No.
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## IN THE SUPREME COURT OF THE UNITED STATES

### XZAVIER JUSTIN LEE CLARK,

Petitioner-Appellant,

-VS-

### UNITED STATES OF AMERICA,

Respondent-Appellee.

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

Petitioner Xzavier Justin Lee Clark, respectfully asks leave to file his petition for writ of certiorari without prepayment of costs and to proceed in forma pauperis. His financial affidavit in support is attached.

Dated: 9 May 2025

/s/ Matthew M. Robinson
Matthew M. Robinson, Esq.
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(859) 581-7777 voice
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Counsel of Record for Petitioner

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

I, Zavier Clark, 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.

	e monthly amo st 12 months	unt during	Amount expe next month	cted
	You	Spouse	You	Spouse
Employment	<u>\$ 45</u>	\$0	\$_45	\$ <i>O</i>
Self-employment	\$ <i>O</i>	\$ <i>O</i>	\$	\$ <i>D</i>
Income from real property (such as rental income)	\$	\$	\$ <i>O</i>	\$
Interest and dividends	\$0	\$	\$0	\$ <i>D</i>
Gifts	\$	\$ <i>O</i>	\$ <i>O</i>	\$ <i>O</i>
Alimony	\$ <i>O</i>	\$ <i>O</i>	\$	\$0
Child Support	\$ <i>O</i>	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$ <i>D</i>	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$ <i>O</i>	\$	\$
Other (specify):	\$	\$ <i>O</i>	\$	\$
Total monthly income:	\$_45	\$	\$	\$ <i>O</i>

is before taxes	United States Pen	itentiary McCreary Dates of	
Employer		C	Gross monthly pay
FBOP	P.O. BOX 3000		e 45
	Pine Knot, Ky	42635	\$ \$
		\(\frac{1}{2}\)	\$
3. List your spous (Gross monthly	e's employment history pay is before taxes or o	for the past two years ther deductions.)	, most recent employer first.
Employer	Address	Dates of	Gross monthly pay
N/A -		Employment	
			\$
	2.00		\$ \$
Below, state any	y money you or your sp	ouse have in bank accou	ints or in any other financial
Type of account (e.g. 5. List the assets,	g., checking or savings)	Amount you have  \$\$  \$\$	Amount your spouse has \$ \$ \$ \$ owns. Do not list clothing
5. List the assets, and ordinary hou	g., checking or savings) and their values, which	Amount you have  \$\$  \$\$	Amount your spouse has \$ \$ \$ \$ owns. Do not list clothing
Type of account (e.g.  5. List the assets, and ordinary hou	g., checking or savings) and their values, which	Amount you have  \$\$  \$\$  you own or your spouse	Amount your spouse has \$ \$ \$ \$ owns. Do not list clothing
5. List the assets, and ordinary hou	g., checking or savings) and their values, which usehold furnishings.	Amount you have \$\$ \$\$ you own or your spouse  Other real estate Value  Motor Vehicle # Year, make & m	Amount your spouse has \$ \$ \$ \$e owns. Do not list clothing  te 2 aodel
5. List the assets, and ordinary hou Value	g., checking or savings) and their values, which usehold furnishings.	Amount you have \$\$ \$\$ you own or your spouse  Other real estate Value  Motor Vehicle #	Amount your spouse has \$ \$ \$ \$e owns. Do not list clothing  te 2 aodel
5. List the assets, and ordinary hou Value	g., checking or savings)  and their values, which usehold furnishings.	Amount you have \$\$ \$\$ you own or your spouse  Other real estate Value  Motor Vehicle # Year, make & m	Amount your spouse has \$ \$ \$ \$ owns. Do not list clothing  te  2 nodel

6. State every person, bu amount owed.	siness, or organization	owing you or your	r spouse money, and the
Person owing you or your spouse money	Amount owed to y	ou Amou	nt owed to your spouse
<i>N/A</i>	\$	\$	
	\$	\$	
	\$	\$	
7. State the persons who re instead of names (e.g. "J.	ly on you or your spouse S." instead of "John Smi	e for support. For i	minor children, list initials
Name N/A	Relationshi	•	Age
8. Estimate the average morpaid by your spouse. A annually to show the mor	djust any payments th	nd your family. Sho at are made weekl	ow separately the amounts y, biweekly, quarterly, or
		You	Your spouse
Rent or home-mortgage pay (include lot rented for mobi		\$_ N/A	_
Are real estate taxes inclu Is property insurance inclu			C. C
Utilities (electricity, heating water, sewer, and telephone		\$	
Home maintenance (repairs	and upkeep)	\$	_ \$
Food		\$	
Clothing		\$	
Laundry and dry-cleaning		\$	_ \$
Medical and dental expense	5	\$	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$_N/A	\$ <i>N/A</i>
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortg	gage 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? $\square$ Yes $\square$ 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 y	ves, state the person's name, address, and telephone number:
12. M	Provide any other information that will help explain why you cannot pay the costs of this case. I am incarcerated with No outside support only the onthly check of \$45.00 that I earn from cleaning my nit.
Ιd	eclare under penalty of perjury that the foregoing is true and correct.
Exe	ecuted on:
	Jan Jan (Signature)
	/ / (Digitature)