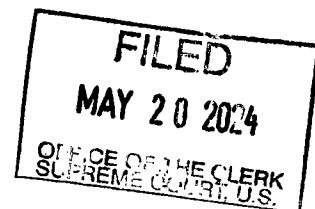


No. 23-7555

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



RICKEY LYNCH — 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):

EASTERN DISTRICT COURT NEW YORK

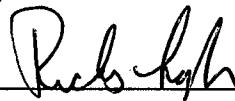
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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)

ORIGINAL

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

I, RICKY LYNCH, 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>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>
Self-employment	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>
Income from real property (such as rental income)	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Interest and dividends	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>
Gifts	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>
Alimony	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>
Child Support	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>
Disability (such as social security, insurance payments)	\$ <u>9,708</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>
Unemployment payments	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>
Public-assistance (such as welfare)	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>
Other (specify): <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
<i>*Please See Attached SSI Document, *</i>				
Total monthly income:	\$ <u>9,708</u>	\$ <u>00.</u>	\$ <u>00.</u>	\$ <u>00.</u>

** Disability Hemodialysis Patient **

** Please See Document Attached. **

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
Bright Lights Cleaning Inc	132 W Merrick Road, NO 562 Freeport NY 11520	2/16/14 4/21/14	\$ 540-Weekly \$ 00. Job ended.

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 720.64

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
None	\$ 00	\$ 00

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 _____

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
00.	\$ 00.	\$ 00.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
Helena Lynch	Sister	53
Sheila Lynch	Sister	55
Jeffrey Watkins	Cousin	59

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)	\$ 650 Monthly	\$ 00.
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 78.34	\$ 00.
Home maintenance (repairs and upkeep)	\$ 00.	\$ 00.
Food	\$ 256.00	\$ 00
Clothing	\$ 103.63	\$ 00.
Laundry and dry-cleaning	\$ 86.00	\$ 00
Medical and dental expenses	\$ 63.51	\$ 00.

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 23.74	\$ 00.
Recreation, entertainment, newspapers, magazines, etc.	\$ 00.	\$ 00.
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ None	\$ None
Life	\$ 15.00	\$ None
Health	\$ 00.	\$ 00.
Motor Vehicle	\$ None	\$ None
Other: <u>None</u>	\$ 00.	\$ 00.
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ none	\$ none
Installment payments		
Motor Vehicle	\$ None	\$ None
Credit card(s)	\$ 00.	\$ 00.
Department store(s)	\$ None	\$ None
Other: <u>None</u>	\$ None	\$ None
Alimony, maintenance, and support paid to others	\$ 00.	\$ 00.
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 00.	\$ 00.
None		
Other (specify): <u> </u>	\$ 00.	\$ 00.
Total monthly expenses:	\$ 1,275.59	\$ 00.

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.

Due to my incarceration, SSI cut me off and there is no further income.

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:

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.

I'm totally disabled.

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

Executed on: May 17, 2024



(Signature)