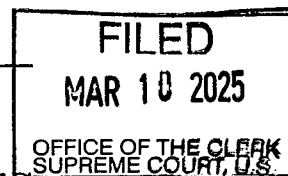


24-7251
No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



Michael Deuschel—Petitioner

vs.

Bayer Healthcare Pharmaceutical Inc., et al.—Respondents

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for writ of certiorari without payment 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 courts:

United States District Court for the Central District of California, and the United States Court of Appeals for the Ninth Circuit.

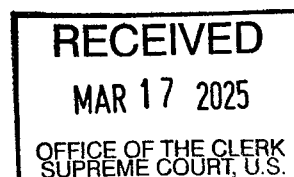
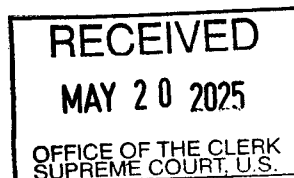
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ The appointment was made under the following provision of law: _____, or,

☐ a copy of the order of appointment is appended.



(Signature)



No. _____

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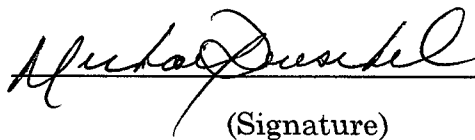
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☐ The appointment was made under the following provision of law: _____, or,

☐ a copy of the order if appointment is appended.


(Signature)

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

I, Michael Deuschel, 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	n/a	0	n/a
Income from real property (such as rental income)	\$0	n/a	0	n/a
Interest and dividends	\$0	n/a	0	n/a
Gifts	\$0	n/a	0	n/a
Alimony	\$0	n/a	0	n/a
Child Support	\$0	n/a	0	n/a
Retirement (such as Social Security, pensions, Annuities, insurance)	\$425	n/a	\$425	n/a
Disability (such as Social Security, insurance payments)	\$900	n/a	\$900	n/a
Unemployment payments	\$0	n/a	\$0	n/a
Public-assistance (such as welfare)	\$0	n/a	\$0	n/a
Other (specify): _____	\$0	n/a	\$0	n/a
Total Monthly Income:	\$1,325	n/a	\$1,325	n/a

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	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	n/a	n/a	n/a

4. How much cash do you and your spouse have \$16
Below, state any money you and your spouse have in bank accounts or in any other financial institution.

Type of account (checking or savings)	Amount you have	Amount your spouse has
Checking	\$1,000	n/a

5. List any assets, and their value, which you own or your spouse owns. Do not list clothing and ordinary household furnishing

Home:	n/a	Other real estate;	n/a
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Motor Vehicle:

Year, make, model	1998 Dodge B3500 van
Value	\$3,000

Motor Vehicle #2	n/a
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Other assets

Description

Value	n/a
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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 person 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 spouse. Show separately the amount 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?	n/a	n/a
Is property insurance included?	n/a	n/a
Utilities (electricity, heating fuel, Water, sewer, and telephone)	\$50	n/a
Home maintenance (repairs and upkeep)	n/a	n/a
Food	\$400	n/a
Clothing	\$50	n/a
Laundry and dry cleaning	\$40	n/a
Medical and dental expenses	\$40	n/a
Transportation (not including motor Vehicle payments)	\$600	n/a
Recreation, entertainment, newspapers Magazines, etc	n/a	n/a
Insurance (not deducted from wages or included in Mortgage payments)		
Homeowner's or renter's	n/a	n/a
Life	n/a	n/a
Health	n/a	n/a
Motor vehicle	\$75	n/a
Alimony, maintenance, and support paid to others	n/a	n/a
Regular expenses for operations of business, professional, or farm (attach detailed statement)	n/a	n/a
Other (specify): _____	n/a	n/a
Total monthly expenses:	\$1,255	

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? n/a

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

-
11. Have you paid—or will you be paying—anyone other than an attorney (such as a para legal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes

☒ No

If yes, how much?

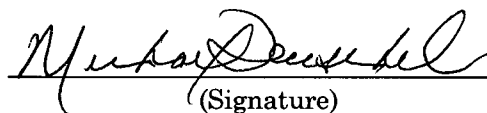
If yes, state the person's name, address, and telephone number:

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

As an elderly Adaptive person with disabilities, I am indigent, unhoused, medically incapacitated and in the need of sixteen surgeries. At the beginning of each month, I receive Social Security Income and Retirement benefits, for a total of about \$1,325. The benefits are automatically deposited into my checking account at the beginning of each month. The beginning balance decreases as the month advances and I incur my costs of living and expenses develop of about \$1,255. I have a monthly financial safety margin of about \$70 per month for unexpected expenses and emergencies, which usually is applied to the maintenance of my old van.

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

Executed on: March 10, 2025


(Signature)