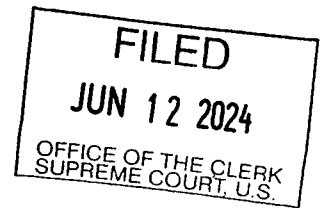


23 - 7757
No.



IN THE
Supreme Court of the United States

REVEREND DR. SAMUEL T WHATLEY,
SAMUEL T. WHATLEY, II,
PACITA D. WHATLEY,

PETITIONERS,

V.

OAKBROOK HEALTH AND REHABILITATION CENTER,
RESPONDENT.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

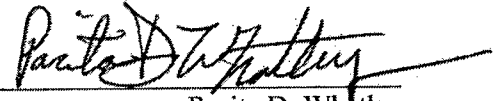
The petitioners ask for leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed in *forma pauperis*, and have previously been granted leave in the following courts: *Whatley et al. v. Oakbrook Health and Rehabilitation Center, Charleston, SC*, No. 24-1006 (4th Cir. Mar. 2024), and *Whatley et al. v. Oakbrook Health and Rehabilitation Center, Charleston, SC*, Civil Action 2:22-cv-02274 (D.S.C. Dec. 13, 2023). Petitioners' affidavit or declaration in support of this motion is attached.

A handwritten signature in black ink, appearing to read "Samuel T. Whatley".

Reverend Dr. Samuel T. Whatley
HD Div, ABD Ph.D. CS, DM, and Ph.D. Law and Policy Student
Petitioner

A handwritten signature in black ink, appearing to read "Samuel T. Whatley, II".

Samuel T. Whatley, II
ABD Ph.D. Criminal Justice-Lead.
(Doctoral Candidate at Liberty University)
Petitioner



Pacita D. Whatley
Retired Federal Investigator
Petitioner

*Friends of the Court and Biblically Founding
Scholar and Historically Related to Family of the American Revolution*

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

I, REV. DR. SAMUEL WHATLEY, 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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment <i>estimated</i>	\$ <u>650 -</u>	\$ <u>N/A</u>	\$ <u>650 -</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>650 -</u> <i>estimate</i>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</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
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
N/A	N/A	N/A	\$ 0
			\$
			\$

4. How much cash do you and your spouse have? \$ 0
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
checking	\$ 150	\$ N/A
savings	\$ 100	\$ N/A
	\$	\$

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

☒ Home Value estimated \$250,000? ☐ Other real estate Value _____

Lots of Repairs

☒ Motor Vehicle #1
Year, make & model 2011 Honda Civic
Value \$7000 estimated
Lots of Repairs Needed

☒ Motor Vehicle #2
Year, make & model 1994 Cadillac Fleetwood
Value \$1000 estimated
Lots of Repairs Needed

☒ Other assets
Description Unconstitutionally ordered by Richland Family Court 30 January 2023, forced to sell marital home, paying illegal sanction cost \$1500, outrageous attorney fees \$5000 - Racketeering property agent fees over \$2000, and almost \$44,000 to other closing attorneys that were friends of the family court judge, ex spouse, had to repay disabled mother's debt, hospital cost, travel court cost and many repairs - still on going
Value \$162,000

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	\$ 0
	\$	\$
	\$	\$

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)	\$ 0	\$ N/A
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)	estimated \$ 450 -	\$ N/A
Home maintenance (repairs and upkeep)	depends \$ 50 -	\$ N/A
Food	ongoing \$ 350 -	\$ N/A
Clothing	\$ 50 -	\$ N/A
Laundry and dry-cleaning	\$ 50 -	\$ N/A
Medical and dental expenses	\$ 50 -	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 145	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 73	\$ N/A
Other:	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <i>may have depends?</i>	\$ 0	\$ N/A
<i>large amount unknown at this time</i>		
Installment payments		
Motor Vehicle	\$ 0	\$ N/A
Credit card(s) <i>depends</i>	\$ 200-	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other:	\$ 0	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or firm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): <i>depends</i>	\$ 0	\$ N/A
Total monthly expenses: <i>estimated changes monthly</i>	\$ 1218-	\$ N/A

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:

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.

