No. 23 - 7284

FILED
MAR 2 8 2024
OFFICE OF THE CLERK SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

<u>Weal Merrell Walker</u> — PETITIONER (Your Name)

VS.

United States of America - 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):

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:

n or

Neal Merrell Walker
(Signature)

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

I, Neal Mercil Walker, 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.

	ge monthly amo st 12 months	ount during	Amount expe	cted
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
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:	\$	\$	\$	\$

Unicor	2680 Huy 3015044 Jesup CAD 31599	Employment Tankery	\$ B 32.00
	Jesup CA 3/599		
	•		\$
			\$
3. List your spouse's (Gross monthly pa	s employment history for y is before taxes or other	r the past two years r deductions.)	, most recent employer fi
Employer	Address	Dates of Employment	Gross monthly pay
			\$ \$
	•		•
		\$	\$ \$
5. List the assets, an and ordinary house	nd their values, which yo ehold furnishings.	ou own or your spous	e owns. Do not list cloth
∃Home	16	☐ Other real estat	te
Value		Value	
☐ Motor Vehicle #1		☐ Motor Vehicle #	49
Year, make & mod	el	Year, make & n	
rear, make & mou		, ,	
•		Value	
Value		Value	
•		Value	
5. List the assets, an	ad their values, which yo	\$ \$ \$	\$ \$ \$

6.	State	every	person,	business,	or	organization	owing	you	or	your	spouse	money,	and	the
	amour	it owed	1.											

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$

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

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) Are real estate taxes included? Is property insurance included? Yes No	\$	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$ 125.00	\$ 6
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$ _	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$	-{
Recreation, entertainment, newspapers, magazines, etc.	\$	X\$
Insurance (not deducted from wages or included in mortg	gage payments	3)
Homeowner's or renter's	\$	· \$
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$	\$
Other:	\$	
Taxes (not deducted from wages or included in mortgage	payments))
(specify):	<u>_</u> \$	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$	\$
Department store(s)	\$	<u> </u>
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	
or farm (attach detailed statement)		//: X

Э.			ajor changes to next 12 months		y income or e	xpenses or ir	ı your assets o	r
	□Yes	▼ No	If yes, descr	ibe on an atta	ched sheet.			
			·					
10.	Have you p with this ca	oaid – or w ase, includ	ill you be payiring the complet	ng – an attorn ion of this for	ey any mone m?	y for services V No	s in connection	ì
	If yes, how	much?						
	If yes, state	e the attor	ney's name, ado	dress, and tel	ephone numb	er:		
11.	a typist) an form?	y money f	ll you be paying or services in c	onnection wit	h this case, in			
	☐ Yes	▼ No			•			
	If yes, how	much?			~			
If v	res, state the	e nerson's	name, address,	and telephon	e number			
<i>J</i>	os, source one	o person s	ilairio, addi oos,	and belephon	o mannoon.			
12.	Provide any	other info	ormation that w	vill help explai	n why you ca	nnot pay the	costs of this ca	ıse.
	Just d	o Not	make end	oush mon	ney		,	
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