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

PETITION FOR WRIT OF CERTIORARI

Dated: July 27, 2025

Respectfully,

Michael Joshua Henderson

Michael Joshua Henderson, Prose
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QUESTIONS PRESENTED

1. Whether this Court should overrule Gonzales v. Raich, 545 U.S. 1, 125 S.Ct. 2195 (2005) in this present day and time?

2. If so, Whether in this present day and time, it is overly broad and vague to say marijuana "has no accepted medical use in treatment in the United States" and "a lack of accepted safety for use of the drug or other substance under medical supervision", in violation of the First Amendment of the United States Constitution, even if Petitioner failed to state a claim himself?

3. Whether the scheduling of Marijuana as a schedule I, violates Petitioners personal autonomy and bodily privacy rights under the Fourth and Fourteenth Amendments of the United States Constitution?

4. Whether the scheduling of marijuana as a Schedule I, is subjecting Petitioner to cruel and unusual punishment, a deliberate indifference to his medical needs and a failure to protect, in violation of the Eighth Amendment of the United States Constitution?

5. Whether the scheduling of marijuana as a schedule I, violates Petitioner's rights, and other third parties' rights, under the Substantive Due Process, the Procedural Due Process and Equal Protection clauses of the Fifth and Fourteenth Amendments of the United States Constitution?

6. Whether Petitioner properly stated a claim upon which relief can be granted?

LIST OF PARTIES

All parties appear in the caption of the case on the cover page.

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CONSTITUTIONAL AMENDMENTS

STATUTES, RULES AND REGULATIONS

IN THE
SUPREME COURT OF THE UNITED STATES

OPINIONS BELOW

The opinion of the United States Court of Appeals appears at Appendix "A", 175-179, Henderson v. Bondi, 2025 WL 1078049 (2nd Cir. 2025). The opinions of the United States District Court appears at A, 64-82, and A, 101-112, Henderson v. Garland, 2024 WL 3224750 (N.D.N.Y. 2024).

JURISDICTION

The date on which the highest federal court denied was April 10, 2025 (A, 176-179). No Petition for rehearing was timely filed. The jurisdiction of the Court is invoked under 28 U.S.C. § 1254.

CONSTITUTIONAL PROVISIONS, TREATIES STATUTES, ORDINANCES, AND REGULATIONS INVOLVED IN THE CASE

The constitutional provisions, treaties, statutes, ordinances, and regulations involved in the case, are the First, Fourth, Fifth, Eighth and Fourteenth Amendments of the United States Constitution, 21 U.S.C. § 812 (b)(1)(A)(B)(C), New York State Compassionate Care Act ("CCA"), NY PUB HEALTH §§ 3360-3369, 42 U.S.C. § 1983 and Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971).

STATEMENT OF CASE

Petitioner Michael Joshua Henderson, proceeding pro se, brought Constitutional claims under 42 U.S.C. § 1983 and Bivens v. Six UnKnown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971) against various State and federal officials. He alleges Constitutional violations related to his desire to receive medical marijuana while in the custody of New York State Department of Corrections and Community Supervision ("DOCCS"), and challenged the classification of marijuana as a schedule I drug under the Controlled Substances Act ("CSA").

Petitioner suffers from "chronic" "back pain" due to an injury he received as a child which resulted in a crushed vertebra (Appendix "A", pages 1-3 and A, 16-17). Petitioner also suffers from chronic depression or "Persistent Depressive Disorder" and "Cannabis Use Disorder Moderate" (A, 3 and A, 18-19). Petitioner has anxiety, trouble sleeping and tightness in the entire left side of his body. Petitioner has tried to treat his conditions with medications, injections in his back and physical therapy with no success. Petitioner has also experienced side effects from the medications and has discontinued or refused to take them. Petitioner has used small amounts of marijuana, prior to his incarceration, and during his incarceration, and has found that it helps his conditions significantly, with no side effects. When Petitioner smokes small amounts of marijuana, the entire left side of his body loosens up to the point he is able to crack his back all the way down to his foot like a chiropractor, and his bodily functions improve significantly.

