	\$ 500
Clothing	\$ 30	\$ 100
Laundry and dry-cleaning	\$ None	\$ 100
Medical and dental expenses	\$ None	\$ 100
Transportation (not including motor vehicle payments)	\$ None	\$ 150
Recreation, entertainment, newspapers, magazines, etc.	\$ None	\$ 50
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ None	\$ None
Life:	\$ None	\$ None
Health:	\$ None	\$ 100
Motor vehicle:	\$ None	\$ 100
Other:	\$ None	\$ None
Taxes (not deducted from wages or included in mortgage payments) (specify): <i>local taxes</i>	\$ None	\$ 35
Installment payments		
Motor Vehicle:	\$ None	\$ None
Credit card (name):	\$ None	\$ None
Department store (name):	\$ None	\$ None
Other:	\$ None	\$ None
Alimony, maintenance, and support paid to others	\$ None	\$ None
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ None	\$ None
Other (specify): <i>HOA fee</i>	\$ None	\$ 135
Total monthly expenses:	\$ 180	\$ 3360

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? [] Yes No

If yes, how much? \$ N/A

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

12. State the city and state of your legal residence.

FCI McKean, Bradford, PA 16701

Your daytime phone number: () N/A

Your age: 59 Your years of schooling: Post-College

**Additional material
from this filing is
available in the
Clerk's Office.**