Student, unemployed, as self-employed as caregiver to seriously ill, death-disabled mother. Did apply as a major candidate, but unknown of outcome.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 1 November, 2023

and
10 January 2024


(Signature)

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

I, SAVEL WHITLEY II, 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>400.00</u>	\$ <u>NIA</u>	\$ <u>400.00</u>	\$ <u>NIA</u>
Self-employment	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Interest and dividends	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Gifts	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Alimony	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Child Support	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Unemployment payments	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Other (specify): _____	\$ <u></u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Total monthly income:	\$ <u>400.00</u>	\$ <u></u>	\$ <u>400.00</u>	\$ <u></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
SC1 SUMMIT LLC	6800 GULFPORT BLVD S SUITE 201-239 SOUTH PASADENA FL 33707	03/2024 - PRESENT	\$ 400.00 > 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
N/A	N/A	N/A	\$ N/A
			\$
			\$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
CHECKING	\$ 1500.00	\$ N/A
SAVINGS - student loan - mostly student loan debt Refund -	\$ 5500.00	\$
	\$	\$

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

☐ Home
Value _____

☐ Other real estate
Value _____

☐ Motor Vehicle #1
Year, make & model 2011, HONDA, CIVIC
Value ~~13,000~~ 82
\$ 3000 - many repairs
300K miles -

☐ Motor Vehicle #2
Year, make & model 1986, FORD, MUSTANG
Value ~~13,000~~ 82
\$ 270 many repairs
35K miles
NOT Running yet

☐ Other assets
Description _____
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
N/A	\$ N/A	\$ N/A
	\$	\$
	\$	\$

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	\$ N/A
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)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$

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

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:

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

Executed on: JUNE, 2024

Jane W. H. H.

(Signature)

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

I, PACITA D. WHATLEY, 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.

- 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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment <i>teacher</i>	\$ <u>1000</u>	\$ <u>N/A</u>	\$ <u>1000??</u>	\$ <u>N/A</u>
<i>depend on AS is</i>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>3266</u>	\$ <u>N/A</u>	\$ <u>3266</u>	\$ <u>N/A</u>
<i>estimate disabled</i>	\$ <u>??</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify):	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<i>lots of expenses (6200) maybe</i>	\$ <u>4266</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>4266</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

estimated and not always - disabled - AS-is - need teaching or like - bankruptcy - ?

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
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
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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Checking estimate	\$ 120	\$ N/A
Savings depends	\$ 100	\$
much cash and expenses	\$	\$
two dependants		

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

<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Other real estate
Value \$ 224,000 estimate	Value _____
lots of repairs, termite damage	
Leaking Roof, handicap Ramp	
<input type="checkbox"/> Motor Vehicle #1	<input type="checkbox"/> Motor Vehicle #2
Year, make & model _____	Year, make & model _____
Value _____	Value _____
lots of contested debt that seems to be fraud by	
creators that violate state law (Wells Fargo, et al)	
<input type="checkbox"/> Other assets	
Description _____	
Value _____	lots of expenses

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>N/A</u>	\$ <u>0</u>	\$ <u>0</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>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>1200-</u>	\$ <u>N/A</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	<i>estimate</i> \$ <u>9352</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>225-</u>	\$ <u>N/A</u>
Food	\$ <u>9402</u>	\$ <u>N/A</u>
Clothing	\$ 50 <u>112</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>120-</u>	\$ <u>N/A</u>
Medical and dental expenses	<i>estimate</i> \$ <u>971-</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 150 —	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 60.20	\$ N/A
Health	\$ 176 —	\$ N/A
Motor Vehicle	\$ 309	\$ N/A
Other: additional expense estimated	\$ 154.42	\$ 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)	\$ 250 —	\$ N/A
Department store(s)	\$	\$ N/A
Other: medical debt case, supplies, hospital treatment,	\$ 345 —	\$ 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): repair maintenance cost,	\$ 829 —	\$ N/A
Vitamins, medications, diapers, et al.	\$ 683.6	\$ N/A
Total monthly expenses:	estimated (-\$636) 3	

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. ??

There will be lots of repairs on house and medical cost
Artistically stated item "12" —

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.

As stated in item "9" home needs atld of repairs,
terrible damage, medical, handicap accommodation, ramp,
hard rails, new roof, medical supplies, elderly, disabled.

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

Executed on: 24 June, 20 24


(Signature)