Petitioner's use of small amounts of marijuana to treat his medical conditions is life saving. Petitioner is able to sleep after smoking marijuana without tossing and turning all night and has less anxiety. Petitioner has taken marijuana in edible form as well, which impacts the body differently than smoking, but also has a positive effect on his conditions, improving his bodily functions significantly.

New York State enacted the Compassionate Care Act ("CCA") in the year 2014, under Public Health Law § 3360, which allows a person, like Petitioner, with a "[s]erious condition", "pain that degrades health and functional capability...", "substance use disorder", "chronic pain", "or as added by the commissioner", to become certified patient for the use of medical marijuana to treat their conditions (A, 3 and A, 20-23).

DOCCS Defendants enacted directives and policies and procedures that comply with the CCA, permitting parolees, but not incarcerated individuals, to use marijuana to treat their medical conditions (A, 3-4 and A, 24-27).

Petitioner filed a grievance complaint with the Inmate Grievance Resolution Committee ("IGRC"), arguing that under the CCA he is permitted to become a certified patient for the use of medical marijuana to treat his conditions (A, 151-154). IGRC denied his grievance stating "Marijuana is a scheduled I controlled substance as defined by the DEA. DOCCS does not prescribe any

Schedule I Controlled substances. These are defined as substance, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse." (A, 155). Petitioner appealed the IGRC's denial to the Superintendent who denied the grievance for the same reasons (A, 156). Petitioner appealed the Superintendent's denial of the grievance to Central Office Review Committee ("CORC"), which denied for different reasons stating, "the grievant's complaint has been reviewed by the Division of Health Services' staff who advise that a complete investigation was conducted and that the grievant is receiving appropriate treatment. CORC further notes that Health Services policies are reviewed annually and changed when warranted". (A, 157-158).

Under the CSA, Marijuana is defined as "(1) Schedule I -- (A) The drug or other substance has a high potential for abuse[;] (B) The drug or other substance has no currently accepted medical use in treatment in the United States[;] [and] (C) There is a lack of accepted safety for use of the drug or other substance under medical supervision." (A, 4; See also 21 U.S.C. § 812(b)(1)(A)(B)(C).

In the present day and time, every State in the United States (excluding Wyoming), the District of Columbia, Tribal, Guam, Puerto Rico, Virgin Islands and Northern Mariana Islands, all have proposed or enacted legislation legalizing marijuana for medical and recreational purposes. (A, 4-8). Our United States Congress has even attempted to pass legislation legalizing marijuana for medical and

and, as a result, have caused Petitioner, and other Similarly situated parties not before the Court, damages, pain and suffering, mental emotional damages and violations of their constitutional rights (See, specifically, A, 12-15).

On March 8, 2024, Petitioner filed an Amended complaint to add more facts and to clarify the causes of action on pages 12-16. (See, generally A, 28-44). Petitioner added, that to classify marijuana as a Schedule I is life threatening to him, and other similarly situated third parties not before the Court; He included examples like, if a person has a life threatening condition, that only marijuana can keep at bay, that person will not be able to use the one drug keeping them alive: marijuana; Another example, is a person who suffers from seizures all day, who has tried every Food and Drug Administration ("FDA") approved drug, finding that nothing works but marijuana, that person will suffer from seizures all day because they cannot use marijuana; a final example used was a person who has a condition that causes loss of appetite, who found that marijuana helps them eat, that person will lose weight because he or she cannot use marijuana; Petitioner also alleged that he is suffering from chronic back pain and depression and cannot use marijuana which is the one thing that relieves his pain with no side effects; Petitioner also alleged that permitting the use of marijuana will help combat the use of other potentially dangerous drugs, and stated for an example, DOCCS Defendants has to continuously put out memos warning against the use of "synthetic marijuana" which has caused hospitalizations and even death. (See, specifically, A, 40-41 and 41-44).

