

## SUPREME COURT OF THE UNITED STATES

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Michael Lollusso — PETITIONER (Your Name)
VS.
Secretary, Honda Dept - 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 <i>in forma pauperis</i> .
Please check the appropriate boxes:
$\Box$ Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):
Petitioner has <b>not</b> 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 <b>not</b> 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) REC

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	Address  se's employment history pay is before taxes or		Gross monthly pay  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	do you and your spou y money you or your		Gross monthly pay  \$ \$ \$ punts or in any other financial
5. List the assets,	and their values, who usehold furnishings.	\$ 8 \$ 9 \$ 9	Amount your spouse has \$ \$ \$ se owns. Do not list clothing
□ Home Value		□ Other real esta Value	ate ———
□ Motor Vehicle # Year, make & m Value	// \	☐ Motor Vehicle Year, make & Value	
☐ Other assets Description Value	<u>\$</u>		

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

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

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:
	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
	☐ Yes ☐ No  If yes, how much?
If y	ves, state the person's name, address, and telephone number:
	Provide any other information that will help explain why you cannot pay the costs of this case.  Let I have been Unconstituted and Illegally in The problem of Department of Connections and how in The Problem July Jail almost four years.
	eclare under penalty of perjury that the foregoing is true and correct.
Ex	ecuted on: March 132, 2025
	(Signature)