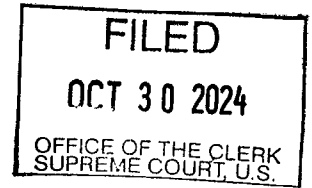


No. 24-5911



IN THE
Supreme Court of the United States

REVEREND DR. SAMUEL T. WHATLEY,
SAMUEL T. WHATLEY, II,

PETITIONER,

V.

MEDICAL UNIVERSITY OF SOUTH CAROLINA,

RESPONDENT(S).

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed in *forma pauperis*. Petitioner has previously been granted leave to proceed in *forma pauperis* in the following courts: *Whatley v. Medical University of South Carolina, Charleston, SC*, No. 24-1373 (4th Cir. 2024), and *Whatley v. Medical University of South Carolina, Charleston, SC*, Civil Action 2:23-cv-02500-JDA (D.S.C. 8 April 2024). Petitioner's affidavit or declaration in support of this motion is attached hereto.

Deuteronomy 1:16-17 (*King James Version*)

A handwritten signature in black ink, appearing to read "Samuel T. Whatley", with a circular flourish at the end.

Reverend Dr. Samuel T. Whatley
Ph.D. Constitutional Law and Policy
(*Post Doctorate Student Liberty University*)

A handwritten signature in black ink, appearing to read "Samuel T. Whatley, II", with a horizontal line underneath.

Samuel T. Whatley, II
ABD Ph.D. CJ-L (20242025)
(*Doctoral Candidate at Liberty University*)

*Friend of the Court and Biblically Founding
Preacher and Historically Related to family of the American Revolution*

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

I, REV. DR. SAMUEL WHATLEY, 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</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment <i>estimated</i>	\$ <u>650 -</u>	\$ <u>N/A</u>	\$ <u>650 -</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>650 -</u> <i>estimate</i>	\$ <u>N/A</u>	\$ <u>0</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.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ 0
			\$
			\$

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	N/A	\$ 0
			\$
			\$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
checking	\$ 150	\$ N/A
savings	\$ 100	\$ 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 estimated \$250,000? ☐ Other real estate Value _____

Lots of Repairs

☒ Motor Vehicle #1
Year, make & model 2011 Honda Civic
Value \$7000 estimated
Lots of Repairs Needed

☒ Motor Vehicle #2
Year, make & model 1994 Cadillac Fleetwood
Value \$1000 estimated
Lots of Repairs Needed.

☒ Other assets
Description Unconstitutionally ordered by Richland Family Court 30 January 2023, forced to sell marital home, paying illegal sanction cost \$1500, outrageous attorney fees \$5000 - racketeering property agent fees over \$2000, and almost \$44000 to other closing attorneys that were friends of the family court judge, ex spouse, had to repay disabled mother's debt, hospital cost, travel court cost and many repairs - still on going
Value \$162000 estimated

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>0</u>	\$ <u>0</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>0</u>	\$ <u>N/A</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>estimated</u> \$ <u>450-</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	<u>depends</u> \$ <u>50-</u>	\$ <u>N/A</u>
Food	<u>on going</u> \$ <u>350-</u>	\$ <u>N/A</u>
Clothing	\$ <u>50-</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>50-</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>50-</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>145</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>73</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>may have depends 2</u>	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments <u>large amount unknown at this time</u>		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s) <u>depends</u>	\$ <u>200-</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>depends</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly expenses: <u>estimated changes monthly</u>	\$ <u>1218-</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.

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.

Student, unemployed, as self-employed as caregiver to seriously ill, death-disability of mother. Did apply as a major candidate, but unknown of outcome

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

Executed on: 1 November, 2023

and
10 January 2024

Janine D.
(Signature)

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

I, SAMUEL WHATLEY II, 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>400.00</u>	\$ <u>N/A</u>	\$ <u>400.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Interest and dividends	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Gifts	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Alimony	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Child Support	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Unemployment payments	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Other (specify): _____	\$ <u> </u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Total monthly income:	\$ <u>400.00</u>	\$ <u> </u>	\$ <u>400.00</u>	\$ <u> </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
SC SUMMIT LLC	6800 GULFPORT BLVD S SUITE 201-139 SOUTH PASADENA FL 33707	03/2021 - PRESENT	\$ 400.00 70
			\$
			\$

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	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
CHECKING	\$ 1500.00	\$ N/A
SAVINGS - student loan - mostly student loan debt refund -	\$ 5500.00	\$
	\$	\$

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

☐ Home
Value _____

☐ Other real estate
Value _____

☐ Motor Vehicle #1
Year, make & model 2011, HONDA, CIVIC
Value ~~10,000.00~~ 82
\$3000 - many repairs
3000 m./es -

☐ Motor Vehicle #2
Year, make & model 1986, FORD, MUSTANG
Value ~~10,000.00~~ 82
\$270 many repairs
35k miles
NOT Running yet

☐ Other assets
Description _____
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

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").

Name

Relationship

Age

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.

You

Your spouse

Rent or home-mortgage payment
(include lot rented for mobile home)

\$ N/A

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ 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)	\$ <u>N/A</u>	\$ <u>N/A</u>
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): _____	\$ _____	\$ _____
Total monthly expenses:	\$ _____	\$ _____

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

Executed on: JUNE, 2024

Jane W. H. H.

(Signature)