

24-5244

No. _____

FILED

AUG 01 2024

OFFICE OF THE CLERK
SUPREME COURT U.S.

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

JUSTIN REEDY,

Petitioner,

VS.

CALIFORNIA DEPT. OF SOCIAL SERVICES, et. al.

Respondent.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The Petitioner asks leave to file the attached application for extension of time to file petition for a writ or certiorari and the writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has been granted leave to proceed *in forma pauperis* in the following courts in past litigation:

1. United States Court of Appeals for the Ninth Circuit;
2. United States District Court for the Eastern District of California;
3. Third Appellate District Court of Appeal; and
4. The Superior Court of California, County of El Dorado.

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

Dated: July 31, 2024

Justin Reedy, Petitioner, in pro per
7295 Amherst Street
Sacramento, CA 95822
916.428.1510

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

I, Justin Reedy, 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	\$
Retirement (such as social security, 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): <u>SNAP benefits</u>	\$ \$192.00	\$	\$ \$192.00	\$
Total monthly income:	\$ \$192.00	\$	\$ \$192.00	\$

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
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
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ \$20.00
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
Checking	\$ 540.00	\$
Savings	\$20.00	\$
	\$	\$

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 1986 Yamaha Virago
Value Negative estimate \$1000 for registration

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ 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
None	\$	\$
	\$	\$
	\$	\$

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
A. M-R:	Daughter	5 years

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	\$
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)	\$ \$150.00	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$ 300.00	\$
Clothing	\$ \$20.00	\$
Laundry and dry-cleaning	\$ \$25.00	\$
Medical and dental expenses	\$ Medi-Caid	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 425.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 15.00	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$
Life	\$ 0	\$
Health	\$ 0	\$
Motor Vehicle	\$ 75.00	\$
Other: Cell phone	\$ 35.00	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	\$ 0	\$
Installment payments		
Motor Vehicle	\$ 0	\$
Credit card(s)	\$ 0	\$
Department store(s)	\$ 0	\$
Other: Student Loan Debt and Legal Fees	\$ No payments yet	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify) Education/Child's Education	\$ 100.00	\$
Total monthly expenses:	\$ 1,145.00	\$

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 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 a disabled father and was removed from work in 2019. I have been attending classes under a Dept. of Rehabilitation contract for retraining. I have multiple disabilities and was denied social services benefits because the mother is already receiving them. I'm living on borrowed funds from my family.

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

Executed on: July 31, 2024


(Signature)