

24-5655

No. _____

ORIGINAL

FILED
SEP 17 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Juan M. Cruzado Laureano — PETITIONER
(Your Name)

VS.

Popular Democratic Party (PPD) — RESPONDENT(S)
and its Governing Board

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):

Because this is a Pro-Se case originating in the P.R. Electoral Law, the Petitioner has not had to cover the Court's fee at any stage.

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 _____

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9/16/2024

Mr. Luis L. Llaman
(Signature)

*The Petitioner in 2021 upon filing Certiorari 216910 before this court was a authorized the Motion for permission to proceed in Forma Pauperis.

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

I, Juan M. Cruzado Laureano, 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>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Self-employment	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Interest and dividends	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Gifts	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Child Support	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Retirement (such as <u>social security</u> pensions, annuities, insurance)	\$ <u>912.00</u>	\$ <u> </u>	\$ <u>912.00</u>	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Unemployment payments	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Other (specify): <u>Food Stamps</u>	\$ <u>239.00</u>	\$ <u> </u>	\$ <u>239.00</u>	\$ <u> </u>
Total monthly income:	\$ <u>1,151.00</u>		\$ <u>1,151.00</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
Retired	15 years ago	N/A	\$ N/A

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	\$

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
Banco Popular de P.R.	\$ _____	\$ _____
Checking Account 057-300305	\$ 385.00	\$ _____

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

Home Value 30,000.00 Other real estate Value _____

Motor Vehicle #1 Year, make & model 2007 Toyota Yaris Motor Vehicle #2 Year, make & model _____
 Value \$2,500.00 Value _____

Other assets Description Apart from the house I inherited from my late Father, I have no other assets. 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
\$ <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
<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> </u>	\$ <u> </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>250.00</u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u> </u>	\$ <u> </u>
Food	\$ <u>500.00</u>	\$ <u> </u>
Clothing	\$ <u> </u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u>60.00</u>	\$ <u> </u>
Medical and dental expenses	\$ <u>110.00</u>	\$ <u> </u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 100.00	\$ _____
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): <u>See note below</u>	\$ 136.00	\$ _____
Total monthly expenses:	\$ 1,156.00	\$ _____

***NOTE:**

Monthly IRS withholding at the source of Social Security Pension to cover economic restitution in criminal case # 01-690 of June 7, 2002.

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? N/A

If yes, state the attorney's name, address, and telephone number:

N/A

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:

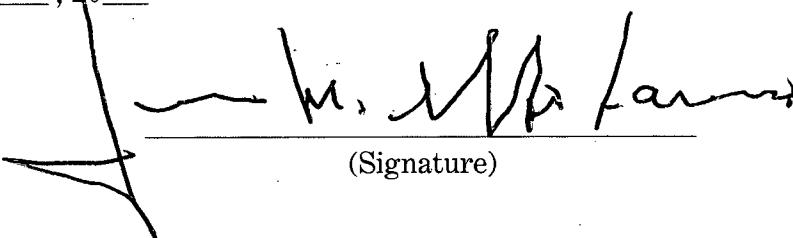
N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

My condition of extreme economic indigence prevents me from being able to cover any of the costs of this appeal before the Supreme Court

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

Executed on: September 13, 2024


(Signature)



PLEASE RETAIN FOR YOUR RECORDS

09/11/24

200557376

JUAN M
PO BOX 405
VEGA ALTA, PR 00692-0405

016341-1-1

00019029

What Happened to My Payment?

The U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service), applied all or part of your payment to delinquent debt that you owe. This action is authorized by federal law. Below is your payment information:

Payment From: Social Security Administration

Payee Name: JUAN M

Original Payment Amount: \$912.00

Payee TIN (Last Four): 1926

Beneficiary TIN (Last Four): 1926

Payment Date: 09/11/24

Payment Type: EFT

Claim Account Number: 583261926 A

Who Do I Owe?

We applied your payment to debt that you owe to the following agency:

U.S. ATTORNEY PUERTO RICO
ATTN: FINANCIAL LITIGATION UNIT
350 CARLOS CHARDON AVENUE
TORRE CHARDON, SUITE 1201
SAN JUAN, PR 00918
787-282-1801

TOP Trace Number: 200557376
Account #: PR 2005A63297001
Applied To This Debt: \$136.80
Type of Debt: Non-Tax Federal Debt

Please see additional pages for other debts, if any.

What Should I Do?

If you agree that you owe the debt, you do not need to do anything. Your debt balance has been reduced. If you believe that your payment was applied in error, you would like to resolve your debt, or you have questions about your debt or outstanding balance, contact the agency listed under **Who Do I Owe**. Please have this notice available when you contact the agency.

Only the agency listed under **Who Do I Owe** has information about your debt. Before sending a debt to Fiscal Service, an agency must send notice to you at the address in its records. The notice explains the amount and type of debt you owe, the rights available to you, and the agency's intention to collect the debt by applying eligible federal payments made to you.

For questions about your debt, please call the agency listed under **Who Do I Owe**. If you have questions about the Treasury Offset Program, please visit our website at www.fiscal.treasury.gov/TOP. Please do not contact the Social Security Administration regarding the reduction made in your federal payment as a result of this offset.

