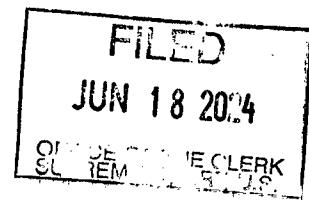


No. 24-5348

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Tierzah Mapson — PETITIONER
(Your Name)

VS.

United States — 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):

Northern District of Alabama, Federal case #: 6:19-CR-433-LSC-SGC

United States Court of Appeals for the Eleventh circuit, case #: 22-11159

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.

See Attached
for
Notarization

Tierzah Mapson
(Signature)

CALIFORNIA JURAT WITH AFFIANT STATEMENT**GOVERNMENT CODE § 8202**

See Attached Document (Notary to cross out lines 1-6 below)
 See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

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[Handwritten signatures for Document Signer No. 1 and Document Signer No. 2 (if any) are written over the lines 1-6.]

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Contra Costa

Subscribed and sworn to (or affirmed) before me

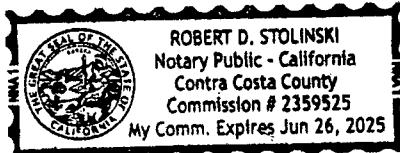
on this 17 day of June, 2024,
 by Date Month Year

(1) Tierzah Mapson

(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature *Robert D. Stolinski*
 Signature of Notary Public



Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or
 fraudulent reattachment of this form to an unintended document.

Description of Attached Document

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Number of Pages: _____ Signer(s) Other Than Named Above: _____

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

I, Tierzah Mapson, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>674.39</u>	\$ _____	\$ <u>550</u>	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): <u>Calfresh</u>	\$ <u>291</u>	\$ _____	\$ <u>291</u>	\$ _____
Total monthly income:	\$ <u>965.39</u>	\$ _____	\$ <u>841</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
<u>unemployed, seeking employment and education</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>not married</u>	_____	_____	\$_____
	_____	_____	\$_____
	_____	_____	\$_____

4. How much cash do you and your spouse have? \$73.00 [it does fluctuate and sometimes 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
<u>Cash app</u>	<u>\$ 73.00</u>	<u>N/A</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 _____

Other real estate
 Value _____

Motor Vehicle #1
 Year, make & model _____
 Value _____

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

Other assets
 Description One Public Storage Unit that has shared property monthly cost about \$360
 Value \$360

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>N/A</u>	\$ <u>N/A</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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>N/A</u>	\$ <u>N/A</u>
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)	\$ <u>35</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ _____	\$ <u>N/A</u>
Food	\$ <u>375</u>	\$ <u>N/A</u>
Clothing	\$ _____	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>20</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>Medi-CAL covers</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 35 to 45	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ — N/A	\$ — N/A
Life	\$ — N/A	\$ — N/A
Health	\$ — N/A	\$ — N/A
Motor Vehicle	\$ — N/A	\$ — N/A
Other: _____	\$ — N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ — N/A	\$ — N/A
Installment payments		
Motor Vehicle	\$ — N/A	\$ — N/A
Credit card(s)	\$ — N/A	\$ — N/A
Department store(s)	\$ — N/A	\$ — N/A
Other: <u>online subscriptions</u>	\$ 7.0 to \$21.0	\$ N/A
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify): <u>Public Storage Unit</u>	\$ 360	\$ N/A
Total monthly expenses:	\$ 832	\$ 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.

I am seeking education and employment. I possibly will apply for disability due to health complications, and I want to move out soon and seeking options to change those categories.

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 unemployed and though I've been seeking employment I haven't been hired. The money I receive is from my family's generous to me, and even from that money I wouldn't be able to afford the costs of this case. I do receive Calfresh which is money card EBT for food, which obviously is not qualified to pay for this case either.

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

Executed on: June 17, 2024

Yol Mapson

(Signature)

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State of California

County of Contra Costa

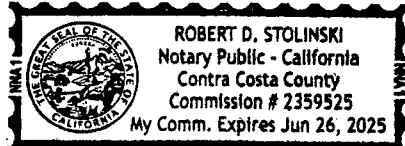
Subscribed and sworn to (or affirmed) before me

on this 17 day of June, 2024,
by _____ Date _____ Month _____ Year(1) Tierzah Mapson(and (2) _____),
Name(s) of Signer(s)proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature

Robert D. Stolinski

Signature of Notary Public



Seal
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Affidavit Affirmation Oath Declaration Regarding motion for leave to proceed in Forma Pauperis.

I Tierzah Mapson solidly affirm that the information within the document is true and correct to the best of my understanding and knowledge.

Name Printed : Tierzah Mapson

Signature : 

**See Attached
for
Notarization**

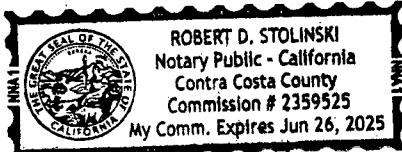
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