

No. \_\_\_\_\_

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**IN THE SUPREME COURT OF THE UNITED STATES**

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**JESSE REGALADO, PETITIONER,**

**v.**

**TRION ET AL., RESPONDENT.**

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**ON PETITION FOR WRIT TO CERTIORARI FROM THE UNITED STATES**

**COURT OF APPEALS FOR THE ELEVENTH CIRCUIT**

**NO. 23-12258**

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**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

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Jesse Regalado

*Pro-Se*

37 Georgia Street

Trion, Georgia 30753

706-409-8749

[regalado\\_jesse@yahoo.com](mailto:regalado_jesse@yahoo.com)

*Counsel for Petitioner*

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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):

- 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.

/s/ Jesse Regalado

Jesse Regalado *Pro-Se*

37 Georgia Street

Trion, Georgia 30753

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*Counsel for Petitioner*

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

I, Jesse Regalado, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>14,743</u>	\$ <u>N/A</u>	\$ <u>960</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>1680</u>	\$ <u>N/A</u>	\$ <u>140</u>	\$ <u>N/A</u>
Other (specify): <u>Student Loan</u>	\$ <u>10,000</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>26,423</u>	\$ <u>N/A</u>	\$ <u>1933</u>	\$ <u>N/A</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
Food City	311 N. Main St. Lafayette, GA 30728	11/23 - Present	\$ 1060
Advanced Auto	10723 Commerce St. Summerville, GA 30747	7/23-11/23	\$ 634
Aaron's Rent To Own	10220 Hwy. 27. Summerville, GA 30747	7/22-7/23	\$ 1920

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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
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.

<b>Type of account (e.g., checking or savings)</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
Checking	\$ 300.00	\$ N/A
	\$	\$
	\$	\$

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

Home  
Value 57,480 FMV

Other real estate  
Value N/A

Motor Vehicle #1  
Year, make & model Toyota Rav 4 (2020)  
Value \$0 (the Car is owned by SETF. I Pay \$580 a mo.

Motor Vehicle #2  
Year, make & model N/A  
Value

Other assets  
Description N/A  
Value

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 80 mo.	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 100 mo.	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 158 mo.	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 100 mo.	\$ N/A
Other: _____	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	Property Tax (2023) \$ 50 (yr 2023)	\$ N/A
Installment payments		
Motor Vehicle	\$ 580 mo	\$ N/A
Credit card(s)	\$ 220 mo.	\$ N/A
Department store(s)	\$ N/A	\$ N/A
Other: _____	\$ N/A	\$ N/A
Alimony, maintenance, and support paid to others	\$ N/A	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify): _____	\$ N/A	\$ N/A
<b>Total monthly expenses:</b>	<b>\$ 1915</b>	<b>\$ N/A</b>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
N/A	\$ N/A	\$ N/A
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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").

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
N/A	N/A	N/A
_____	_____	_____
_____	_____	_____

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.

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0.00	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 150 mo.	\$ N/A
Home maintenance (repairs and upkeep)	\$ 200.00 yr	\$ N/A
Food	\$ 230 mo.	\$ N/A
Clothing	\$ 30 mo.	\$ N/A
Laundry and dry-cleaning	\$ 10 mo.	\$ N/A
Medical and dental expenses	\$ 25 mo.	\$ 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.

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 am an FT PhD Candidate, currently doing my dissertation.

In the Fall semester, I will be in dissertation III. In the Spring I will defend my dissertation.

I must do research for the next 6 months and can not work more than 20 hrs. a week.

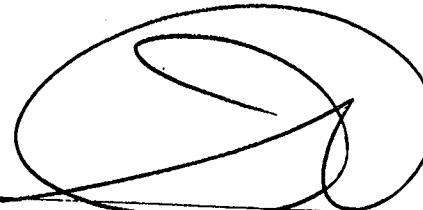
My employment must be under 12 an hour to receive Medicaid to treat my Muscular Sclerosis

and intermittent blindness, while completing my PhD.

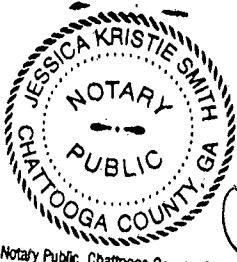
Also, to qualify for the federal work-study program. Therefore, I can not pay the costs of filing this case

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

Executed on: June 14th, 2024



(Signature)



Notary Public, Chattooga County, GA  
My Commission Expires May 22, 2028