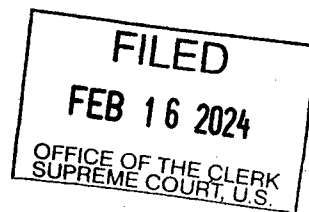


No. 23 - 7278



IN THE
SUPREME COURT OF THE UNITED STATES

Charles Wallace — PETITIONER
(Your Name)

VS.

Louisiana — 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): U.S. Sup. Ct. under Rule 40; U.S./U.N. VET.; USCA-2ND Cir.; USDC-SDNY; USDC-DC; USCA-5TH Cir.; USDC-WDL; USDC-EDL; USDC-MDL;

22ND JDC, La.; 19th JDC La.; 2ND JDC La.; 1st Cir. Ct. App. La.; La Sup Ct.

☐ 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.

Charles H. Wallace, Sr.
(Signature)

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

I, CHARLES K. WALLACE, 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	DECEASED: Spouse	You	DECEASED: Spouse
Employment	\$ <u>0000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Self-employment	\$ <u>0000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Income from real property (such as rental income)	\$ <u>0000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Interest and dividends	\$ <u>0000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Gifts	\$ <u>0000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Alimony	\$ <u>0000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Child Support	\$ <u>0000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Disability (such as social security, insurance payments)	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Unemployment payments	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Public-assistance (such as welfare)	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Other (specify): <u>000000000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>
Total monthly income:	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</u>	\$ <u>00000000</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
NONE	N/A	N/A	\$ 00000000000000
NONE	N/A	N/A	\$ 00000000000000
NONE	N/A	N/A	\$ 00000000000000

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.) Spouse: DECEASED

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ 00000000000000
N/A	N/A	N/A	\$ 00000000000000
N/A	N/A	N/A	\$ 00000000000000

4. How much cash do you and your spouse have? \$ 0000000000000000000000.00
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
NONE	NONE	\$ 00000000000000	\$ 0000000000000000
NONE	NONE	\$ 00000000000000	\$ 0000000000000000
NONE	NONE	\$ 00000000000000	\$ 0000000000000000

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

☐ Home
Value NONE

☐ Other real estate
Value NONE

☐ Motor Vehicle #1
Year, make & model NONE
Value

☐ Motor Vehicle #2
Year, make & model NONE
Value

☐ Other assets
Description NONE
Value 00000000000000

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
NONE	\$000000000000000000	\$000000000000000000
NONE	\$000000000000000000	\$000000000000000000
NONE	\$000000000000000000	\$000000000000000000

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

Name	Relationship	Age
NONE	N/A	N/A
NONE	N/A	N/A
NONE	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)	\$000000000000	\$000000000000
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$000000000000	\$000000000000
Home maintenance (repairs and upkeep)	\$000000000000	\$000000000000
Food	\$000000000000	\$000000000000
Clothing	\$000000000000	\$000000000000
Laundry and dry-cleaning	\$000000000000	\$000000000000
Medical and dental expenses	\$000000000000	\$000000000000

	You	Your spouse
Transportation (not including motor vehicle payments)	\$000000000000	\$000000000000
Recreation, entertainment, newspapers, magazines, etc.	\$000000000000	\$000000000000
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$000000000000	\$000000000000
Life	\$000000000000	\$000000000000
Health	\$000000000000	\$000000000000
Motor Vehicle	\$000000000000	\$000000000000
Other: <u>NONE</u>	\$000000000000	\$000000000000
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$000000000000	\$000000000000
Installment payments		
Motor Vehicle <u>NONE</u>	\$000000000000	\$000000000000
Credit card(s) <u>NONE</u>	\$000000000000	\$000000000000
Department store(s) <u>NONE</u>	\$000000000000	\$000000000000
Other: <u>NONE</u>	\$000000000000	\$000000000000
Alimony, maintenance, and support paid to others	\$000000000000	\$000000000000
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$000000000000	\$000000000000
Other (specify): <u>NONE</u>	\$000000000000	\$000000000000
Total monthly expenses: <u>NONE</u>	\$000000000000	\$000000000000

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? 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.
SLAVE LABOR and Social Security Benefits are stolen under FALSE CLAIMS

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

Executed on: March 15, 2024

Charles K. Wallace, S.P.
(Signature)