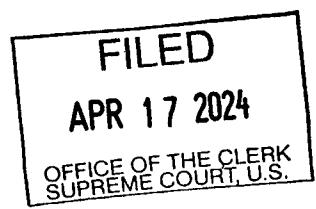


No. 23 - 7309



IN THE  
SUPREME COURT OF THE UNITED STATES

Jesse Vasquez — PETITIONER  
(Your Name)

VS.

United States of America — 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):

The United States district court for the Central District of California and the United States Court of Appeals for the Ninth Circuit

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

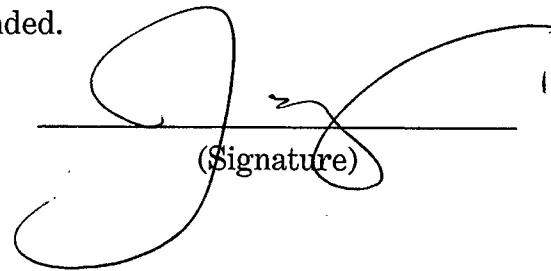
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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)



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

I, Jesse Vasquez, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>DA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
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 payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ _____	\$ _____	\$ _____	\$ _____

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
NA	→	NA	\$ NA
			\$
			\$

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
NA	→	NA	\$ NA
			\$
			\$

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

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

<input type="checkbox"/> Home Value <u>NA</u>	<input type="checkbox"/> Other real estate Value <u>NA</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>NA</u> Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>NA</u> Value _____
<input type="checkbox"/> Other assets Description <u>NA</u> Value <u>NA</u>	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

**Person owing you or your spouse money**

NA  
↓

**Amount owed to you**

\$ NA  
\$     
\$   

**Amount owed to your spouse**

\$ NA  
\$     
\$   

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**

NA  
↓

**Relationship**

NA  
↓

**Age**

NA  
↓

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**

Rent or home-mortgage payment  
(include lot rented for mobile home)

\$ NA

\$ NA

Are real estate taxes included?  Yes  No

Is property insurance included?  Yes  No

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

\$   

\$   

Home maintenance (repairs and upkeep)

\$   

\$   

Food

\$   

\$   

Clothing

\$   

\$   

Laundry and dry-cleaning

\$   

\$   

Medical and dental expenses

\$   

\$

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

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? JA

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

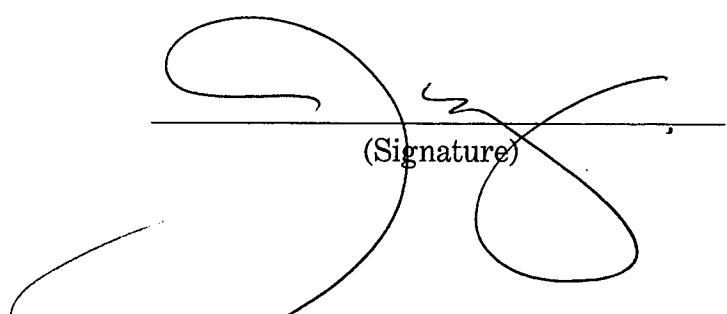
If yes, how much? JA

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

Executed on: April 1, 2024, 2024

  
(Signature)

# Inmate Inquiry



Inmate Reg #: 45542112 Current Institution: Memphis - MTC  
Inmate Name: VANCE, JZ, JESSIE Housing Unit: 311-A  
Report Date: 02/13/2024 Living Quarters: 102-1320  
Report Time: 11:52:07 AM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

## General Information

Administrative Hold Indicator: No  
No Power of Attorney: No  
Never Waive NSF Fee: No  
Max Allowed Deduction %: 100  
PIN: 1340  
PAC #: 364912808  
Revalidation Date: 7th  
FRP Participation Status: No Obligation  
Arrived From: OKL  
Transferred To:  
Account Creation Date: 2/21/2008  
Local Account Activation Date: 6/29/2019 5:28:11 AM  
  
Sort Codes:  
Last Account Update: 2/11/2024 7:34:06 PM  
Account Status: Active  
Phone Balance: \$0.00

## Pre-Release Plan Information

Target Pre-Release Account Balance: \$3,000.00  
Pre-Release Deduction %: 30%  
Income Categories to Deduct From:  Payroll  Outside Source Funds

## FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
---------------	-----------------	---------------

## Account Balances

Account Balance:  
Pre-Release Balance:  
Debt Encumbrance:  
SPO Encumbrance:  
Other Encumbrances:  
Outstanding Negotiable Instruments:  
Administrative Hold Balance:  
Available Balance: