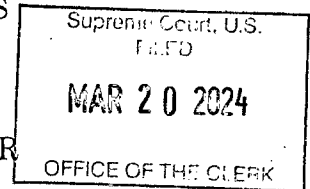


No. 23-7494

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

Soleiman Mobarak — PETITIONER  
(Your Name)



VS.

Jeffrey M. Brown — 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 Ohio  
Franklin County Court of Appeals

☐ 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]  
(Signature)

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

I, Soleiman Mobarak, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>Prison "State Pay"</u>	\$ <u>12.00</u>	\$ <u>0</u>	\$ <u>12.00</u>	\$ <u>0</u>
<b>Total monthly income:</b>	\$ <u>12.00</u>	\$ <u>0</u>	\$ <u>12.00</u>	\$ <u>0</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
Prison	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
NONE	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

4. How much cash do you and your spouse have? \$ \_\_\_\_\_  
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	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0

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 N/A  
Value 0

☐ Motor Vehicle #2  
Year, make & model N/A  
Value 0

☐ Other assets  
Description N/A  
Value 0

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>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>

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

Name	Relationship	Age
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</u>
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)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>Copies &amp; Commissary items / mail</u>	\$ <u>12.00</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly expenses:</b>	\$ <u>12.00</u>	\$ <u>0</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? N/A

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? 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.

ASA PRISONER, I CANNOT OBTAIN EMPLOYMENT; AND OWE OVER \$75,000 COURT COSTS  
(N/A MEANS "NOT APPLICABLE")

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

Executed on: 4-11, 2024

[Signature]  
(Signature)

## CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 24.91 on account to his/her credit at (name of institution) Noble Correctional Inst.. I further certify that during the past six months the applicant's average monthly balance was \$ 1.61 and the applicant's average monthly deposits were \$ 15.34. I have attached a certified copy of the applicant's prison trust fund account statement showing at least the past six months' transactions.

I further certify that the applicant does/does not have a secondary savings account(s) such as a certificate of deposit or savings bond. The secondary account(s) balance is \$ —.

4-15-24  
DATE

*Richard B. Bland* BA1  
SIGNATURE OF AUTHORIZED OFFICER

04/15/2024

## Noble Correctional Institution

## Inmate Demand Statement

Inmate Name: MOBARAK, SOLEIMAN

Number: A706934

Lock Location: NCI,B2,E,,,19

Date Range: 10/15/2023 Through

04/16/2024

Beginning Account Balances:

Ending Account Balances:

	Saving	Debt	Payable		Saving	Debt	Payable
Court Costs	\$0.00	(\$76,831.55)	\$0.00	Court Costs	\$0.00	(\$76,831.51)	\$0.00
AR5120 - Exe	\$1.51	\$0.00	\$0.00	AR5120 - Exemptio	\$9.91	\$0.00	\$0.00
Pos Exemption	\$1.10	\$0.00	\$0.00	Pos Exemption	\$15.00	\$0.00	\$0.00
Stimulus Chec	\$2.99	\$0.00	\$0.00	Stimulus Check Ex	\$0.00	\$0.00	\$0.00
<b>Begin Totals</b>	<b>\$5.60</b>	<b>(\$76,831.55)</b>	<b>\$0.00</b>	<b>End Totals</b>	<b>\$24.91</b>	<b>(\$76,831.51)</b>	<b>\$0.00</b>

Transaction Date / Inst.	Transaction Amount	Description	Comment	Saving Balance	Debt Balance	Payable Balance
11/01/2023		\$13.90 Reservation to Pos Exemption	OdrC Pos Exemption	\$5.60	(\$76,831.55)	\$0.00
NCI						
11/01/2023		\$8.49 Reservation to AR5120 - Exemption	AR5120 Additional Exemption	\$5.60	(\$76,831.55)	\$0.00
NCI						
11/03/2023	\$12.00	State Pay	State Pay	\$17.60	(\$76,831.55)	\$0.00
NCI						
11/13/2023	(\$5.50)	Commissary Sale	Ticket Number 898894	\$12.10	(\$76,831.55)	\$0.00
NCI						
12/01/2023		\$7.40 Reservation to Pos Exemption	OdrC Pos Exemption	\$12.10	(\$76,831.55)	\$0.00
NCI						
12/01/2023		\$8.49 Reservation to AR5120 - Exemption	AR5120 Additional Exemption	\$12.10	(\$76,831.55)	\$0.00
NCI						
12/11/2023	\$12.00	State Pay	State Pay	\$24.10	(\$76,831.55)	\$0.00
NCI						
12/19/2023	(\$12.65)	Commissary Sale	Ticket Number 905521	\$11.45	(\$76,831.55)	\$0.00
NCI						
01/01/2024		\$12.65 Reservation to Pos Exemption	OdrC Pos Exemption	\$11.45	(\$76,831.55)	\$0.00
NCI						
01/01/2024		\$3.89 Reservation to AR5120 - Exemption	AR5120 Additional Exemption	\$11.45	(\$76,831.55)	\$0.00
NCI						
01/02/2024	(\$2.00)	Copy Charges		\$9.45	(\$76,831.55)	\$0.00
NCI						



