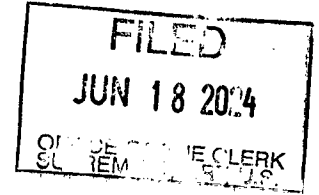


No. 24-5348

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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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

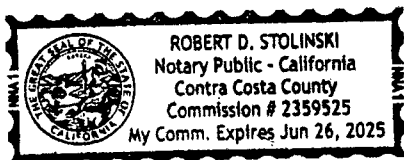
on this 17 day of June, 2024
by Date Month Year

(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

Title or Type of Document: _____ Document Date: _____

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	\$ _____	\$ _____	\$ _____	\$ <u>1</u>
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>	\$ _____

\$ Medi-CAL covers \$ N/A

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

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

L Mapson
(Signature)

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

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 5 _____
 6 _____

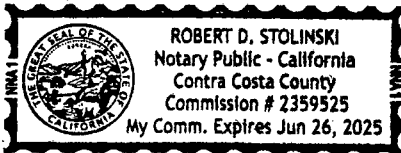
Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

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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
 Place Notary Seal Above

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

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 : Tdz Mapson

**See Attached
for
Notarization**

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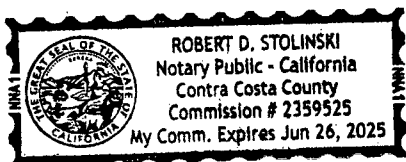
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