

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

JOSEPH RANDOLPH MAYS — PETITIONER
(Your Name)

VS.

T. B. SMITH, Warden, 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):

United States District Court for the Eastern District of North Carolina
United States Court of Appeals for the Fourth Circuit

☐ 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)

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APR - 3 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

3-14-2024

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

I, Joseph R. Mays, 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>5.55</u>	\$ <u>N/A</u>	\$ <u>15.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>0</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>0.30</u>	\$ <u>N/A</u>	⊛ \$ <u>0.10</u>	\$ <u>N/A</u>
Gifts	⊛ \$ <u>30.00</u> ^{per}	\$ <u>N/A</u>	⊛ \$ <u>0</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>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	⊛ \$ <u>35.85</u>	\$ <u>N/A</u>	⊛ \$ <u>15.00</u>	\$ <u>N/A</u>

⊛ - Dividends are paid quarterly (NOTE: I DO NOT receive them - they are reinvested to buy more shares).

⊛ - Won't know until it happens, if it happens; IS NOT guaranteed!!! See Page 5 of 5 "★ 3"
\$360 Mar 2022 to March 2024 (Total)

IFP

Page 2 of 5

3-14-2024

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
Federal Bureau of Prisons (FBOF)	FCI Victorville II Medium PO Box 5400 Adelanto, CA 92301	9-1-2023 to Present	\$ 15.00
N/A	N/A	N/A	\$ N/A
N/A	N/A	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.) *N/A*

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? \$ 40.00 (or less) *N/A*
Below, state any money you or your spouse have in bank accounts or in any other financial institution. *N/A*

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
* Checking Account - Blue Eagle Credit Union (Reno, NV)	\$ 20.00 (or less)	\$ 0 N/A
* Savings Account - Blue Eagle Credit Union (Reno, NV)	\$ 20.00 (or less)	\$ 0 N/A
N/A	\$ 0	\$ 0 N/A

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

☒ Home
Value \$ 0 *N/A*

☒ Other real estate
Value \$ 0 *N/A*

☒ Motor Vehicle #1
Year, make & model *N/A*
Value \$ 0 *N/A*

☒ Motor Vehicle #2
Year, make & model *N/A*
Value \$ 0 *N/A*

☒ Other assets
Description Hanes Brand Inc. Dividend Reinvestment Plan
Value \$ 13.05 (2,449,319 Shares) Closing Value as of 01 Aug 2023

* - May be closed See Page 5 of 5 12. "4"

3-14-2024

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

\$ 0 N/A

\$ 0 N/A

\$ 0 N/A

\$ 0 N/A

\$ 0 N/A

\$ 0 N/A

\$ 0 N/A

\$ 0 N/A

\$ 0 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)

\$ 0 N/A

\$ 0 N/A

Are real estate taxes included? ☐ Yes ☒ No N/A

Is property insurance included? ☐ Yes ☒ No N/A

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

\$ 0 N/A

\$ 0 N/A

Home maintenance (repairs and upkeep)

\$ 0 N/A

\$ 0 N/A

Food

\$ 0 N/A

\$ 0 N/A

Clothing

\$ 0 N/A

\$ 0 N/A

Laundry and dry-cleaning

\$ 0 N/A

\$ 0 N/A

Medical and dental expenses

\$ 0 N/A

\$ 0 N/A

3-14-2024

Your spouse

You

Transportation (not including motor vehicle payments) \$ 0 N/A \$ 0 N/A

Recreation, entertainment, newspapers, magazines, etc. \$ 0 N/A \$ 0 N/A

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

Homeowner's or renter's \$ 0 N/A \$ 0 N/A

Life \$ 0 N/A \$ 0 N/A

Health \$ 0 N/A \$ 0 N/A

Motor Vehicle \$ 0 N/A \$ 0 N/A

Other: N/A \$ 0 N/A \$ 0 N/A

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

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

Installment payments

Motor Vehicle \$ 0 N/A \$ 0 N/A

Credit card(s) \$ 0 N/A \$ 0 N/A

Department store(s) \$ 0 N/A \$ 0 N/A

Other: N/A \$ 0 N/A \$ 0 N/A

Alimony, maintenance, and support paid to others \$ 0 N/A \$ 0 N/A

Regular expenses for operation of business, profession, or farm (attach detailed statement)

\$ 0 N/A \$ 0 N/A

Other (specify): Student Loan (\$30,000 + Unable to pay off at this time) \$ 5.00 \$ N/A

★ ★ Hygiene (soaps, toothpaste, shampoo, etc.) stamps, envelopes (Have to depend on the generosity of others (i.e. God), etc.)

① Total monthly expenses: ② \$ 5.00 \$ N/A

① Can be verified by the absence of commissary purchases

- Majority of the money I do have is used to maintain an emergency communication channel, through email (CORRECTIONS) and to print out documents and case law, regulations, and statutes.

② For school loan payment- CANNOT pay at this time and the hygiene and other items aren't listed because of the LACK OF FUNDS

2-14-2024

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.

^{*} Dependent on outcome (favorable) of this case

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: N/A

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? N/A

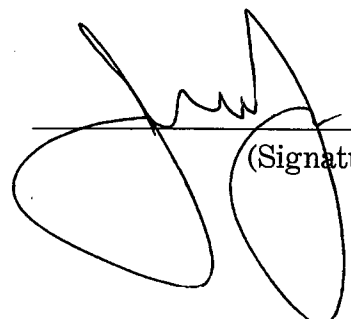
If yes, state the person's name, address, and telephone number: N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

- * 1- REPEATED retaliatory transfers and the corresponding loss of my \$200/month job in UNICOR at FCI Butner, NC and FCI Gilmer, WV, respectively, and the FBI and the lower courts refusal to hold them accountable.
- * 2- Administrative costs (stamps, papers, court costs, etc.) to try to correct those injustices
- * 3- Loss of family members who used to send money to help me - unsolicited (out of love)
- * 4- Loss of financial accounts (checking/savings accounts) and life insurance due to * 1 and * 2

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

Executed on: March 14, 2024


(Signature)