

No. _____

24-7279

ORIGINAL
ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

FILED

MAR 03 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Ra Saadi Lennox Hernandez El, — PETITIONER
(Your Name)

VS.

Jamie Bullard, et al., — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari 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):

- A - in The United States district Court for The Eastern district of NC,
B - in The United States Court of Appeals For The Fourth Circuit.

☐ 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.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

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

_____, or

☐ a copy of the order of appointment is appended.

"By" Ra Saadi Lennox Hernandez El,
(Signature)

RECEIVED

MAY 22 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

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

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value

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

☐ Other assets
Description N/A
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
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </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>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </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>0</u>
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)	\$ <u>0</u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

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

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 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? N/A

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: 02/28/, 2025

By: Ra Saadi Lemax Hernandez Del.
(Signature)

IBSR140 (60)

NORTH CAROLINA DEPARTMENT OF ADULT CORRECTION
TRUST FUND ACCOUNT STATEMENT
FACILITY: 4885 - TABOR CI
FOR: 01/27/25 - 02/03/25

02/03/25
18:15:08
PAGE 285

ACCT. NAME: HERNANDEZ, CARLOS
BED: JPDLB25A

ACCT#: 1283638
TYPE: INMATE

ENDING BALANCE 02/03/25 \$ 0.00 INCLUDES CANTEEN LIMIT OF \$ 0.00

BATCH	REFERENCE						
DATE	NBR.	TYPE	NUMBER	FACL	+/-	AMOUNT	BALANCE
BEGINNING BALANCE							\$ 0.00

DEBT DATE	DEBT TIME	TYPE OF DEBT		AMOUNT OF DEBT	AMOUNT STILL OWED
01/12/21	11:46	ADM FEE	-CASE#2/17/2001:35	\$ 10.00	\$ 10.00
01/27/21	09:17	ADM FEE	-CASE#1/23/2101:05	\$ 10.00	\$ 10.00
02/17/21	09:57	ADM FEE	-CASE#2/10/2123:00	\$ 10.00	\$ 10.00
08/03/21	15:43	ADM FEE	-CASE#7/30/2102:10	\$ 10.00	\$ 10.00
10/27/21	12:18	ADM FEE	-CASE#0/19/2111:15	\$ 10.00	\$ 10.00
11/17/21	12:33	ADM FEE	-CASE#0/29/2114:02	\$ 10.00	\$ 10.00
01/05/22	12:26	ADM FEE	-CASE#2/10/2115:10	\$ 10.00	\$ 10.00
04/12/23	18:23	ADM FEE	-CASE#4/10/2321:00	\$ 10.00	\$ 10.00
06/25/23	10:14	MEDICAL	-Clinical Encounter	\$ 7.00	\$ 7.00
06/28/23	08:43	ADM FEE	-CASE#6/08/2310:50	\$ 10.00	\$ 10.00
08/04/23	13:39	MEDICAL	-Clinical Encounter	\$ 5.00	\$ 5.00
09/08/23	09:07	ADM FEE	-CASE#9/01/2309:23	\$ 10.00	\$ 10.00
09/28/23	15:19	ADM FEE	-CASE#9/21/2311:44	\$ 10.00	\$ 10.00
12/12/23	14:23	FILING FEES	-CASE#A1:23-CV-00271-MO	\$ 350.00	\$ 350.00
04/16/24	08:13	FILING FEES	-CASE# NO24-6157(1:24CV	\$ 605.00	\$ 605.00
07/17/24	10:15	ADM FEE	-CASE#7/04/2412:00	\$ 10.00	\$ 10.00
08/06/24	09:43	FILING FEES	-CASE#15:24-CT-3173-M	\$ 350.00	\$ 350.00
12/31/24	19:43	ADM FEE	-CASE#2/27/2409:45	\$ 10.00	\$ 10.00

THIS STATEMENT SHOWS DEPOSITS AND WITHDRAWALS THAT OCCURRED
BETWEEN 01/27/2025 AT 01:01:01 AND 02/03/2025 AT 18:15:08.

ENDING BALANCE IS THE BALANCE AS OF MONDAY, FEBRUARY 3, 2025 AT 18:15:08.

I Consent to Collection of fees from
Trust account Statement for preceding
6th months.

By: *Da Saadi Ierok Hernandez EI,*