

24-7054

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Oscar Martinez Hernandez PETITIONER
(Your Name)

VS.
United States of America RESPONDENT(S)

ORIGIN

FILED
FEB 18 2025

OFFICE OF THE CLERK
SUPREME COURT, U.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):

District Court of Puerto Rico 15-CR-75. See Attachment.
DKT 50, 66

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: _____
CJA 30, or

a copy of the order of appointment is appended.

Oscar Martinez Hernandez
(Signature)

RECEIVED
APR 15 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

OSCAR MARTINEZ-HERNANDEZ,
PETITIONER,

v.

UNITED STATES OF AMERICA,
RESPONDENT.

ON PETITION FOR A WRIT OF CERTIORARI
UNITED STATES COURT OF APPEALS
FOR THE FIRST CIRCUIT

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
TO THE HONORABLE COURT:

HERE COMES NOW, Oscar Martinez-Hernandez, the petitioner in the above
captioned matter, to move this Honorable Court very respectfully for the
following:

1. The petitioner is asking this Court to grant him authorization to proceed in forma pauperis because he is unable to pay the filing fees associated with Petition for Writ of Certiorari filed with in this Court.
2. In support of this motion the petitioner is filing an Affidavit declaring the reasons why he is unable to pay the filing fees and why the petitioner is unable to endure the costs associated with the litigation of the Petition for Writ Certiorari. See Affidavit in Support of Motion For Leave To Proceed In Forma Pauperis.
3. Furthermore, the Petitioner was appointed counsel in the U.S. District Court of Puerto Rico in this same case under criminal case number (15-cr-75) See Attached Docket Sheet.

WHEREFORE, based on all the aforementioned reasons, petitioner is asking this Honorable Court to grant leave to proceed in forma pauperis.

RESPECTFULLY SUBMITTED, in Florence, Colorado, on this the 11th day of April 2025.

Oscar Martinez Hernandez
OSCAR MARTINEZ-HERNANDEZ,
REG. NO. 09486-069
PROCEEDING PRO-SE
USP FLORENCE ADMAX
U.S. PENITENTIARY
PO BOX 8500
FLORENCE, CO 81226

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct.

Executed on the 11TH of April 2025

Oscar Martinez Hernandez
OSCAR MARTINEZ-HERNANDEZ

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

I, _____, 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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>Commission</u>	\$ <u>300.00</u>	\$ <u>N/A</u>	\$ <u>300.00</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>300.00</u>	\$ <u>N/A</u>	\$ <u>300.00</u>	\$ <u>N/A</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
<u>NONE</u>	<u>NONE</u>	<u>None</u>	\$ <u>NONE</u>
			\$ <u> </u>
			\$ <u> </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.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
			\$ <u> </u>
			\$ <u> </u>

4. How much cash do you and your spouse have? \$ N/A
 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>BOP Commissary Account</u>	\$ <u>300.00</u>	\$ <u>N/A</u>
	\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	\$ <u> </u>

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 None Other real estate
 Value N/A None

Motor Vehicle #1
 Year, make & model N/A None Motor Vehicle #2
 Value _____ Year, make & model N/A None
 Value _____

Other assets
 Description None
 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
\$ 0	\$ N/A	
\$ 0	\$ N/A	
\$ 0	\$ 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
N/A None	N/A None	N/A
N/A None	N/A None	N/A
N/A None	N/A None	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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ N/A
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	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ N/A
Food	\$ 150.00	\$ N/A
Clothing	\$ 30.00	\$ N/A
Laundry and dry-cleaning	\$ 0	\$ N/A
Medical and dental expenses	\$ 20.00	\$ N/A
F BOP Phone calls	\$ 50.00	

	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>	\$ <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>	\$ <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>	\$ <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>0</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <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.

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 have been incarcerated since 2012. I am currently housed at ADX MAX PRISON, Florence, CO., on Lockdown Status 24/7. don't have work at Institution. I am trying to get family assistance, but can't promise anything. THANK YOU for all the help provided and blessings.

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

Executed on: April 11, 2025

Dora Martinez Henrandez
(Signature)