On March 21, 2024, Petitioner filed a third amended Complaint to include more facts on page 13 and stated that other words may have been changed from page 13-16. (See, generally, A, 45-63). Petitioner included facts that allege, while Defendants refuse to deschedule marijuana, the Defendants have Fentanyl as a schedule II, a lower level than marijuana, and that drug is responsible for thousands of deaths each year, and they too refuse to reschedule that drug to a Schedule I; Petitioner alleged that even if Defendants descheduled marijuana, their process takes years of delay; Defendants are biased towards the descheduling of marijuana; and the scheduling of marijuana as a schedule I is life-or-death threatening to him, and other similarly situated third parties not before the Court. (See, Specifically A, 60 and A, 60-63).

On April 10, 2024, the United States District Court for the Northern District of New York, Honorable Mae A. D'Agostino, U.S. District dismissed the action without prejudice pursuant to 28 U.S.C. § 1915(e)(2)(B) and 28 U.S.C. § 1915A(b) for failure to state a claim upon which relief can be granted, allowing Petitioner to file an amended complaint. (See, generally, A, 64-82).

On April 18, 2024, Petitioner filed another third amended complaint to include another defendant, more facts and another cause of action, and included a letter motion to renew, reargue and reconsideration under Federal Rules of Civil Procedure, Rules 59 and 60 or other rule. (See, generally, A, 83-100). Petitioner added defendant Xaviers Becerra of the Department of Health and Human Services; Petitioner

added that marijuana is readily available throughout DOCCS, the State of New York and the United States; that on June 25, 2011, Petitioner tested positive for marijuana, received a misbehavior report and 30 days Keeplock (solitary confinement for 23 hours a day); that he intends to use marijuana but fears prosecution by Defendants, additional misbehavior reports and additional solitary confinement for using marijuana; that marijuana is not, and never was, a controlled substance, and the inclusion of marijuana at the time the CSA was enacted was improper, and even now it is improper; that marijuana helps relieve his pain and improves his conditions, and is life-saving; that defendants are bias towards the descheduling of marijuana; the administration process to deschedule marijuana is inadequate, takes years of delay and will cause him significant harm; that marijuana as a schedule I violates his personal autonomy and bodily privacy rights, the right to control his own body and to indulge in private, marijuana, including ingesting or smoking marijuana to treat his bodily and mental health conditions; that defendants police power does not extend so far as to permit the Government to protect petitioner against himself and the use of marijuana; that Petitioner is apart of the medical patient class or medical marijuana patient class, and like them, he should be permitted to use marijuana to treat his conditions; and finally that marijuana as a schedule I violates Petitioner's personal autonomy

and bodily privacy rights, as well as other similarly situated third parties rights not before the Court, under the Fourth and Fourteenth Amendments of the United States Constitution. (See, specifically, A, 83 and 100).

On June 4, 2024, United States District Court for the Northern District of New York, Honorable Mae A. D'Agostino, U.S. District Judge, dismissed the action without prejudice pursuant to 28 U.S.C. § 1915(e)(2)(B) and 28 U.S.C. § 1915A(b) for failure to state a claim upon which relief may be granted. (See, generally, A, 101-112).

On June 13, 2024, Petitioner filed a notice of appeal. (See, A, 113).

