

23-7576 ORIGINAL  
No. \_\_\_\_\_

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In the  
**Supreme Court of the United States**

SOLOMON A. JONES,

*Petitioner,*

v.

FILED  
MAY 21 2024

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

GEORGIA DEPT. OF LABOR et al.,

*Respondents.*

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*On Petition for Writ of Certiorari:*

Supreme Court of Georgia  
Case No. S24A0600

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**MOTION FOR LEAVE TO  
PROCEED *IN FORMA PAUPERIS***

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Solomon A. Jones  
Pro Se  
P.O. Box 1764  
Jonesboro, GA 30236  
Phone: (229) 234-9383  
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May 27, 2024

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**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

The Petitioner, Solomon A. Jones, moves this court for leave to file the attached *Petition for Writ of Certiorari* to proceed *in forma pauperis*, pursuant to 28 U.S.C. § 1915. The Petitioner is unable to pay the costs of the proceedings or give security. It is the Petitioner's belief that he is entitled to the relief requested in the original *Complaint* for the above-styled case, and therefore, requests this court to grant this *Motion for Leave to Proceed in forma pauperis*. In support of this motion, the Petitioner is submitting an *Application to Proceed in the U.S. Supreme Court without Prepaying Fees or Costs* (form AO 239). The Petitioner's *Affidavit* is included in the *Application* and as a separate document in support of this motion. The Petitioner has previously been granted leave to proceed *in forma pauperis* for the above-styled case in the following court(s):

**Fulton County State Court of Georgia** (November 16, 2022)

**Fulton County Superior Court of Georgia** (March 10, 2023)  
{transferred from State Court}

**Court of Appeals of the State of Georgia** (March 28, 2023 and April 1, 2024)  
{Proceeded pursuant to O.C.G.A. § 34-8-251 – Fees for Claiming Benefits Prohibited}

**Supreme Court of Georgia** (April 10, 2023 and January 29, 2024)  
{Proceeded pursuant to O.C.G.A. § 34-8-251 – Fees for Claiming Benefits Prohibited}

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The Petitioner was granted leave to proceed *in forma pauperis* in unrelated cases in the following court(s):

**Gwinnett County State of Georgia** (September 21, 2021)

**Court of Appeals of the State of Georgia** (December 1, 2022)

**U.S. District Court for the Central District of Illinois** (November 21, 2023)

**U.S. District Court for the District of New Jersey** (November 30, 2023)

**U.S. Court of Appeals for the Seventh Circuit** (January 30, 2024)  
{Motion to Proceed In Forma Pauperis was filed without court action}

Solomon A. Jones  
(Sign your name)

Solomon A. Jones  
(Print your name)

P. O. Box 1764  
(Your Address)

Jonesboro, GA 30236  
(Your Address)

(229)234-9383  
(Your Telephone Number)

solomonjones2004@yahoo.com  
(Your e-mail address)

## UNITED STATES SUPREME COURT

**SOLOMON A. JONES,**

Petitioner,

v.

**GEORGIA DEPARTMENT OF LABOR, ET AL.**

Respondent.

 )  
 )  
 ) CIVIL ACTION  
 ) NO.  
 )  
 )  
 )  
 )

**APPLICATION TO PROCEED IN U.S. SUPREME COURT WITHOUT PREPAYING FEES OR COSTS**  
**(Long Form)**
**Affidavit in Support of the Application**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: Solomon A. Jones**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: May 27, 2024

- 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 income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
Self-employment	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
Income from real property (such as rental income)	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
Interest and dividends	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
Gifts	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
Alimony	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
Child support	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
Disability (such as social security, insurance payments)	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
Unemployment payments	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
Public-assistance (such as welfare)	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
Other (specify):	\$0	\$ not applicable (N/A)	\$0	\$ not applicable (N/A)
<b>Total monthly income:</b>	<b>\$ 0.00</b>	<b>\$ (N/A)0.00</b>	<b>\$ 0.00</b>	<b>\$ (N/A)0.00</b>

2. List your 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
not applicable (N/A)	not applicable (N/A)	not applicable (N/A)	\$ none
			\$

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
not applicable (N/A)	not applicable (N/A)	not applicable (N/A)	\$ not applicable (N/A)
			\$
			\$

4. How much cash do you and your spouse have? \$0 (No Spouse)

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	not applicable (N/A)	\$0	\$ not applicable (N/A)
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

<b>Assets owned by you or your spouse</b>	
Home (Value) <b>none</b>	\$0
Other real estate (Value) <b>none</b>	\$0
Motor vehicle #1 (Value) <b>none</b>	\$0
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value) <b>none</b>	\$0
Make and year:	
Model:	
Registration #:	
Other assets (Value) <b>none</b>	\$0
Other assets (Value) <b>none</b>	\$0

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

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
none	\$0	\$ not applicable (N/A)
	\$	\$
	\$	\$

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

<b>Name (or, if under 18, initials only)</b>	<b>Relationship</b>	<b>Age</b>
none	not applicable (N/A)	not applicable (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, semiannually, or annually to show the monthly rate.

