No. 25 - 5298

FILED MAY 29 2025 OFFICE OF THE CLERK SUPREME COURT, U.S.

| IN THE |
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| SUPREME COURT OF THE UNITED STATES |
| Michael Keith Mallonee — PETITIONER Pro Se |
| VS. |
| Department of Interior 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: |
| Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s): |
| US Court of Appeals for the Federal Circuit (See Appendix E) |
| □ Petitioner has not previously been granted leave to proceed <i>in forma</i> pauperis in any other court. |
| $\hfill\Box$ 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:, or |
| a copy of the order of appointment is appended. RECEIVED AUG -5 2025 |
| , |

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

- I, Michael Keith Mallonee , 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 | | e monthly amo t 12 months | unt during | Amount expected next month | | |
|--|---------|------------------------------|--------------------|----------------------------|--------------------|--|
| | | You | Spouse | You | Spouse | |
| Employment | | \$0 | \$ <u>0</u> | \$0 | \$ | |
| Self-employment | | \$0 | \$0 | \$0 | \$ <u>0</u> | |
| Income from real propo (such as rental incom | • | \$0 | \$0 | \$0 | \$0 | |
| Interest and dividends | | \$0 | \$ <u>0</u> | \$0 | \$0 | |
| Gifts | | \$0 | \$0 | \$ <u>0</u> | \$0 | |
| Alimony | | \$0 | \$0 | \$0 | \$0 | |
| Child Support | | \$0 | \$0 | \$0 | \$0 | |
| Retirement (such as so security, pensions, annuities, insurance) | ocial | \$1005.00 | \$ <u>6,173.37</u> | \$1005.00 | \$ <u>6,173.37</u> | |
| Disability (such as soc security, insurance pa | | \$0 | \$0 | \$0 | \$0 | |
| Unemployment payme | ents | \$0 | \$0 | \$0 | \$0 | |
| Public-assistance (such as welfare) | | \$0 | \$0 | \$0 | \$0 | |
| Other (specify): Elader | r Care | \$_300.00 | \$0 | \$300.00 | \$0 | |
| Total monthly i | income: | \$ 1305.00 | \$6173.37 | \$ 1305.00 | \$6173.37 | |

| Employer | Address | Dates of Employment | Gross monthly pay |
|--|---|--|--|
| NA | | | _ \$ <u>NA</u> |
| <u>NA</u> | | | _ \$ <u>NA</u> |
| NA | NA | NA · | _ \$ <u>NA</u> |
| | use's employment histor ly pay is before taxes or Address | ry for the past two years, in the other deductions.) Dates of Employment | most recent employer firs Gross monthly pay |
| NA | NA | NA NA | \$ <u>NA</u> |
| NA | NA | NA | \$ <u>NA</u> |
| NA | | | \$NA |
| Checking | e.g., checking or savings | \$329.06 | \$ 73.65 |
| Type of account (| e.g., checking or savings | \$329.06 \$858.49 | Amount your spouse h \$ 73.65 |
| Type of account (Checking Checking joint account to the change of the c | | \$ 329.06 \$ 858.49 | Amount your spouse h |
| Type of account (Checking Checking joint account (Savings 5. List the asset and ordinary limits account (Checking joint account (Checking joi | s, and their values, whi | \$ 329.06 \$ 858.49 | Amount your spouse h \$ 73.65 \$ \$ 73.51 te owns. Do not list cloth |
| Type of account (Checking Checking Joint account of Savings 5. List the assets and ordinary John Home Value 340,000. | s, and their values, whi household furnishings. | \$ 329.06 \$ 858.49 \$ 0 ch you own or your spous | Amount your spouse h \$ 73.65 \$ \$ 73.51 se owns. Do not list cloth |
| Type of account (Checking Checking Checking joint account of Savings 5. List the assett and ordinary of Home Value 340,000. Motor Vehicle | s, and their values, whi household furnishings. | \$329.06 \$858.49 \$0 ch you own or your spous Other real esta Value NA | Amount your spouse h \$ 73.65 \$ \$ 73.51 se owns. Do not list cloth |
| Type of account (Checking Checking joint account (Savings 5. List the asset and ordinary Home Value 340,000. | s, and their values, whi household furnishings. 00 #1 model Toyota Camry | \$329.06 \$858.49 \$0 ch you own or your spous Other real esta Value NA | Amount your spouse h \$ 73.65 \$ \$ 73.51 be owns. Do not list cloth ate #2 model 1999,Olds, Bravada |

| 6. | State every | y person, | business, | or | organization | owing | you | or | your | spouse | money, | and | the |
|----|-------------|-----------|-----------|----|--------------|-------|-----|----|------|--------|--------|-----|-----|
| | amount ow | ed. | | | | | | | | | | | |

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| None | \$ <u>0</u> | \$ <u>0</u> |
| None | \$0 | \$0 |
| None | \$0 | \$0 |

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 |
|------|--------------|-----|
| None | NA | NA |
| None | NA | NA |
| None | NA | NA |

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? Yes No Is property insurance included? Yes No | \$ <u>0</u> | \$ 1,584.04 |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ 1611.77 | \$0 |
| Home maintenance (repairs and upkeep) | \$ 120.00 | \$0 |
| Food | \$ 1725.06 | \$ 0 |
| Clothing | \$ <u>0</u> | \$0 |
| Laundry and dry-cleaning | \$ 25.00 | <u>\$ 0</u> |
| Medical and dental expenses | \$ 180.00 | \$ 450.0 |

| | You | Your spouse |
|---|------------------|-------------|
| Transportation (not including motor vehicle payments) | \$ <u>120.00</u> | \$_0 |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>40.00</u> | <u> </u> |
| Insurance (not deducted from wages or included in morta | gage payments) | |
| Homeowner's or renter's | \$ <u>0</u> | <u> </u> |
| Life | \$ <u>0</u> | <u>0</u> |
| Health | \$ 368 | \$_0 |
| Motor Vehicle | \$ 200.99 | \$ 0 |
| Other: NA | \$ 0 | \$ 0 |
| Taxes (not deducted from wages or included in mortgage | payments) | |
| (specify): Taxes year (860) monthly 75.00 | \$ <u>0</u> | \$75.00 |
| Installment payments | | |
| Motor Vehicle | \$ <u>0</u> | <u>0</u> |
| Credit card(s) | \$ <u>0</u> | \$ 250.00 |
| Department store(s) | \$ <u>0</u> | <u> </u> |
| Other: HELOC | \$ <u>0</u> | \$ 462.10 |
| Alimony, maintenance, and support paid to others | \$ <u>0</u> | \$ 0 |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>0</u> | \$ <u>0</u> |
| Other (specify): NA | \$ <u>0</u> | <u> </u> |
| Total monthly expenses: | \$4979.77 | \$ 2821.14 |

| 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? NA |
| 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? NA |
| 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. |
| Yes. I am Totally and Permanently Disabled, living on limited SSA and my wife's small teacher retirement. See Attachments A and B confirming TPD status and student loan discharge. I cannot afford court costs without severe hardship and respectfully request this motion be granted. |
| I declare under penalty of perjury that the foregoing is true and correct. |
| Executed on: AUGUAT Z, 20 Z.5 |
| Modfallarel (Signature) |