

No. 24-842

2:24 CV 00018 TLW-KIN

IN THE

SUPREME COURT OF THE UNITED STATES
WASHINGTON D.C. 20543

GREGORY S. VAN HUISEN — 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):

UNITED STATES COURT EASTERN DISTRICT OF CALIFORNIA,
9TH CIRCUIT COURT OF APPEALS S.F. CA 94119

☐ 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)

RECEIVED

MAY 24 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, GRIGORY S. VAN HUISEN, 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	\$ 0.00	\$	\$	\$
Self-employment	\$ 0.00	\$	\$	\$
Income from real property (such as rental income)	\$ 0.00	\$	\$	\$
Interest and dividends	\$ 0.00	\$	\$	\$
Gifts (SABOTAGE IN AFRICA)	\$ 220.00	\$	\$	\$
Alimony	\$ 0.00	\$	\$	\$
Child Support	\$ 0.00	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 0.00	\$	\$	\$
Unemployment payments	\$ 0.00	\$	\$	\$
Public-assistance (such as welfare)	\$ 0.00	\$	\$	\$
Other (specify): <u>N/A</u>	\$ 0.00	\$	\$	\$
Total monthly income:	\$ 14.00	\$	\$	\$

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>(UNEMPLOYED)</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0.00</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>			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0.00
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>N/A</u>	\$ <u>0.00</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 N/A
Value N/A

☐ 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

N/A

\$ 0.00

\$ 0.00

N/A

\$ 0.00

\$ 0.00

N/A

\$ 0.00

\$ 0.00

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

N/A

N/A

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, or annually to show the monthly rate.

You

Your spouse

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

\$ N/A

\$ _____

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$ N/A 0.00 \$ _____

Home maintenance (repairs and upkeep)

\$ N/A 0.00 \$ _____

Food

\$ 100.00 \$ _____

Clothing

\$ 100.00 \$ _____

Laundry and dry-cleaning

\$ 50.00 \$ _____

Medical and dental expenses

\$ 0.00 \$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0.00</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0.00</u>	\$ _____
Life	\$ <u>0.00</u>	\$ _____
Health	\$ <u>0.00</u>	\$ _____
Motor Vehicle	\$ <u>0.00</u>	\$ _____
Other: <u>Restoration 50% 9mi</u>	\$ <u>Calculating</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0.00</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ _____
Credit card(s)	\$ <u>0.00</u>	\$ _____
Department store(s)	\$ <u>0.00</u>	\$ _____
Other: <u>N/A</u>	\$ <u>0.00</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ _____
Other (specify): <u>N/A</u>	\$ <u>0.00</u>	\$ _____
Total monthly expenses:	\$ <u>750.00</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:

N/A

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:

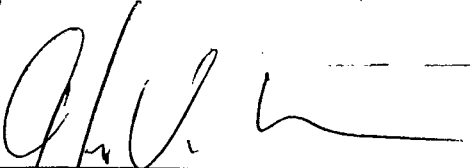
N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I Am indigent And my Total Monthly Income is \$0.00 And
My Total Assets ARE \$0.00. ENTRAPMENT (INFANTRY DEGRADATION)
COMMUNICATION.

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

Executed on: 4-19, 202024


(Signature)

U.S. Supreme Court
Supreme Court Building
1 First Street
Washington D.C. 20543

Van Huisen Vs USA, ETAL
Case Number: 24-842
2:24CV00018TWLSEN

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of GREGORY S Van Huisen for the last six months at [prisoner name]

MULE CREEK STATE PRISON where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0

Dated: 4/24/2024

[Signature]
Authorized officer of the institution

Date\Time: 4/24/2024 9:22:08 AM

CDCR

Verified: _____

Institution: MCSP

Inmate Statement Report

2024 CU00018 TCN-
KSN

Start Date: 10/24/2023

Revalidation Cycle: All

End Date: 4/24/2024

Housing Unit: All

Inmate/Group#: AS8561

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~~CONFIDENTIAL~~
COPY OF THE TRUST ACCOUNT STATEMENT
BY THIS OFFICE.
DATE: 4-24-2024
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY S. Daniel
EUREKA

Institution: MCSP

Inmate Statement Report

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CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
AS8561	VANHUISEN, GREGORY	MCSP	A 005 2	249001

Current Available Balance: \$0.00

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
No information was found for the given criteria.						

Encumbrance List

Encumbrance Type	Transaction Date	Amount
No information was found for the given criteria.		

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
COPY CHARGES	COPIES	\$1.50	\$0.00	\$1.50
FEDERAL FILING FEE	2:23-CV-01116-KJN	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:23-CV-00944-DJC-EF	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:23-CV-01596DJC-KJN	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:23-CV-00975DJC-EFB	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:23-CV-01339-CKD	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:23-CV-01758WBS-KJN	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:23-CV-01869KJM-CKD	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:23CV-01925-DAD-EFB	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:24-CV-00018-KJN	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:24-CV-00246DAD-KJN	\$350.00	\$0.00	\$350.00
FEDERAL FILING FEE	2:23-CV-02448-DJC-DB	\$350.00	\$0.00	\$350.00

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
RESTITUTION FINE	H50216	Active	\$8,100.00	\$0.00	\$0.00	\$6,871.16
RESTITUTION FINE	H50217	Active	\$300.00	\$0.00	\$0.00	\$300.00



WITNESSETH THAT A TRUE
 COPY OF THE TRUST ACCOUNT STATEMENT
 BY THIS OFFICE
 ATTEST: 4-24-2024
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 D. Davis