

ORIGINAL

No.

24-6746

FILED

MAR 07 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

In Re FLORA HOI — PETITIONER
(Your Name)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of habeas corpus 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.

*Hoi Sook
Fan*

(Signature)



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

I, FLORA (SOKFAN), HOI, 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	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Total monthly income:	\$ <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.)

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

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
SAVING:	\$ 1935.78	\$
CHECKING:	\$ 4505.09	\$

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

Home Other real estate
 Value \$457,759 Value N/A

Motor Vehicle #1 2021/TOYOTA/RAV4 Motor Vehicle #2
 Year, make & model _____ Year, make & model _____
 Value \$29,000 Value N/A

Other assets N/A
 Description _____
 Value N/A

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	\$ _____	\$ _____
	\$ _____	
	\$ _____	\$ _____

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		

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)	\$ 1449.24	\$ 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)	\$ 400	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ 400	\$ _____
Clothing	\$ 50	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ 50	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ N/A	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's (\$4526.28/YEAR)	\$ 377.19	\$
Life	\$	\$
Health	\$	\$
Motor Vehicle (\$500.05/6-MONTH)	\$ 83.34	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): PROPERTY TAX: \$7132/YEAR	\$ 594.00	\$
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:	\$ 3403.77	\$

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? _____

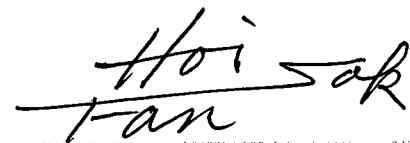
If yes, state the person's name, address, and telephone number:

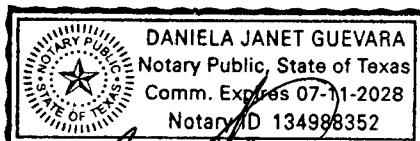
12. Provide any other information that will help explain why you cannot pay the costs of this case.

N/A

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

Executed on: DECEMBER 24, 2024


(Signature)





Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial SOK FAX	Last name HOI			
If joint return, spouse's first name and middle initial	Last name			
Home address (number and street). If you have a P.O. box, see instructions. 3808 CREEK HOLLOW WAY			Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
City, town, or post office. If you have a foreign address, also complete spaces below. THE COLONY		State TX	ZIP code 75056	<input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code		

Filing Status Check only one box.	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:		

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit <input type="checkbox"/> Credit for other dependents

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29 g Wages from Form 8919, line 6 h Other earned income (see instructions) i Nontaxable combat pay election (see instructions) z Add lines 1a through 1h	1a 0 1b 1c 1d 1e 1f 1g 1h 1i 12 0 2b 3b 4b 5b 6b
Attach Sch. B if required.	2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5a Pensions and annuities	2a 3a 4a 5a
Standard Deduction for	b Taxable interest b Ordinary dividends b Taxable amount b Taxable amount b Taxable amount	

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OFFICIAL USE	
Certified Mail Fee	
S \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	S <input type="checkbox"/>
<input type="checkbox"/> Return Receipt (electronic)	S <input type="checkbox"/>
<input type="checkbox"/> Certified Mail Restricted Delivery	S <input type="checkbox"/>
<input type="checkbox"/> Adult Signature Required	S <input type="checkbox"/>
<input type="checkbox"/> Adult Signature Restricted Delivery	S <input type="checkbox"/>
Postage	
S	
Total Postage and	
S	
Sent To	
Street and Apt. No.	
City, State, ZIP+4	

Postmark
Here

method, check here (see instructions)
if required. If not required, check here
10
1. This is your total income
line 26
adjusted gross income
actions (from Schedule A)
in Form 8995 or Form 8995-A
less, enter -0-. This is your taxable income
see separate instructions.

Cat. No. 11320B

Form 1040 (2023)

Department of the
Treasury
Internal Revenue Service
Austin, TX 78701-0002

Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial SOK FAN	Last name HOI			
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions. 3808 CREEK HOLLOW WAY		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.	
City, town, or post office. If you have a foreign address, also complete spaces below. THE COLONY		State TX	ZIP code 75056	<input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code		

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Income		1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a
		1b	Household employee wages not reported on Form(s) W-2	1b
		1c	Tip income not reported on line 1a (see instructions)	1c
		1d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
		1e	Taxable dependent care benefits from Form 2441, line 26	1e
		1f	Employer-provided adoption benefits from Form 8839, line 29	1f
		1g	Wages from Form 8919, line 6	1g
		1h	Other earned income (see instructions)	1h
		1i	Nontaxable combat pay election (see instructions)	1i
		1z	Add lines 1a through 1h	1z
Attach Sch. B if required.	2a	2a	Tax-exempt interest	2a
	3a	3a	Qualified dividends	3a
	4a	4a	IRA distributions	4a
	5a	5a	Pensions and annuities	5a
	6a	6a	Social security benefits	6a
Standard Deduction for— • Single or Married filing jointly	6		If you elect to use the lump-sum election method, check here (see instructions)	6

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AUSTIN, TX 78755-0002

Certified Mail Fee \$4.15	\$1.00
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$1.00
<input type="checkbox"/> Adult Signature Required	\$10.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$10.00

Postage \$0.63

Total Postage and

\$4.76

Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0002Street and Apt. No.:
City, State, ZIP+4:

Form 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2021

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
Check only if you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box.
person is a child but not your dependent ►

Your first name and middle initial SOK FAN	Last name HOI	Spouse's social security number		
If joint return, spouse's first name and middle initial	Last name			
Home address (number and street). If you have a P.O. box, see instructions. 3808 CREEK HOLLOW WAY		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. THE COLONY		State TX		ZIP code 75056
Foreign country name	Foreign province/state/county	Foreign postal code		

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind

Dependents (see instructions):		(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ► <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	9974
2a	Tax-exempt interest	2a	<input type="checkbox"/> 2b
3a	Qualified dividends	3a	<input type="checkbox"/> 3b
4a	IRA distributions	4a	<input type="checkbox"/> 4b
5a	Pensions and annuities	5a	<input type="checkbox"/> 5b
6a	Social security benefits	6a	<input type="checkbox"/> 6b
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>		<input type="checkbox"/> 7
8	Other income from Schedule 1, line 10		<input type="checkbox"/> 8 14257
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		<input type="checkbox"/> 9 24231
10	Adjustments to income from Schedule 1, line 26		<input type="checkbox"/> 10
11	Subtract line 10 from line 9. This is your adjusted gross income		<input type="checkbox"/> 11 24231
12a	Standard deduction or itemized deductions (from Schedule A)	12a	17902
b	Charitable contributions if you take the standard deduction (see instructions)	12b	
c	Add lines 12a and 12b		<input type="checkbox"/> 12c 17902
13	Qualified business income deduction from Form 8995 or Form 8995-A		<input type="checkbox"/> 13
14	Add lines 12c and 13		<input type="checkbox"/> 14
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		<input type="checkbox"/> 15 6329

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2021)

Standard Deduction for—

- Single or Married filing separately. \$12,550
- Married filing jointly or Qualifying widow(er). \$25,100
- Head of household. \$18,800
- If you checked any box under Standard Deduction, see instructions.