

24-5734

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

ORIGINAL

FILED

AUG 20 2024

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

In Re Osuma Dib Dudar — PETITIONER  
by <sup>(Your Name)</sup> Abdur Rahim Dib Dudar, Substitute

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

The petitioner asks leave to file the attached petition for a writ of mandamus 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):

Ohio Court of Appeals, Ohio Supreme Court,  
District Court (District 1), Toledo, Ohio and District 2  
of Cleveland, Ohio.

☐ 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.

Sho-Rahim D

(Signature)

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

*Substitute Abdul-Rahim Dib Dudar*

I, Kama Dib Dudar by, 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. *None. Deceased and unmarried.*

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	\$ _____	\$ _____	\$ _____	\$ _____
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): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) Deceased as of February 7, 2020

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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.) Unmarried.

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ 3000.00

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
<u>PNC Frozen Acct.</u>	<u>\$ 3000.00</u>	<u>\$ - 0 -</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 \$62000.00  
(Dispossessed of)

☒ Other real estate  
Value - 0 -

☒ Motor Vehicle #1  
Year, make & model \_\_\_\_\_  
Value - 0 -

☒ Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value - 0 -

☒ Other assets  
Description None of Value  
Value - 0 -

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>None</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>None</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. *Deceased. Dispossessed of Property.*

	You - 0 -	Your spouse - 0 -
Rent or home-mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____
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)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
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: _____	\$ <u>-0-</u>	\$ <u>-0-</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>-0-</u>	\$ <u>-0-</u>
Installment payments <b>None</b>		
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): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ <u>-0-</u>	\$ <u>-0-</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.

Winning this lawsuit against Citizens Bank, NA

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.

Indigent. Foreclosed by Fraud.

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

Executed on: September 20, 2024



(Signature)

EOOI-00000D2E2320-01



Account Number (if applicable)

Signature of Officer (if required)

00000000

0

Document Date

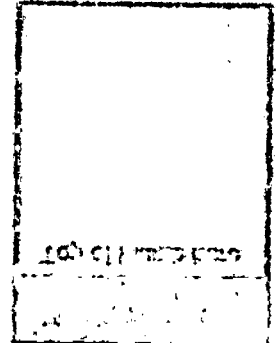
Number of Pages

Exemptions from the provisions of the Freedom of Information Act

Type of Document

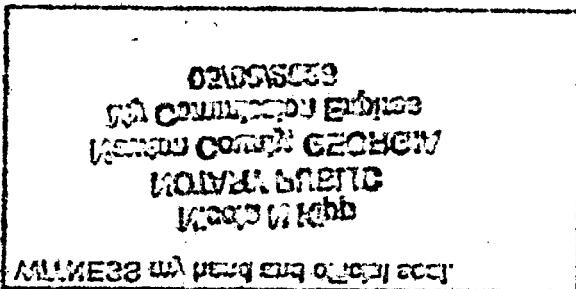
Description of Attached Document

For State Purposes Only



Not a valid document  
for release under the  
Freedom of Information Act

Witness



Signature of Officer

02/01/83

(Signature of Officer)

*[Handwritten signature]*

executed at

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they

(Signature of Officer)

☒ Executed to me on the basis of satisfactory evidence of AD Division License

☐ Executed to me on the basis of satisfactory evidence of AD Division License

☐ Executed to me on the basis of satisfactory evidence of AD Division License

Name of Officer(s)

Applicant's Signature for Official Use Only

the undersigned hereby certifies that the foregoing is true and correct

On this 22nd day of September

20 83

Before me

Name of Officer(s)

Michael King

Signature

Witness

Date of

Signature of

Acknowledgment by individual

