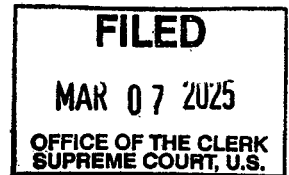


ORIGINAL

No. 24-6746



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*.

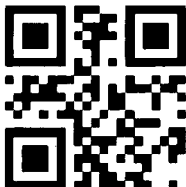
Please check the appropriate boxes:

☐ 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 Sor 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	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify):	\$ 0	\$	\$ 0	\$
<b>Total monthly income:</b>	\$ 0	\$	\$ 0	\$

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  
Value \$457,759

☐ Other real estate  
Value N/A

☒ Motor Vehicle #1  
Year, make & model 2021/TOYOTA/RAV4  
Value \$29,000

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

☐ Other assets  
Description N/A  
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): <u>PROPERTY TAX: \$7132/YEAR</u>	\$ 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): _____	\$	\$
<b>Total monthly expenses:</b>	<b>\$ 3403.77</b>	<b>\$</b>

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? \_\_\_\_\_

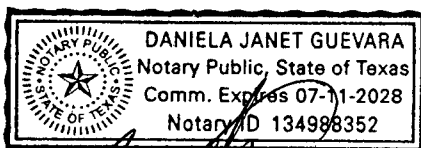
If yes, state the person's name, address, and telephone number:

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, 20 24



*Hoi Sak Tan*

(Signature)

*[Handwritten 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.

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/country

Foreign postal code

**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.

☐ You ☐ Spouse

**Filing Status**

☒ Single

☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS)

☐ 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 ☐

(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

**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

Attach Sch. B if required.

2a Tax-exempt interest

2a

3a Qualified dividends

3a

4a IRA distributions

4a

5a Pensions and annuities

5a

b Taxable interest

b Ordinary dividends

b Taxable amount

b Taxable amount

b Taxable amount

If method, check here (see instructions) if required. If not required, check here

10 This is your total income

line 26

adjusted gross income

ations (from Schedule A)

in Form 8995 or Form 8995-A

ss, enter -0-. This is your taxable income

see separate instructions.

Cat. No. 11320B

Form 1040 (2023)

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and

Sent To

Street and Apt. No.

City, State, ZIP+4®

Department of the Treasury  
Internal Revenue Service  
Austin, TX 73301-0002

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 <b>SOK FAN</b>		Last name <b>HOI</b>		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. <b>3808 CREEK HOLLOW WAY</b>				<b>Presidential Election Campaign</b> 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. <b>THE COLONY</b>		State <b>TX</b>	ZIP code <b>75056</b>	
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):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			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"/>

<b>Income</b> 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.	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	
	<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
	<b>g</b> Wages from Form 8919, line 6	<b>1g</b>	
	<b>h</b> Other earned income (see instructions)	<b>1h</b>	
	<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>	
	<b>z</b> Add lines 1a through 1h	<b>1z</b>	
	<b>2a</b> Tax-exempt interest <b>3a</b> Qualified dividends <b>4a</b> IRA distributions <b>5a</b> Pensions and annuities <b>6a</b> Social security benefits	<b>2a</b> <b>3a</b> <b>4a</b> <b>5a</b> <b>6a</b>	<b>b</b> Taxable interest <b>b</b> Ordinary dividends <b>b</b> Taxable amount <b>b</b> Taxable amount <b>b</b> Taxable amount

<b>Attach Sch. B</b> If required.	<b>7</b> Taxable interest <b>8</b> Ordinary dividends <b>9</b> Taxable amount <b>10</b> Taxable amount <b>11</b> Taxable amount <b>12</b> Taxable amount <b>13</b> Taxable amount <b>14</b> Taxable amount <b>15</b> Taxable amount	<b>17</b> Total amount from Form(s) W-2, box 1 (see instructions) <b>18</b> Household employee wages not reported on Form(s) W-2 <b>19</b> Tip income not reported on line 1a (see instructions) <b>20</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) <b>21</b> Taxable dependent care benefits from Form 2441, line 26 <b>22</b> Employer-provided adoption benefits from Form 8839, line 29 <b>23</b> Wages from Form 8919, line 6 <b>24</b> Other earned income (see instructions) <b>25</b> Nontaxable combat pay election (see instructions) <b>26</b> Add lines 17 through 25	<b>27</b> Total amount from Form(s) W-2, box 1 (see instructions) <b>28</b> Household employee wages not reported on Form(s) W-2 <b>29</b> Tip income not reported on line 1a (see instructions) <b>30</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) <b>31</b> Taxable dependent care benefits from Form 2441, line 26 <b>32</b> Employer-provided adoption benefits from Form 8839, line 29 <b>33</b> Wages from Form 8919, line 6 <b>34</b> Other earned income (see instructions) <b>35</b> Nontaxable combat pay election (see instructions) <b>36</b> Add lines 27 through 35
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**Adjusted gross income** (from Schedule A) **17445**

**Form 8995 or Form 8995-A**

**enter -0-. This is your taxable income** **0**

See separate instructions. Cat. No. 113208 Form 1040 (2022)

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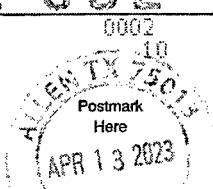
☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.63

Total Postage and Fee \$4.78



Department of the Treasury  
 Internal Revenue Service  
 Austin, TX 73301-0002

Sent To

Street and Apt. No.,

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 2450 0001 9599 7695



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 one box. 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 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.

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

**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.

☐ You ☐ SpouseAt 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):

If more than four dependents, see instructions and check here ▶ ☐

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

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

Cat. No. 11320B

Form 1040 (2021)