No. 20 - 10		
IN THE		
SUPREME COURT OF TH	E UNITED STATES	APR 0.5 2024
JASON B NICHOLAS	— PETITIONE	OFFICE OF THE OFFICE
(Your Name)	— FEITHONEI	
VS. JUDY CAMUSO, ETC.	_ — RESPONDENT	(S)
MOTION FOR LEAVE TO PROCE	ED <i>IN FORMA PAU</i>	<i>IPERIS</i>
The petitioner asks leave to file the attawithout prepayment of costs and to proceed <i>in</i>		writ of certiorari
Please check the appropriate boxes:		
■ Petitioner has previously been granted the following court(s):	leave to proceed in f	forma pauperis in
District Courts of Maine, New Hampshi York	re and the North	ern District of New
☐ Petitioner has not previously been pauperis in any other court.	granted leave to p	roceed in forma
☐ Petitioner's affidavit or declaration in su	apport of this motion i	s attached hereto.
➤ Petitioner's affidavit or declaration is appointed counsel in the current proceeding, as		e the court below
☐ The appointment was made under the	following provision	of law:
☐ a copy of the order of appointment is ap	opended.	Mulc
	(Sig	nature)
	JASON	B NICHOLAS

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

JASON B NICHOLA	S	т , с
	, am the petitioner in the above-entitled case.	In support of
	pauperis, I state that because of my poverty I am	
the costs of this case or to give	security therefor; and I believe I am entitled to red	lress.

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.

	nge monthly am ast 12 months	e monthly amount during t 12 months		ected
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$\$100	\$	\$_\$100	\$
Income from real property (such as rental income)	\$	\$. \$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$. \$	\$
Child Support	\$	\$. \$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	_ \$. \$. \$
Disability (such as social security, insurance payment	\$ <u>·</u> s)	<u> </u>	. \$	\$
Unemployment payments	\$	\$. \$	\$
Public-assistance (such as welfare)	\$\$180	\$	\$\$180	. \$
Other (specify):	_ \$	\$	\$	\$
Total monthly income	\$280 e: \$	_ \$	\$280	. \$

Self employed	Address	Dates of Employment 01/23 - present	Gross monthly pay \$ App. \$100 \$
	s employment history is before taxes or	ry for the past two years, m	s
Employer	Address	Dates of Employment	Gross monthly pay \$ \$ \$
institution. Type of account (e.g.,	money you or your . checking or saving	se have? \$\$25 spouse have in bank accounts s) Amount you have Ar \$ \$ \$ \$ \$ \$ \$_	mount vour spouse ha
	nd their values, whi	sch you own or your spouse o	
5. List the assets, ar and ordinary house	0110101 1011111111111111111111111111111		
	G	☐ Other real estate Value	

6. State every person, bus amount owed.	onicos, or organization o	wing you or your sp	ouse money, and one
Person owing you or your spouse money	Amount owed to yo	ou Amount o	wed to your spouse
	\$	\$	
	\$	\$	·
	\$	\$	
7. State the persons who re instead of names (e.g. "J.			or children, list initials
Name	Relationship	, A	
8. Estimate the average morpaid by your spouse. A annually to show the mor	Adjust any payments tha		
Rent or home-mortgage pay (include lot rented for mobility Are real estate taxes included in the property insurance in the property insurance in the property in	le home) ided?	<u>\$100</u>	\$
Utilities (electricity, heating water, sewer, and telephone		\$ 25	\$
Home maintenance (repairs	and upkeep)	\$	\$
Food		\$s	\$
Clothing		<u>\$25</u>	\$
Laundry and dry-cleaning		\$ <u> </u>	\$
Medical and dental expense	g ,	\$	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$50	\$
Insurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify):	\$	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$	
Department store(s)	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$ 210	\$

9.			ajor changes to ynext 12 months?	our monthly in	icome or e	xpenses or	in your assets of	ľ
	☐ Yes	X No	If yes, describ	e on an attache	ed sheet.			
10.			ill you be paying ng the completic				es in connection	
	If yes, how	much?						
	If yes, state	the attor	ney's name, addı	ess, and teleph	ione numb	er:		
				·				
11.							ch as a paralegal e completion of t	
	X Yes	□ No	COPYING C	OSTS				
	If yes, how	much?	\$200					
If y	yes, state the	e person's	name, address, a	nd telephone n	umber:			
			INT 20 FINNE 83-4631	Y BLVD, MAI	LONE NY	12953		
12.	Provide any	other info	ormation that wi	ll help explain v	why you ca	nnot pay th	ne costs of this ca	se
Ιd	eclare under	penalty of	f perjury that th	e foregoing is t	rue and c	orrect.		
Ex	ecuted on:	APRI	L 4	, 20_ 24	. 5	, , ()	Olo	
						NM	WYY	

JASON B NICHOLAS

(Signature)