On July 11, 2024, Petitioner filed his appeal brief with the United States Court of Appeals for the Second Circuit. (See, generally, A, 114-131). Along with everything stated above, Petitioner argued the difference between a civil action and a criminal proceeding challenging the CSA and the classification of marijuana as a schedule I; Petitioner alleged exceptions to the exhaustion process of the CSA: (a) Petitioner is not subjected to the exhaustion requirement of the CSA because, as a prisoner, he is only required to exhaust his claims through the grievance process under the Prisoner's Litigation Reform Act, 42 U.S.C. § 1997e, and has fully exhausted his claims; (b) the Defendants under the CSA are bias towards the descheduling of marijuana; (c) the procedures under the CSA for exhaustion are

inadequate, and takes years of delay, which will subject Petitioner to further pain and suffering; and (d) because Petitioner intends to use marijuana to treat his conditions, he could be subjected to criminal prosecution, and is therefore precluded from exhausting under the CSA; Petitioner argued he has a fundamental right to eat, ingest and smoke marijuana; Marijuana is a God made plant and the buds could be eaten for survival; incarcerated individuals are apart of a protected class: medical patients who have the same rights under the Patient Bill of Rights, and medical patients have been using marijuana to treat their conditions; allowing incarcerated individuals to use marijuana for medical and recreational purposes is rationally related to legitimate penological interests in security, safety and maintaining order; If the CSA did not schedule marijuana as a schedule I or if the CSA did not exist, DOCCS would be required to prescribe it under the CCA of the State of New York. (See, Specifically, A, 122-131).

On July 17, 2024, Petitioner filed an amended Brief and Appendix, adding the Table of Authorities, Statement of Subject Matter and Appellate Jurisdiction, Statement of Issues Presented for Review, and the Appendix which included the entire grievance process. (See, generally, A, 132-158).

On August 4, 2024, Petitioner filed a Petition for Review (See, generally, A, 159-174). Petitioner added

the fact that he was arrested as a Kid for possession of marijuana and was given an appearence ticket for Town Court; that the use of marijuana could result in more Keeplock or solitary confinement, another appearance ticket in Court, fines, county jail, State prison, probation, post-release supervision, parole, or trigger prosecution under the CSA itself, and although some of these penalties are not a result of any prosecution directly from the CSA, they were developed, and are being imposed because of the CSA (A, 166-167); that the right to use marijuana to treat his medical and mental health conditions, and recreational purposes, is a privacy right, implicit in the concept of ordered liberty; it is deeply rooted in our Nations Traditions and History; that marijuana is God made, an Act of God, and it has likely been on our planet as long as human beings. (A, 170-171).

On April 10, 2025, the United States Court of Appeals for the Second Circuit affirmed the District Courts decision (See, generally, A, 175-179).

Petitioner has used marijuana his entire life to treat his conditions, even while being incarcerated and has never experienced any side effects. Petitioner alleges that no one has ever died from using marijuana, even when using large amounts.

Petitioner alleges that he cannot even have an informed conversation with the physicians of DOCCS or the Office of Mental Health ("OMH") regarding the advantages and disadvantages of using marijuana, being recommended the use of marijuana, or being recommended to become a certified medical marijuana patient, because DOCCS and OMH physicians that are provided, have no knowledge of marijuana and its use in medical treatment, and they have no experience prescribing and treating patients with medical marijuana. Petitioner is entitled to have a basic conversation with a physician regarding the advantages and disadvantages of using marijuana so that he may be fully informed in treating his conditions, and this knowledge is foreclosed from Petitioner, due to the lack of physicians experienced with marijuana within DOCCS and OMH.

Petitioner alleges that the New York State CCA does not prohibit incarcerated individuals from becoming a certified medical marijuana patient. (See, generally, N.Y. PUB HEALTH LAW §§ 3360-3369). Petitioner alleges that having discussions with his physician about marijuana and becoming a certified medical marijuana patient, is protected conduct even though marijuana remains illegal under the CSA.

REASONS FOR GRANTING WRIT

I.

