

24-5803 ORIGINAL

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
OCT 14 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Sharif A. Elzawil

— PETITIONER
(Your Name)

VS.

David Phillips — 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):

Central District of California Santa Ana...

Ninth Circuit Case No 23-1676; D.C. No. 8:23-cv-00489-FWS-PVC

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.

Elzawil

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SUPREME COURT, U.S.

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

I, Sharif A. Eltaawil, 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>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Self-employment	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Gifts	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Child Support	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly income:	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0.00</u>
			\$ <u> </u>
			\$ <u> </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>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0.00</u>
			\$ <u> </u>
			\$ <u> </u>

4. How much cash do you and your spouse have? \$ 0.00

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>none</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
	\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	\$ <u> </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 N/A

Other real estate

Value N/A

Motor Vehicle #1

Year, make & model N/A

Motor Vehicle #2

Year, make & model N/A

Value N/A

Value N/A

Other assets

Description None

Value # 0.00

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

Person owing you or your spouse money

None

Amount owed to you

\$ 0.00

\$	
\$	
\$	

Amount owed to your spouse

\$ 0.00

\$	
\$	
\$	

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

None

Relationship

N/A

Age

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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0.00</u>	\$ <u>0.00</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>0.00</u>	\$ <u>0.00</u>
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ <u>0.00</u>
Food	\$ <u>0.00</u>	\$ <u>0.00</u>
Clothing	\$ <u>0.00</u>	\$ <u>0.00</u>
Laundry and dry-cleaning	\$ <u>0.00</u>	\$ <u>0.00</u>
Medical and dental expenses	\$ <u>0.00</u>	\$ <u>0.00</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0.00</u>	\$ <u>0.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ <u>0.00</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0.00</u>	\$ <u>0.00</u>
Life	\$ <u>0.00</u>	\$ <u>0.00</u>
Health	\$ <u>0.00</u>	\$ <u>0.00</u>
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Credit card(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Department store(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ <u>0.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly expenses:	\$ <u>0.00</u>	\$ <u>0.00</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.

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? * \$0.00

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? * \$0.00

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.

I am a indigent individual without any support...

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

Executed on: 10/7/2024, 2024


(Signature)

Date\Time: 10/10/2024 10:10:04 AM
Institution: SATF

CDCR

Verified: _____

Inmate Statement Report

Start Date: 4/10/2024

Revalidation Cycle: All

End Date: 10/10/2024

Housing Unit: All

Inmate/Group#: V41564

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OCT 22 2024

**OFFICE OF THE CLERK
SUPREME COURT, U.S.**

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: **OCT 10 2024**
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY 
TRUST OFFICE

Date\Time: 10/10/2024 10:10:04 AM

CDCR Verified: _____

Institution: SATF

Inmate Statement Report

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
V41564	ELTAWIL, SHARIF	SATF	A 001 1	008002

Current Available Balance: \$18.95

Transaction List

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
04/10/2024	SATF	BEGINNING BALANCE				\$13.57
04/12/2024	SATF	SALES	1		(\$13.50)	\$0.07
05/07/2024	SATF	I/M PAY - SUPPORT	04/24 FAC A ADA		\$14.05	\$14.12
05/07/2024	SATF	DIRECT ORDER PAYMENT	04/24 FAC A ADA		(\$7.02)	\$7.10
05/07/2024	SATF	I/M PAY - SUPPORT	04/24 FAC A ADA		\$2.63	\$9.73
05/07/2024	SATF	DIRECT ORDER PAYMENT	04/24 FAC A ADA		(\$1.31)	\$8.42
05/07/2024	SATF	I/M PAY - SUPPORT	04/24 FAC A ADA		\$12.29	\$20.71
05/07/2024	SATF	DIRECT ORDER PAYMENT	04/24 FAC A ADA		(\$6.14)	\$14.57
05/09/2024	SATF	SALES	101		(\$14.20)	\$0.37
06/07/2024	SATF	I/M PAY - SUPPORT	05/24 FAC A ADA		\$30.03	\$30.40
06/07/2024	SATF	DIRECT ORDER PAYMENT	05/24 FAC A ADA		(\$15.01)	\$15.39
06/19/2024	SATF	SALES	120		(\$15.30)	\$0.09
07/05/2024	SATF	I/M PAY - SUPPORT	06/24 FAC A ADA		\$27.30	\$27.39
07/05/2024	SATF	DIRECT ORDER PAYMENT	06/24 FAC A ADA		(\$13.65)	\$13.74
07/09/2024	SATF	SALES	57		(\$13.70)	\$0.04
08/07/2024	SATF	I/M PAY - SUPPORT	07/24 FAC A ADA		\$31.40	\$31.44
08/07/2024	SATF	DIRECT ORDER PAYMENT	07/24 FAC A ADA		(\$15.70)	\$15.74
08/22/2024	SATF	SALES	19		(\$12.25)	\$3.49
09/09/2024	SATF	I/M PAY - SUPPORT	08/24 FAC A ADA		\$30.03	\$33.52
09/09/2024	SATF	DIRECT ORDER PAYMENT	08/24 FAC A ADA		(\$15.01)	\$18.51
09/12/2024	SATF	SALES	49		(\$13.90)	\$4.61
10/07/2024	SATF	I/M PAY - SUPPORT	09/24 FAC A ADA		\$28.67	\$33.28
10/07/2024	SATF	DIRECT ORDER PAYMENT	09/24 FAC A ADA		(\$14.33)	\$18.95

Encumbrance List

Encumbrance Type	Transaction Date	Amount
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No information was found for the given criteria.

Obligation List

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
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No information was found for the given criteria.
 STATE OF CALIFORNIA
 DEPARTMENT OF CORRECTIONS AND REHABILITATION
 OCT 10 2024
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 2

Date\Time: 10/10/2024 10:10:04 AM
Institution: SATF

CDCR

Verified: _____

Inmate Statement Report

Restitution List

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
DIRECT ORDER	03CF2458	Active	\$1,138.00	\$0.00	(\$88.17)	\$747.78
RESTITUTION FINE	03CF2458	Active	\$10,000.00	\$0.00	\$0.00	\$10,000.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: OCT 10 2024
CALIFORNIA DEPARTMENT OF CORRECTION
BY *[Signature]*
TRUST OFFICE