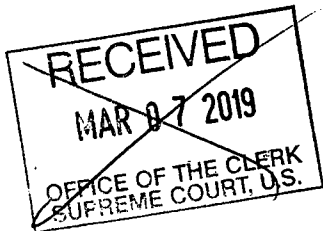
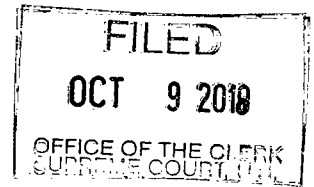


No. 18-8335

**ORIGINAL**



IN THE  
SUPREME COURT OF THE UNITED STATES  
OFFICE OF THE CLERK



LAMAR C. CHAPMAN, III — PETITIONER  
(Your Name)

VS.  
BARACK HUSSEIN OBAMA, II; NE (LEGAL NAME)  
BARRY SOETORO, 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):

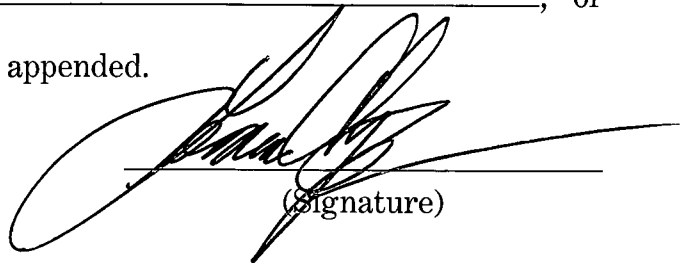
UNITED STATES DISTRICT COURT - DISTRICT OF COLUMBIA; AND UNITED STATES COURT OF APPEALS - DISTRICT OF COLUMBIA, WASHINGTON, DC 20543

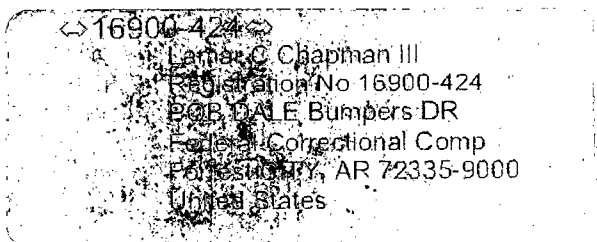
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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.

  
(Signature)



# 18-8335

## AFFIDAVIT OR DECLARATION

# ORIGINAL

### IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, LAMAR C. CHAPMAN, III, 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>1.77</u> <sup>or</sup> <u>5.25</u>	\$ <u>N/A</u>	\$ <u>5.25</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>1.77</u> <sup>or</sup> <u>5.25</u>	\$ <u>N/A</u>	\$ <u>5.25</u>	\$ <u>N/A</u>

FILED

OCT 9 2018

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) FEDERAL BUREAU OF PRISONS

Employer	Address	Dates of Employment	Gross monthly pay
<u>BUREAU OF PRISONS</u>	<u>LORETO, PENNSYLVANIA</u>	<u>SEPT. 16, 2012</u>	<u>\$ 5.25 *****</u>
<u>BUREAU OF PRISONS</u>	<u>LORETO, PENNSYLVANIA</u>	<u>NOV. 1, 2017</u>	<u>\$ 1.77 *****</u>
<u>BUREAU OF PRISONS</u>	<u>FERRIS CITY, ARKANSAS</u>	<u>MAY 8, 2018</u>	<u>\$ 5.25 *****</u>

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.) SPOUSE'S INCOME UNAVAILABLE

Employer	Address	Dates of Employment	Gross monthly pay
<u>PRIVACY RIGHTS</u>	<u>PROTECTED</u>	<u>NOT</u>	<u>\$ AVAILABLE *</u>
			<u>\$</u>
			<u>\$</u>

4. How much cash do you and your spouse have? \$ INMATE NONE - SPOUSE \*  
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
<u>INMATE - NONE</u>	<u>\$ 0</u>	<u>\$ UNKNOWN</u>
<u>INMATE - NONE</u>	<u>\$ 0</u>	<u>\$ UNKNOWN</u>
<u>INMATE - NONE</u>	<u>\$ 0</u>	<u>\$ UNKNOWN</u>

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

☒ Home INMATE NONE  
Value SPOUSE UNKNOWN

☐ Other real estate  
Value NONE

☒ Motor Vehicle #1 INMATE NONE  
Year, make & model \*  
Value SPOUSE UNKNOWN

☐ Motor Vehicle #2  
Year, make & model NONE  
Value N/A

☐ Other assets  
Description NONE  
Value N/A

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
INMATE - 0 -	\$ - 0 -	\$ UNKNOWN
INMATE - 0 -	\$ - 0 -	\$ UNKNOWN
INMATE - 0 -	\$ - 0 -	\$ UNKNOWN

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"). SPOUSE UNKNOWN; INMATE NINE

Name	Relationship	Age
- 0 -	- 0 -	- 0 -
- 0 -	- 0 -	- 0 -
- 0 -	- 0 -	- 0 -

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)	\$ - 0 -	\$ UNKNOWN
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)	\$ - 0 -	\$ UNKNOWN
Home maintenance (repairs and upkeep)	\$ - 0 -	\$ UNKNOWN
Food	\$ - 0 -	\$ UNKNOWN
Clothing	\$ - 0 -	\$ UNKNOWN
Laundry and dry-cleaning	\$ - 0 -	\$ UNKNOWN
Medical and dental expenses	\$ - 0 -	\$ UNKNOWN

\* FORTY-FOUR (44) UNINTERRUPTED YEARS OF MARRIAGE AND FIFTY-SIX (56) YEARS OF PRECIOUS FRIENDSHIP.

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

Redress For Loss Of Income And Loss Of Use Of Income In Civil Rights Litigation For Irreparable Harm.

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? NONE

If yes, state the attorney's name, address, and telephone number: NOT APPLICABLE

N/A

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? NONE

If yes, state the person's name, address, and telephone number: NOT APPLICABLE

N/A


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

PETITIONER HAS BEEN STRIPPED OF EARNING \$42.50 PER BILLABLE MINUTE AS A CONSULTANT BY DEFENDANT'S FALSE IMPRISONMENT AND WHISTLEBLOWER RETALIATION. PETITIONER HAS BEEN WITHOUT INCOME FOR THE PAST SEVEN (7) YEARS!

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

Executed on: FEBRUARY 15, \_\_\_\_\_, 2019

-6-

  
(Signature)

⇄ 16900-424 ⇄

Lamar C Chapman III  
Registration No 16900-424  
POB DALE Bumpers DR  
Federal Correctional Comp  
Forrest CITY, AR 72335-9000  
United States