THIS COURT SHOULD OVERRULE GONZALES V. RAICH, 545 U.S. 1, 125 S.Ct. 2195 (2005) AND ALLOW SMALL AMOUNTS OF POSSESSION AND USE OF MARIJUANA FOR MEDICAL AND RECREATIONAL PURPOSES

Over twenty years ago, "this Court held that Congress' power to regulate interstate commerce authorized it 'to prohibit the local cultivation and use of marijuana.' Gonzales v. Raich, 545 U.S. 1, 5, 125 S.Ct. 2195, 162 L.Ed.2d 1 (2005)." See, Standing AKimbo, LLC, v. United States, 141 S.Ct. 2236 (June 28, 2021) (Statement of Justice THOMAS respecting the denial of certiorari). "The reason, the Court explained, was that Congress had 'enacted comprehensive legislation to regulate the interstate market in a fungible commodity' and that 'exemption[s]' for local use could undermine this 'comprehensive' regime. Id., at 22-29, 125 S.Ct. 2195." Id. "The Court stressed that Congress had decided 'to prohibit entirely the possession or use of [marijuana]' and had 'designate[d] marijuana as contraband for any purpose.' Id., at 24-27, 125 S.Ct. 2195 (first emphasis added)." Id. "Prohibiting any intrastate use was thus, according to the Court, '[necessary and proper]' to avoid a 'gaping hole' in Congress' 'closed regulatory system.' Id., at 13, 22, 125 S.Ct 2195 (citing U.S. Const., Art. I, § 8). Id.

"Whatever the merits of Raich when it was decided, federal policies of the past [20] years have greatly undermined

its reasoning." Id. "In 2009 and 2013, the Department of Justice issued memorandums outlining a policy against intruding on state legalization schemes or prosecuting certain individuals who comply with State law." Id., 141 S.Ct. at 2237, n.2. "In 2009, Congress enabled Washington D.C.'s government to decriminalize medical marijuana under local ordinance." Id., n.3. "Moreover, in every fiscal year since 2015, Congress has prohibited the Department of Justice from 'spending funds to prevent States' implementation of their own medical marijuana laws.' United States v. McIntosh, 833 F.3d 1163, 1168, 1175-1177 (CA9 2016) (interpreting the rider to prevent expenditures on the prosecution of individuals who comply with State law)." Id., n. 4. "That policy has broad ramifications given that 36 states allow medicinal marijuana use and 18 of those States also allow recreational use." Id., n.5.

Here, in the present day and time every State in the United States (excluding Wyoming), the District of Columbia, Tribal, Guam, Puerto Rico, Virgin Island and Northern Mariana Islands, have proposed or enacted legislation legalizing marijuana for medical and recreational purposes. (A, 4-8). United States Congress has even attempted to pass legislation legalizing marijuana for medical and recreational purposes during the years of 2021 to 2024. (A, 8-12). When President Biden was in Office, he granted pardons for simple possession of marijuana. See, 88 FR 90083, Granting Pardon for the Offense of Simple Possession of Marijuana, Attempted Simple Possession of Marijuana, or Use of Marijuana (December 22, 2023). The Department of Justice has also announced proposed rules

for the rescheduling of marijuana to a Schedule III. (However, it's not guaranteed these rules will go into effect.). See, 89 FR 44597-01, Proposed Rules Department of Justice Rescheduling of Marijuana to Schedule III (May 21, 2024); See also, 89 FR 70148-01 (August 29, 2024).

"I could go on. Suffice it to say, the Federal Government's current approach to marijuana bears little resemblance to the watertight nationwide prohibition that a closely divided Court found necessary to justify the Government's blanket prohibition in Raich. If the Government is now content to allow States to act 'as laboratories' '[and try novel social and economic experiments],' Raich, 545 U.S. at 42, 125 S.Ct. 2195 (O'Connor, J., dissenting), then it might no longer have authority to intrude on '[t]he States' core police powers... to define criminal law and to protect the health, safety, and welfare of their citizens.' Ibid. A prohibition on intrastate use or cultivation of marijuana may no longer be necessary or proper to support the Federal Government's piecemeal approach." See, Standing AKimbo, LLC v. United States, 141 S.Ct. at 2238 (June 28, 2021).

The scheduling of marijuana as a Schedule I, is inappropriate and a violation of State Sovereignty. Petitioner has been using marijuana his entire life, even while incarcerated, to treat his medical conditions and for recreational purposes and has had no side effects.