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment ( <i>including lot rented for mobile home</i> ) Are real estate taxes included? ' Yes ' <b>No</b> Is property insurance included? ' Yes ' <b>No</b>	\$0	\$not applicable (N/A)
Utilities ( <i>electricity, heating fuel, water, sewer, and telephone</i> )	\$0	\$not applicable (N/A)
Home maintenance ( <i>repairs and upkeep</i> )	\$0	\$not applicable (N/A)
Food	\$0	\$not applicable (N/A)
Clothing	\$0	\$not applicable (N/A)
Laundry and dry-cleaning	\$0	\$not applicable (N/A)
Medical and dental expenses	\$0	\$not applicable (N/A)
Transportation ( <i>not including motor vehicle payments</i> )	\$0	\$not applicable (N/A)
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$not applicable (N/A)
Insurance ( <i>not deducted from wages or included in mortgage payments</i> ) Homeowner's or renter's: Life: Health: Motor vehicle: Other:	\$0 \$0 \$0 \$0 \$0	\$not applicable (N/A) \$not applicable (N/A) \$not applicable (N/A) \$not applicable (N/A) \$not applicable (N/A)
Taxes ( <i>not deducted from wages or included in mortgage payments</i> ) (specify):	\$0	\$not applicable (N/A)
Installment payments Motor vehicle: Credit card ( <i>name</i> ): Department store ( <i>name</i> ): Other:	\$0 \$0 \$0 \$0 \$0	\$not applicable (N/A) \$not applicable (N/A) \$not applicable (N/A) \$not applicable (N/A) \$not applicable (N/A)
Alimony, maintenance, and support paid to others	\$0	\$not applicable (N/A)

## AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regular expenses for operation of business, profession, or farm ( <i>attach detailed statement</i> )	\$0	\$	not applicable (N/A)
Other ( <i>specify</i> ):	\$0	\$	not applicable (N/A)
<b>Total monthly expenses:</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>not applicable (N/A) 0.00</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 spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ’ Yes ’ **No** \_\_\_\_\_

If yes, how much? \$ **not applicable (N/A)**

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.  
**none**

12. Identify the city and state of your legal residence.      **Georgia**

Your daytime phone number:      (229)234-9383

Your age: **41**      Your years of schooling: **3.5 Yrs in a doctoral program for a Ph.D. in Computer Science,  
M.S. Computer Science,  
B.S. Computer Science.**

**Print**

**Save As...**

**Add Attachment**

**Reset**

**AFFIDAVIT**

**Support of Application to Proceed in the U.S. Supreme Court without  
Prepaying Fees or Costs (form AO 239)**

**Date:** May 27, 2024 (POST - DATED)

My legal name is Solomon A. Jones ("Affiant") and I acknowledge I am:

**Age:** 41

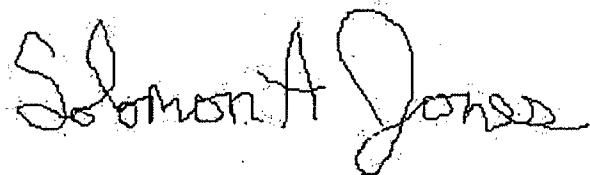
**Address:** P.O. Box 1764, Jonesboro, GA, 30236

**Residency:** Georgia

**Being duly sworn, hereby swear under oath that:** I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

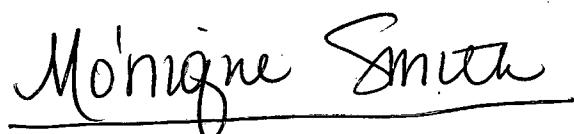
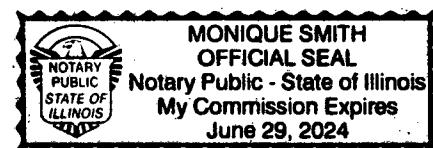
**Under penalty of perjury, I hereby declare and affirm that the above-mentioned statement is to the best of my knowledge, true and correct.**

**Affiant's Signature:**



**Date:**

May 27, 2024 (POST - DATED)

  
NOTARY

X Signed before me on this 20<sup>th</sup> day of May 2024.