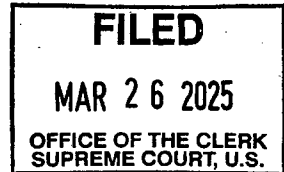

25-5256 **ORIGINAL**
SUPREME COURT OF THE UNITED STATES

Leroy A Garrett,
Petitioner,
vs.

PDV Holding
Respondent.



On Petition for a Writ of Certiorari to
the United States Court of Appeals
for the Third Circuit

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

COMES NOW Petitioner Leroy A. Garrett, Pro Se Petitioner, and requests that the Court permit Petitioner to proceed in forma pauperis with regard to this Petition for Writ of Certiorari which is being filed on my behalf. Undersigned is currently unemployed. Undersigned Pro Se Petitioner was conducting proceedings at the United States Court of Appeals for the Third Circuit in proceedings before that Court, also pursuant to 33.2 of the Supreme Court Rules., Undersigned Pro Se Petitioner is filling his petition following the standard and requirements set forth in the mentioned rule. Undersigned Pro Se Petitioner knows of no change in circumstances which would affect the courts' earlier determinations that Petitioner should be granted leave to proceed in forma pauperis.

WHEREFORE, for the above stated reasons and pursuant to Rule 39 of the Supreme Court

Rules, Petitioner requests that he be granted leave to proceed in forma pauperis.

Respectfully submitted,

Katy May 30, 2025

A handwritten signature in black ink, appearing to read "Leroy A. Garrett", with a stylized flourish at the end.

Dr. Leroy A. Garrett

Pro Se Petitioner

Member of Petroamigos de Venezuela (ONG)

6725 S Fry Road Ste. 700-338

Katy Texas 77494

Tel.: (832) 652-7912

E-Mail: lry_garrett@yahoo.com

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

I, Leroy A. Garrett, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>4,000</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>4,000</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
Linxon	Raleigh ND	11-18-2024/02-28-2025	\$ 7,500
			\$
			\$

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			\$
			\$
			\$

*Spouse discapacitated due to mental health illness

4. How much cash do you and your spouse have? \$ No savings
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
Checking	\$ \$500	\$
	\$	\$
	\$	\$

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

☐ Home
Value Rented

☐ Other real estate
Value N/A

☒ Motor Vehicle #1
Year, make & model Toyota Highlander 2023
Value 35,000

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description Lost everything, savings, house, retirement after COVID 19
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
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
EG	Son	16

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)	\$ 1,900	\$
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 300	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$ 600	\$
Clothing	\$ 200	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$ 500	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 500	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage 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)	\$ 500	\$
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:	\$ 6,900	\$

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

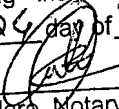
If yes, how much? _____

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.

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

Executed on: July 24th, 2025

State of: TEXAS
County of: FORT BEND
The foregoing instrument was acknowledged
before me 24 day of JULY, 2025

Your Name Here, Notary Public
My Commission Expires 03/17/2029


(Signature)

