5-5288

**FILED** AUG 25 2024 OFFICE OF THE CLERK SUPREME COURT, U.S.

IN THE

## SUPREME COURT OF THE UNITED STATES

MEKASHA PETITIONER EDAIE (Your Name)

## TYSON FRESH MEATS, INC: CHRISTY CHAPPELEAR AND DANIEL NORTHNESPONDENT(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:

Petit uper is in	tioner has any other	not previ	ously been	granted	leave to	o proceed	in forn
☐ Peti	tioner's aff	idavit or dec	laration in s	support of	this moti	ion is attac	hed here
		fidavit or de the current p			ched bec	ause the c	ourt belo
mb.	annaintma	ent was mad	lo	. <i>C</i> . 11		am of lower	

(Signature)

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JUN 26 2025

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

- I, EDDIE MEKASHA, 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.

	rce Average monthly amount during the past 12 months		nt during	Amount expected next month	
	Y	ou .	Spouse	You	Spouse
Employment	\$.	45,000.00	\$ 35,000.00	\$ 3,600,00	\$ 0.00 (QUIT)
Self-employment	\$.	0.00	\$ 0.00	\$_0.00	\$ <u>0</u> .00
Income from real proper (such as rental income	•	0,00	\$_0.00	\$ 0.00	\$ 0,00
Interest and dividends	\$.	360,00	\$ 240.00	\$ 30.00	\$ 20.00
Gifts	\$	240.00	\$ 0.00	\$ 20.00	\$ 000
Alimony	\$.	<u>v.00</u>	\$	\$_0.00	\$ 0,00
Child Support	\$.	0 . 00	\$ <u>0.00</u>	\$ 0.00	\$ 0.00
Retirement (such as so security, pensions, annuities, insurance)	cial \$	000	\$ 000	\$ 0.00	\$
Disability (such as soci security, insurance pa		0 ,00	\$ 0.00	\$	\$
Unemployment paymen	nts \$	Ø 10€	\$ 0.00	\$ 0.00	\$0
Public-assistance (such as welfare)	\$.	0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify):	\$	0.00	\$	\$ <u><b>0</b>,00</u>	\$ 0, 00

Total monthly income: \$ 45,000,00\$ 35,240,00\$ 3650,00\$ 20.00

2. List your employment is before taxes or other	nt history for the past ner deductions.)	two years, most recent	first. (Gross monthly pay
Community Allications - I Manager ABS Corpora	Address  ance omakane  MPACT emakan  him omakan	Dates of Employment  08 12.  UE 10 2020  UE 06 2021	Gross monthly pay $\begin{array}{cccccccccccccccccccccccccccccccccccc$
3. List your spouse's e (Gross monthly pay	employment history for is before taxes or other	the past two years, medductions.)	nost recent employer first.
Nebraska Medi	Address  Gne OmghaNE	Dates of Employment	Gross monthly pay  (\$
Below, state any moinstitution.	oney you or your spous		s or in any other financial
	their values, which yo		owns. Do not list clothing
□ Home Value ♣ 125, c	(Mortjage)	☐ Other real estate Value	
☐ Motor Vehicle #1 Year, make & model Value	Honda CRV20	☐ Motor Vehicle #2 Year, make & mod Value	del Honda pilot 2008
☐ Other assets Description Value	•	-	· · · · · · · · · · · · · · · · · · ·

6. State every person, bus amount owed.	siness, or organization	owing you or yo	ur spouse money, a	nd the
Person owing you or your spouse money	Amount owed to y	ou Amo	ount owed to your s	pouse
	\$ 00	. \$	0	
	\$	. \$		
	\$	\$		
7. State the persons who re instead of names (e.g. "J.			r minor children, list	initials
Name	Relationshi		Age	
Daughter Sim	ret Daogh	ter	22	
8. Estimate the average more paid by your spouse. A annually to show the mo	Adjust any payments th			erly, or
Rent or home-mortgage par (include lot rented for mobile Are real estate taxes included in the property insurance included)	lle home) ided? □_Yes □ No	\$5 <u>\$</u>	\$ 550.	<u></u>
Utilities (electricity, heating water, sewer, and telephone		\$ 360.	= \$ \langle \( \gamma \cdot \) \( \sigma \cdot \gamma \cd	. 10
Home maintenance (repairs	and upkeep)	\$ 220	\$ 220	2.10
Food		\$ 1200	·= \$ \langle 20.	٥
Clothing		\$_ <i>4950</i>	·~ \$ 45	<u>'0</u> , ~
Laundry and dry-cleaning		\$ 200	\$ 25	<u>ه.</u> ح
Medical and dental expense	es	\$ 500	<u>~ \$ 50</u>	00. J

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 550.00	\$ 300.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 1500,00	\$ 600000
Insurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$	\$
Life	\$_0.0	\$_0\w
Health	\$ 500.~	\$ 300000
Motor Vehicle	\$ 250.0	\$ 200.w
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify):	\$ 1500.0	\$ 1000.00
Installment payments		
Motor Vehicle	\$ 0:~	\$ 0.W
Credit card(s)	\$_ <i>O</i> .~	\$ 1500.0
Department store(s)	\$ 35000	\$ 5501W
Other:	\$ 0.00	\$ 0 · W
Alimony, maintenance, and support paid to others	\$ <u> </u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0·~</u>	\$ 0.00
Other (specify):	\$	\$
Total monthly expenses:	\$ 42,00	\$ 25,000.0
	\$ <del>42,00</del>	

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 I No If yes, describe on an attached sheet.
Health and age Condition mainly doets PTSD and Diabetic Consequences
PTSD and Diabetic Consequences
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 X 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 medical costs and the poorest of the poorest families in Ethiopia Send
of the provest families in SII
I declare under penalty of perjury that the foregoing is true and correct.
Executed on: $\frac{\partial \mathcal{Z}/25}{}$ , 2024
Eddie Mekasha
(Signature)
· (Digitalui o)