

No 24 - 5108

IN THE
Supreme Court of the United States

FILED
JUN 14 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

KAREN TUCKER,

Petitioner,

v.

UNITED STATES OF AMERICA,

Respondent.

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): **COURT OF APPEALS FOR THE FIFTH CIRCUIT**

NORTHERN DISTRICT COURT OF TEXAS, DALLAS

US FEDERAL CLAIMS COURT, WASHINGTON, DC

COURT OF APPEALS FOR THE THIRD CIRCUIT

NEW JERSEY DISTRICT COURT, CAMDEN

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Karen Tucker - electronic signature

Karen Tucker, Pro Se Petitioner
One Erynwood Avenue
Marlton, NJ 08053
(609) 923-9086
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AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Karen Tucker, 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	\$	\$0	\$
Self employment	\$0	\$	\$0	\$
Income from real property (such as rental income)	\$0	\$	\$0	\$
Interest and dividends	\$0	\$	\$0	\$
Gifts	\$0	\$	\$0	\$
Alimony	\$0	\$	\$0	\$
Child support	\$0	\$	\$0	\$
Pensions, annuities, insurance	\$0	\$	\$0	\$
Disability (such as social security, insurance payments)	\$0	\$	\$0	\$
Unemployment payments	\$0	\$	\$0	\$
Public-assistance (such as welfare)	\$0	\$	\$0	\$
Other (specify): SNAP	\$237.00	\$	\$237.00	\$
Total monthly income:	\$237.00	\$	\$237.00	\$

2. List your employment history for the past two years, including part-time jobs. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NA			\$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			\$
			\$
			\$

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.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A		\$0	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, 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.

Home N/A	Other real estate N/A	Motor vehicle #1 N/A
(Value) \$	(Value) \$	(Value) \$0
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
REGISTRATION #:		

amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	\$0	\$
	\$	\$
	\$	\$

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

Name (or, if under 18, initials only)	Relationship	Age
N/A		

6. 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.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$0	\$
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		

Home maintenance (repairs and upkeep)	\$0	\$
Food SNAP	\$237.00	\$
Clothing	\$0	\$
Laundry and dry-cleaning	\$0	\$
Medical and dental expenses MEDICAID	\$0	\$
Transportation (not including motor vehicle payments)	\$0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$0	\$
Life:	\$0	\$
Health:	\$0	\$
Motor vehicle:	\$0	\$
Other:	\$0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$
Installment payments		
Motor Vehicle:	\$0	\$
Credit card (name):	\$0	\$
Department store (name):	\$0	\$
Other:	\$0	\$
Alimony, maintenance, and support paid to others	\$0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$
Other (specify):	\$0	\$
Total monthly expenses:	\$237.00	\$

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.

10. Have you spent -- or will you be spending -- any money for expenses or attorney fees in connection with this lawsuit? [] Yes No

If yes, how much? \$ 0

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. I have suffered long term unemployment due to count 16 conviction I cannot get a job, NOR unemployment. I am a qualified earning MD, DPM PHD, MBA, MPH, Di PH, BA degree nor any position. I am indigent, Homeless and live from family members to friends. I have nothing but SNAP

12. State the city and state of your legal residence. For Food.

Your daytime phone number: 609 923-9086

Your age: 57 Your years of schooling: 25+

Last four digits of your social-security number: 1901

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

Executed on: May 5, 2024

Karen Tucker, Pro Se Petitioner

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On Petition for a Writ of Certiorari to the

United States Court of Appeals

for the Fifth Circuit

PETITION FOR A WRIT OF CERTIORARI


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