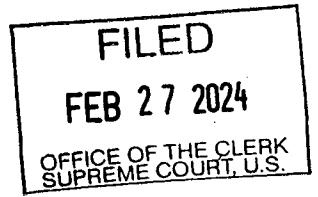


No. 23-7466



IN THE

SUPREME COURT OF THE UNITED STATES  
PRO SE PETITIONER

BEATRICE M. UWAMARIYA PETITIONER  
(Your Name)

VS.

ENIAS BAGANIZI — 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):

SUPREME COURT OF CALIFORNIA

RIVERSIDE APPEAL COURT, STATE OF CA, 4th Appellate, 2nd (D) Division

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

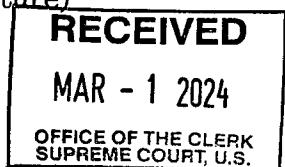
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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.

Beatrice Uwamariya  
(Signature)



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

I, \_\_\_\_\_, 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	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify): <i>My brother</i> <sup>from</sup> \$ 300.00	\$ N/A	\$ 0	\$ N/A	
<b>Total monthly income:</b>	<b>\$ 300.00</b>	<b>\$ N/A</b>	<b>\$ 0</b>	<b>\$ N/A</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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>
			\$ <u> </u>
			\$ <u> </u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>
			\$ <u> </u>
			\$ <u> </u>

4. How much cash do you and your spouse have? \$ 100.00

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
<u>Checking</u>	\$ <u>100.00</u>	\$ <u> </u>
	\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	\$ <u> </u>

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

Home  
Value N/A

Other real estate  
Value N/A

Motor Vehicle #1  
Year, make & model 2012, VW  
Value \$12,000.00

Motor Vehicle #2  
Year, make & model N/A  
Value N/A

Other assets  
Description N/A  
Value 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
<u>MR. EMAS</u>	\$ <u>IN MILLIONS</u>	\$ _____
<u>BAGANIZI</u>	\$ <u>Half of his</u>	\$ _____
_____	\$ <u>income from</u>	\$ _____
_____	\$ <u>January, 2008</u>	\$ _____
_____	\$ <u>to today's date.</u>	_____

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
<u>BAGANIZI, E. JR.</u>	<u>SON</u>	<u>20 (STUDENT)</u>
_____	_____	_____
_____	_____	_____

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.

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

Are real estate taxes included?  Yes  No

Is property insurance included?  Yes  No

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

You Dependent Your spouse  
on my 2 sons, due to back &  
neck injuries, inflicted by my  
\$ 3,050.00 \$ N/A BAGANIZI

\$ 1,200.00 \$ N/A

Home maintenance (repairs and upkeep)

\$ 100.00 \$ N/A

Food

\$ 600.00 \$ N/A

Clothing

\$ 100.00 \$ N/A

Laundry and dry-cleaning

\$ 100.00 \$ N/A

Medical and dental expenses

\$ 0 \$ N/A

(\$)  
Per

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 400.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 100.00	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 50.00	\$ N/A
Life	\$ 0.00	\$ N/A
Health	\$ 0.00	\$ N/A
Motor Vehicle	\$ 70.00	\$ N/A
Other: _____	\$ 100.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ N/A
Installment payments		
Motor Vehicle	\$ 0	\$ N/A
Credit card(s)	\$ Deferred	\$ N/A
Department store(s)	\$ Deferred	\$ N/A
Other: <u>Students loans</u>	\$ 200,000.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): _____	\$ 200.00	\$ N/A
<b>Total monthly expenses:</b>	<b>\$ 6,070.00</b>	<b>\$ N/A</b>

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? \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

I have to hire an Attorney and experts for forensic  
signature to finish this case of Mr. Enias Bagamizi  
injustices, in SAN BERNARDINO COUNTY COURT.

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? \_\_\_\_\_

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.

Unemployed due to injuries back and neck nerves, sustained  
with Mr. Enias Bagamizi marriage from December 29/2002  
to December 22, 2007.

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

Executed on: May 7, 2024

Beatrice Uwamanya  
(Signature)

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Bernardino

On May 7, 2024 before me, Edna A. Malberg, Notary Public

DATE

NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Beatrice Marie Uwamariya

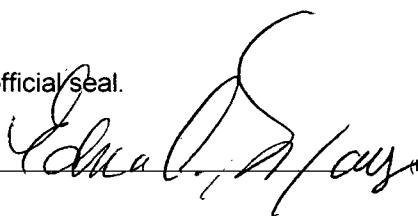
NAME(S) OF SIGNER(S)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

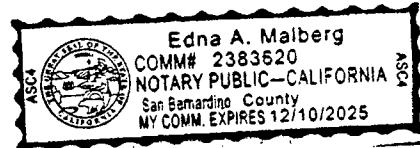
WITNESS my hand and official seal.

Edna A. Malberg



(NOTARY SEAL)

SIGNATURE OF NOTARY PUBLIC



## OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

### CAPACITY CLAIMED BY SIGNER

### DESCRIPTION OF ATTACHED DOCUMENT

INDIVIDUAL  
 CORPORATE OFFICER

Motion with Leave to Proceed

TITLE OR TYPE OF DOCUMENT

TITLE(S)

PARTNER(S)  LIMITED  
  GENERAL  
 ATTORNEY-IN-FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER

94

NUMBER OF PAGES

May 7, 2024

DATE OF DOCUMENT

### SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

SIGNER(S) OTHER THAN NAMED ABOVE