No.: 25-5354

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

MICHAEL JOSHUA HENDERSON,

Petitioner,

VS.

PAM BONDI, United States Attorney General, DEREK S. MALTZ, Acting Administrator of the Drug Enforcement Administration, DR. SARA BRENNER, Acting Commissioner of the Food and Drug Administration, DANIEL F. MARTUSCELLO III, Commissioner of the Department of Corrections and Community Supervision, ANN MARIE SULLIVAN, Commissioner of the Office of Mental Health, DANIELLE DILL, Executive Director of Central New York Psychiatric Center,

Respondents.

ON PETITION FOR WRIT OF CERTIORARI TO THE SECOND CIRCUIT COURT OF APPEALS

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Dated: July 27, 2025

Respectfully,

Michael Joshua Henderson, Pro se
#06A546
Sing Sing Correctional Facility
354 Hunter St.
Ossining, N.Y. 10562

The petitioner asks leave to file the attached petition for 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): United States District Court, Northern District of New York.

☐ 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: _____

_____, or

☐ a copy of the order of appointment is appended

Dated: July 27, 2025

Respectfully,

Michael Joshua Henderson

Michael Joshua Henderson, Pro Se
#06A5461
Sing Sing Correctional Facility
354 Hunter St.
Ossining, N.Y. 10562

No.: _____

IN THE

SUPREME COURT OF THE UNITED STATES

MICHAEL JOSHUA HENDERSON,

Petitioner,

VS.

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Respondents.

ON PETITION FOR WRIT OF CERTIORARI TO THE SECOND CIRCUIT COURT OF APPEALS

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

Dated: July 27, 2025

Respectfully,

Michael Joshua Henderson

Michael Joshua Henderson, Prose
#06A5461
Sing Sing Correctional Facility
354 Hunter St.
Ossining, N.Y. 10562

I, Michael Joshua Henderson, am the petitioner in the above-entitled action. 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 of 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	$ None.0	$ None	$ None	$ None
Self-Employment	$ None/0	$ None	$ None	$ None
Income from real	$ None	$ None	$ None	$ None

property (such as rental income)				
Interest and dividends	$ None	$ None	$ None	$ None
Gifts	$ None	$ None	$ None	$ None
Alimony	$ None	$ None	$ None	$ None
Child Support	$ None	$ None	$ None	$ None
Retirement (such as Social Security, pensions, annuities, insurance)	$ None	$ None	$ None	$ None
Disability (such as Social Security, insurance payments)	$ None	$ None	$ None	$ None
Unemployment payments	$ None	$ None	$ None	$ None
Public-assistance (such as welfare)	$ None	$ None	$ None	$ None
Other (specify): None	$ None	$ None	$ None	$ None
Total monthly income:	$ None	$ None	$ None	$ None

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
None	None	None	$ None
None	None	None	$ None
None	None	None	$ None

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
None	None	None	$ None
None	None	None	$ None
None	None	None	$ None

4. How much cash do you and your spouse have? None. Below, state any money you or your spouse have in bank accounts or in any other finical institution

Financial institution	Type of account	Dates of Employment	Gross Monthly pay
None	None	None	$ None
None	None	None	$ None
None	None	None	$ None

5. List the assets, and their values, which you own or spouse owns. Do not list clothing and ordinary household furnishings:

☐ Home
Value None

☐ other real estate
Value None

☐ Motor Vehicle #1
Year, make & model None
Value None

☐ Motor Vehicle #2
Year, make & model None
Value None

☐ Other assets

Description None

Value None.

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
None	$ None	$ None
None	$ None	$ None
None	$ None	$ None

7. State the persons who rely on you or your spouse for support:

Name	Relationship	Age
None	None	None
None	None	None
None	None	None

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)	$ None	$ None
Are real estate taxes included? ☐ Yes ☑ No		
Is property insurance included? ☐ Yes ☑ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ None	$ None
Home maintenance (repairs and upkeep)	$ None	$ None
Food	$ None	$ None
Clothing	$ None	$ None
Laundry and dry cleaning	$ None	$ None
Medical and dental expenses	$ None	$ None
Transportation (not including motor vehicle payments	$ None	$ None
Homeowner's or renter's	$ None	$ None
Life	$ None	$ None
Health	$ None	$ None
Motor Vehicle	$ None	$ None
Other: None	$ None	$ None
Taxes (not deducted from wages or included in mortgage payments)		

(Specify): None $ None $ None

Installment payments

Motor Vehicle $ None $ None

Credit card(s) $ None $ None

Department Store(s) $ None $ None

Other: None $ None $ None

Total monthly expenses $ None $ None

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? none

If yes, state the person'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) and money for services in connection with this case, including the completion of this form?

☐ Yes ☑ No

If yes, how much? none

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: None.

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

Dated: July 27, 2025

Respectfully,

Michael Joshua Henderson

Michael Joshua Henderson, prose
#06A5461
Sing Sing Correctional Facility
354 Hunter St.
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