01/05/2024	\$12.00 State Pay	State Pay	\$21.45 (\$76,831.55	\$0.00
NCI				
01/09/2024	(\$5.00) Withdrawal to United State District Court		\$16.45 (\$76,831.55	\$0.00
NCI				
01/10/2024	(\$8.80) Commissary Sale	Ticket Number 908301	\$7.65 (\$76,831.55	\$0.00
NCI				
01/10/2024	(\$3.03) Copy Charges		\$4.62 (\$76,831.55	\$0.00
NCI				
01/10/2024	\$3.03 Reversed Copy Charges	Reversed Task No. 90881202	\$7.65 (\$76,831.55	\$0.00
NCI				
01/10/2024	(\$3.03) Postage Charges (USPS)		\$4.62 (\$76,831.55	\$0.00
NCI				
01/31/2024	(\$2.99) Stimulus Check Exemption		\$1.63 (\$76,831.55	\$0.00
NCI				
01/31/2024	\$2.99 Pos Exemption		\$4.62 (\$76,831.55	\$0.00
NCI				
01/31/2024	(\$0.46) AR5120 - Exemption		\$4.16 (\$76,831.55	\$0.00
NCI				
01/31/2024	\$0.46 Pos Exemption		\$4.62 (\$76,831.55	\$0.00
NCI				
01/31/2024	(\$4.00) Copy Charges		\$0.62 (\$76,831.55	\$0.00
NCI				
02/01/2024	\$15.00 Reservation to Pos Exemption	Odr Pos Exemption	\$0.62 (\$76,831.55	\$0.00
NCI				
02/01/2024	\$9.38 Reservation to AR5120 - Exemption	AR5120 Additional Exemption	\$0.62 (\$76,831.55	\$0.00
NCI				
02/09/2024	\$12.00 State Pay	State Pay	\$12.62 (\$76,831.55	\$0.00
NCI				
02/20/2024	(\$5.00) Copy Charges		\$7.62 (\$76,831.55	\$0.00
NCI				
02/22/2024	(\$2.59) Postage Charges (USPS)		\$5.03 (\$76,831.55	\$0.00
NCI				
03/01/2024	\$10.59 Reservation to Pos Exemption	Odr Pos Exemption	\$5.03 (\$76,831.55	\$0.00
NCI				
03/01/2024	\$9.38 Reservation to AR5120 - Exemption	AR5120 Additional Exemption	\$5.03 (\$76,831.55	\$0.00
NCI				

03/11/2024	\$12.00 State Pay	State Pay	\$17.03 (\$76,831.55	\$0.00
NCI				
03/18/2024	\$8.01 OffConnect Kiosk Deposit	21891479189285/Mobarak, Jihad	\$25.00 (\$76,831.51	\$0.04
NCI				
03/20/2024	(\$10.10) Postage Charges (USPS)		\$14.90 (\$76,831.51	\$0.04
NCI				
03/21/2024	(\$8.00) Copy Charges		\$6.90 (\$76,831.51	\$0.04
NCI				
03/25/2024	(\$2.00) AR5120 - Exemption		\$4.90 (\$76,831.51	\$0.04
NCI				
03/25/2024	\$2.00 Pos Exemption		\$6.90 (\$76,831.51	\$0.04
NCI				
03/25/2024	(\$6.00) Copy Charges		\$0.90 (\$76,831.51	\$0.04
NCI				
04/01/2024	\$14.10 Reservation to Pos Exemption	OdrC Pos Exemption	\$0.90 (\$76,831.51	\$0.04
NCI				
04/01/2024	\$10.00 Reservation to AR5120 - Exemption	AR5120 Additional Exemption	\$0.90 (\$76,831.51	\$0.04
NCI				
04/04/2024	\$12.01 OffConnect Kiosk Deposit	21914624328356/Mobarak, Jihad	\$12.91 (\$76,831.51	\$0.04
NCI				
04/05/2024	\$12.00 State Pay	State Pay	\$24.91 (\$76,831.51	\$0.04
NCI				
04/08/2024	(\$0.04) Payment to FRANKLIN CO. CLERK OF COURTS	Court Cost	\$24.91 (\$76,831.51	\$0.00
NCI				

Outstanding Debts:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
01/05/2015	Court Costs	12CR5582	FRANKLIN CO. CLERK OF COURTS		(\$78,053.00)	\$1,221.49	(\$76,831.51)
<b>Total Outstanding Case Balances</b>					<b>(\$76,831.51)</b>		

Outstanding Holds:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
<b>Total Outstanding Case Holds</b>					<b>\$0.00</b>		

Outstanding Investments / EPC:

Investment Type	Investment Type Description	Invest Company	Company Description	Balance
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