The Federal Government, meanwhile, schedules Fentanyl as a Schedule II, and it is responsible for thousands of deaths each year. See, for example, Estate of Cassel v. Alza Corp., 2014 WL 856023 ("In 2009, the FDA approved a new fentanyl patch... that ALZA designed and manufactured and that Janssen sold, supplied and distributed lacked a rate-control membrane or laminated face adhesive layer, causing Teri Cassel's death by fentanyl overdose.").

No person has ever died from smoking or ingesting marijuana, even when using large amounts. The Federal Government clearly has the scheduling of marijuana as a Schedule I, Wrong. Marijuana should be struck down as a schedule I under the CSA, by this Court, and the authority to regulate marijuana, should be returned to the people, their elected representatives and the States. This Court should overrule Gonzales v. Raich, 545 U.S. 1, 125 S.Ct. 2195 (2005). Quite literally, the only thing saying marijuana "...has no accepted medical use in treatment in the United States" and "...a lack of accepted safety for use of the drug or other substance under medical supervision", is the Controlled Substances Act ("CSA"), and that is simply not true anymore. Marijuana has accepted medical use in treatment in the United States and to say otherwise is unconstitutional, in violation of, not only Petitioner's rights, but the rights of our citizens across the United States and all its Territories.

A.

IN THIS PRESENT DAY AND TIME, IT IS OVERLY BROAD AND VAGUE TO SAY MARIJUANA "... HAS NO ACCEPTED MEDICAL USE IN TREATMENT IN THE UNITED STATES" AND "... A LACK OF ACCEPTED SAFETY FOR USE OF THE DRUG OR OTHER SUBSTANCE UNDER MEDICAL SUPERVISION", IN VIOLATION OF THE FIRST AMENDMENT OF THE UNITED STATES CONSTITUTION, EVEN IF PETITIONER FAILED TO STATE A CLAIM HIMSELF

"In the First Amendment context, a law may be invalidated as overbroad if 'a "substantial number" of its applications are unconstitutional, "judged in relation to the statute's plainly legitimate sweep."' Washington State Grange v. Washington State Republican Party, 552 U.S. 442, 449, n.6, 128 S.Ct. 1184, 170 L.Ed.2d 151." See, U.S. v. Stevens, 559 U.S. 460, 461, 130 S.Ct. 1577, 176 L.Ed.2d 435 (April 20, 2010).

"The First Amendment provides that 'Congress shall make no law... abridging the freedom of speech.' '[A]s a general matter, the First Amendment means that government has no power to restrict expression because of its message, its ideas, its subject matter, or its content.' Ashcroft v. American Civil Liberties Union, 535 U.S. 564, 573, 122 S.Ct. 1700, 152 L.Ed.2d 771 (2002) (internal quotation marks omitted)." Id., 559 U.S. at 468.

"'From 1791 to the present,' however, the First Amendment has 'permitted restrictions upon the content of speech in a few limited areas,' and has never 'include[d] a freedom to disregard these traditional limitations' [R.A.V. v. St. Paul, 505 U.S. 377], 382-383, 112 S.Ct. 2538. These 'historic and

