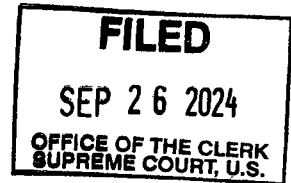


ORIGINAL

No. 94-7066

IN THE

SUPREME COURT OF THE UNITED STATES



Hazem Garada — PETITIONER  
(Your Name)

VS.

DC Board Of Medicine — 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):

- DC Court of Appeals 2022  
- Supreme Court Of The United States: Oct 2021

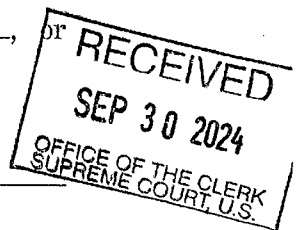
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☐ 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: \_\_\_\_\_

☐ a copy of the order of appointment is appended.



Hazem Garada  
Certificate Of Service (Signature)

This is to Certify that copy of Above Motion has been sent via First Class U.S. mail to Respondant's Counsel address on Record on Sept, 25, 2024.

Sept, 25, 2024

Hazem Garada, M.D.  
Hazem Garada

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

I, Hazem Garada, 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>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
Self-employment	\$ <u>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
Gifts	\$ <u>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
Alimony	\$ <u>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
Child Support	\$ <u>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>2,172.00</u>	\$ <u>N/A</u>	\$ <u>2,172</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>/</u>	\$ <u>N/A</u>	\$ <u>/</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>2,172</u>	\$ _____	\$ <u>2,172</u>	\$ _____

Disable since May 2021 due to ongoing chemotherapy cancer  
Infusion center at John Hopkins University Hospital, Baltimore, MD  
Since 2021

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>Discharged</u>			\$
<u>Since 2021</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>			\$
			\$
			\$

4. How much cash do you and your spouse have? \$  
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>checking</u>	\$ <u>25.00</u>	\$ <u>N/A</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 \_\_\_\_\_

☐ Other real estate  
Value \_\_\_\_\_

☒ Motor Vehicle #1 Antique Plate  
Year, make & model Mer 1997  
Value \$100

☐ Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

☐ Other assets  
Description N/A  
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
<u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>None</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>Social Security</u>	_____	_____
<u>Disability</u>	_____	_____
<u>Benefit since 2021</u>	_____	_____

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)	\$ <u>800</u>	\$ _____
Are real estate taxes included? <input 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)	\$ <u>400</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>50</u>	\$ _____
Food	\$ <u>350</u>	\$ _____
Clothing	\$ <u>50</u>	\$ _____
Laundry and dry-cleaning	\$ <u>50</u>	\$ _____
Medical and dental expenses	\$ <u>150</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>50</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>50</u>	\$ _____
Life	\$ _____	\$ _____
Health	\$ <u>50</u>	\$ _____
Motor Vehicle	\$ <u>50</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0.00</u>	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ <u>100</u>	\$ _____
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): <u>Medication</u>	\$ <u>100</u>	\$ _____
<b>Total monthly expenses:</b>	\$ <u>2,250</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.

*Disabled on social security benefit since 2021  
ongoing chemotherapy cancer infusion Therapy*

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

Executed on: Sept, 25, 2024



(Signature)



## Social Security Administration Benefit Verification Letter

Date: September 24, 2024  
BNC#: 24KU450A54551  
REF: A, DI

\*0101BEV7G6JW2RP\* CCM.M72.BEV7G.R240924

HAZEM GARADA  
10670 CANTERBURY ROAD  
FAIRFAX STATION VA 22039-1924

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

### Information About Current Social Security Benefits

Beginning January 2024, the full monthly Social Security benefit before any deductions is \$2,172.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$2,172.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third Wednesday of each month.

We found that you became disabled under our rules on November 9, 2021.

### Information About Past Social Security Benefits

From December 2023 to December 2023, the full monthly Social Security benefit before any deductions was \$2,170.10.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$2,170.00.  
(We must round down to the whole dollar.)

### Type of Social Security Benefit Information

You are entitled to monthly disability benefits.