

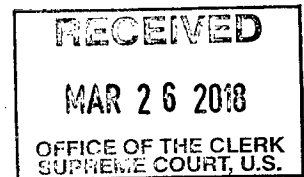
No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Martize James Sevion-El, – Petitioner;

v.

UNITED STATES CONGRESS, – Respondent(s);



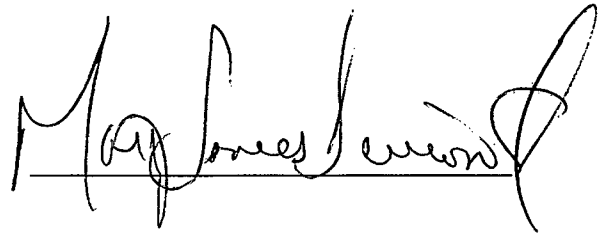
MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The Petitioner asks to file the attached Petition for Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*.

☐ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Delaware County Circuit Courts (Title IV-D); U.S. Dist. Ct. Southern District
Indiana.; Indiana Supreme Court; Federal Court of Claims

Petitioner's affidavit in support of this Petition is attached hereto.

A handwritten signature in black ink, appearing to read "May Jones Lewis", is written over a horizontal line.

Petitioner / In Propria

Persona, Sui juris

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

I, Martize James Sevion-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 twelve (12) months. Adjust any amount that was received weekly, biweekly, quarterly, semi-annually, or annually to show the rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average amount during the past 12 months.		Amount Expected next month.	
	You:	Spouse:	You:	Spouse:

Employment-	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
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Self-Employment-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
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Income from real property

(such as rental income)-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$
<u>N/A</u>				
Alimony-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (social security, pensions, annuities, insurance)-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment				
Payments-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other-	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income: \$0	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer:	Address:	Dates of Employment:	Gross Monthly Pay:
I DOC	4490 West Reformatory Rd.		\$ August
<u>2010-March 2018 \$0.00</u>			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.) Not Applicable.

4. How much cash do you and your spouse have? N/A

Below, state any money you or your spouse has in bank accounts or in any other financial institution.

Financial Institution: Type of Account: Amount you have: Your spouse has:

<u>Dept. of Correction</u>	<u>Trust Fund</u>	<u>\$ 0</u>	<u>N/A</u>
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5. List the assets, and their value, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (value):

Other real estate (value):

Motor Vehicle (value):

Not Applicable

Not Applicable

Make & Year: N/A

Other assets – Description: Normal household items such as television, hot pot, fan, et cetera; all items are valued as less than \$200.00.

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money: Not Applicable.

7. State the persons who rely upon you or your spouse for support. 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, semiannually, or annually to show the monthly rate.

You:

Your spouse:

Rent or home-mortgage payment

(include mobile home lot rent) \$ N/A \$ N/A

Utilities \$ N/A \$ N/A

Home maintenance (repairs/upkeep) \$ N/A \$ N/A

Food \$ 0 \$ N/A

Clothing \$ N/A \$ N/A

Laundry and dry-cleaning \$ N/A \$ N/A

Medical and dental expenses

(includes medications from commissary) \$ 0 \$ N/A

Transportation (does not include motor vehicle payments) \$ N/A \$ N/A

Recreation, entertainment,

newspapers, magazines, etc. \$ 0 \$ N/A

Insurance \$ N/A \$ N/A

Taxes \$ N/A \$ N/A

Life \$ N/A \$ N/A

Health \$ N/A \$ N/A

Motor Vehicle \$ N/A \$ N/A

Alimony, maintenance, and support

paid to others (includes child support) \$ 0 \$ N/A

Regular expenses for operation of business,

profession or farm (attach detail) \$ N/A \$ N/A

Other (specify): Commissary

personal hygiene, etc., \$ 0 \$ N/A

Total monthly expenses: \$ 0 \$ N/A

9. Do you expect any major changes to your monthly income or expenses on in your assets or liabilities during the next 12 months? No

10. Have you paid – or will you be paying an attorney any money for service in connection with this case, including the completion of this form? No

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? No

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

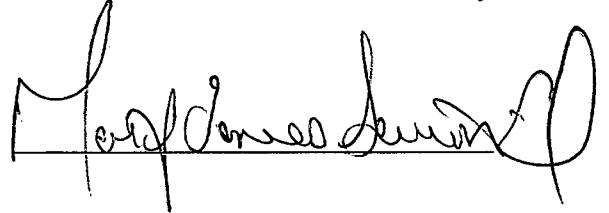
I am Idle No Pay status, as far as employment, and do not have any securities on the trust fund account at this facility, nor do I own any properties that are worth of value, all other courts has granted mme the

oppurtunity to access to the courts. The merits raised must be heard and that

I am not hindered in my filing due to my indigency.

I affirm that the above and foregoing is true and correct to the best of my
personal knowledge and belief.

Executed on: March 19 ____, 2018

A handwritten signature in black ink, appearing to read 'M. J. Jones', written over a horizontal line.

Petitioner, *In Propria*

Persona, Sui juris

STATE OF INDIANA)
) SS: **AFFIRMATION**
 COUNTY OF MADISON)

I, the undersigned, do hereby swear or affirm under the penalties of perjury, that the foregoing statements are true and correct. *Motion for Leave to Proceed In Forma Pauperis*

Dated: 3-16-18

[Signature]
 (signature) (signed in presence of a Notary)

Martine Seribn - et, Affiant
 (printed name)

DOC # 901684
 Pendleton Correctional Facility
 4490 W. Reformatory Road
 Pendleton, IN 46064-9001

STATE OF INDIANA)
) SS: **NOTARIZATION**
 COUNTY OF MADISON)

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public in and for the above

State and County, on this 16 day of MARCH, 2018.

K. Seram
 Notary - Signature

KAMILT. SERAM
 Notary - Printed Name

HAMILTON
 County of Residence

12/19/2018
 Date My Commission Expires