traditional categories long familiar to the bar,' Simon & Schuster, Inc. v. Members of N.Y. State Crime Victims Bd., 502 U.S. 105, 127, 112 S.Ct. 501, 116 L.Ed.2d 476 (1991) (KENNEDY, J., concurring in judgment) - including obscenity, Roth v. United States, 354 U.S. 476, 483, 77 S.Ct. 1304, 1 L.Ed.2d 1498 (1957), defamation, Beauharnais v. Illinois, 343 U.S. 250, 254-255, 72 S.Ct. 725, 96 L.Ed 919 (1952), fraud, Virginia Bd. of Pharmacy v. Virginia Citizens Consumer Council, Inc., 425 U.S. 748, 771, 96 S.Ct. 1817, 48 L.Ed.2d 346 (1976), incitement, Brandenburg v. Ohio, 395 U.S. 444, 447-449, 89 S.Ct. 1827, 23 L.Ed.2d 430 (1969) (per curiam), and speech integral to criminal conduct, Giboney v. Empire Storage & Ice Co., 336 U.S. 490, 498, 69 S.Ct. 684, 93 L.Ed 834 (1949) - are 'well-defined and narrowly limited classes of speech, the prevention and punishment of which have never been thought to raise any Constitutional problem.' Chaplinsky v. New Hampshire, 315 U.S. 568, 571-572, 62 S.Ct. 766, 66 L.Ed. 1031 (1942)." Id., 559 U.S. at 468.

"A party seeking to challenge the constitutionality of a statute generally must show that the statute violates the party's own rights. New York v. Ferber, 458 U.S. 747, 767, 102 S.Ct. 3348, 73 L.Ed.2d 1113 (1982). The First Amendment overbreadth doctrine carves out a narrow exception to that general rule. See id., at 768, 102 S.Ct. 3348; Broadrick v. Oklahoma, 413 U.S. 601, 611-612, 93 S.Ct. 2908, 37 L.Ed.2d 830 (1973). Because

an overly broad law may deter constitutionally protected speech, the overbreadth doctrine allows a party to whom the law may constitutionally be applied to challenge the statute on the ground that it violates the First Amendment rights of others. See, e.g., Board of Trustees of State Univ. of N.Y. v. Fox, 492 U.S. 469, 483, 109 S.Ct. 3028, 106 L.Ed.2d 388 (1989) ("Ordinarily, the principal advantage of the overbreadth doctrine for a litigant is that it enables him to benefit from the statute's unlawful application to someone else"); See also Ohralik v. Ohio State Bar Assn., 436 U.S. 447, 462, n. 20, 98 S.Ct. 1912, 56 L.Ed.2d 444 (1978) (describing the doctrine as one "under which a person may challenge a statute that infringes protected speech even if the statute constitutionally might be applied to him"). Id., at 559 U.S. at 483.

Here, Petitioner challenges the constitutionality of scheduling marijuana as a schedule I, in this present day and time, and argues that it is overbroad and vague to say that marijuana "...has no accepted medical use in treatment in the United States" and "...a lack of accepted safety for use of the drug or other substance under medical supervision", (See, Controlled Substances Act [CSA], 21 U.S.C. § 812(b)(1)(A)(B)(C)), in violation of the First Amendment of the United States Constitution.

Petitioner included examples where the statute violates the First Amendment rights of others. For example, a person with a life-threatening condition that only marijuana can keep at bay, will not be able to use the one thing keeping him or her alive: marijuana; a person who suffers from seizures, who has tried every FDA approved drug finding that only marijuana can keep the seizures at bay, will suffer from seizures all day because they cannot use marijuana (A, 40).

Other examples where the statute violates the First Amendment rights of others might include: Cocroft v. Graham, 122 F. 4th 176 (5th Cir. 2024) (holding that because marijuana is not a lawful activity under federal law, medical marijuana advertising is not protected by the First Amendment); United States v. Cannon, 36 F. 4th 496 (3rd Cir. 2022) (Government petitioned to revoke bond of defendant who was charged with drug and firearm offenses, based on his use of marijuana for medical purposes pursuant to doctor-issued state certification. Court held use of marijuana for medical purposes violated conditions of pretrial bond); United States v. McIntosh, 833 F. 3d 1163 (9th Cir. 2016) (defendants had Article III standing to invoke separation of powers principles to seek to enjoin the DOJ from spending federal funds to prosecute them for federal marijuana offenses, on ground that any such use of federal funds violated a Congressional

appropriations rider); United States v. Bilodeau, 24 F.4th 705 (1st Cir. 2022) (Congressional appropriations rider forbidding Department of Justice (DOJ) from spending Congressionally appropriated funds in manner that prevents a State such as Maine from implementing its own laws that authorize the use, distribution, possession, or cultivation of medical marijuana, did not prevent prosecution of defendants); Proctor v. Krzanowski, 820 Fed. Appx. 436 (6th Cir. 2020) (Physician brought § 1983 action against employees of Michigan's Department of Licensing and Regulatory Affairs, alleging that employee's blanket rejection of applications for medical marijuana licenses bearing physician's certification violated physician's due process rights. Court held that employees were entitled to qualified immunity); United States v. Schostag, 895 F.3d 1025 (8th Cir. 2018) (Probation officer filed supervised release violation report after defendant tested positive for marijuana he was prescribed under Minnesota state law for chronic pain. Court held that district court had no discretion to allow defendant to use medical marijuana); and Avila v. Department of Agriculture, 2025 WL 1089177 (Fed. Cir. 2025) (Petitioner Catherine A. Avila seeks review of a decision by the Department of Agriculture for conduct unbecoming a federal employee, for marijuana-related activities attributable to her husband's conduct that was lawful under California law).

Petitioner alleges that he cannot even have an informed conversation about the advantages and disadvantages of medical marijuana, with the physicians of DOCCS and OMH because they lack knowledge about, and experience with, medical marijuana. A simply conversation about medical use of marijuana, a recommendation of marijuana to treat medical conditions, and filling out applications to become a certified medical marijuana patient under New York State law, CCA, between a patient like petitioner and his physicians, has long been recognized as a First Amendment right even though the actual use of marijuana is illegal under the CSA, and Petitioner is being deprived of this basic right. See, Conant v. Walters, 309 F.3d 629 (9th Cir. 2002) (doctor's mere anticipation of the conduct of a patient to whom the doctor recommended medical use of marijuana would not translate into aiding and abetting, or conspiracy, and thus, portion of injunction, entered to protect First Amendment rights, ... was proper). Further, the CCA of New York State does not prohibit incarcerated individuals, like petitioner, from becoming a certified medical marijuana patient. N.Y PUB HEALTH §§ 3360-3369. DOCCS and OMH have foreclosed these rights to Petitioner by not providing experienced medical marijuana physicians within their agency.

B.

THE SCHEDULING OF MARIJUANA AS A SCHEDULE I, VIOLATES PETITIONER'S AND OTHER THIRD PARTIES' PERSONAL AUTONOMY AND BODILY PRIVACY RIGHTS UNDER THE FOURTH AND FOURTEENTH AMENDMENTS OF THE UNITED STATES CONSTITUTION

"It is fundamental that persons are protected from unreasonable searches and seizures by the fourth amendment and that this right is enforceable against the States through the fourteenth amendment." Covino v. Patrissi, 967 F.2d 73, 77 (2nd Cir. 1992), citing Ker v. California, 374 U.S. 23, 30, 83 S.Ct. 1623, 1628, 10 L.Ed.2d 726 (1963). "It has been established that '[p]rison walls do not form a barrier separating prison inmates from the protections of the Constitution.'" Id., Turner v. Safley, 482 U.S. 78, 84, 107 S.Ct. 2254, 2259, 496 L.Ed.2d 6455 (1987). "Thus, while inmates may lose many of their freedoms at the prison gate, they retain 'those rights [that are] not fundamentally inconsistent with imprisonment itself or incompatible with the objectives of incarceration.'" Id., citing Hudson v. Palmer, 468 U.S. 517, 523, 104 S.Ct. 3194, 3198, 82 L.Ed.2d 393 (1984).

"Prisoners 'do not forfeit all constitutional protections by reason of their conviction and confinement in prison,'

(Padgett v. Donald, 401 F.3d 1273, 1278 [11th Cir. 2005], quoting Bell v. Wolfish, 441 U.S. 520, 545, 99 S.Ct. 1861, 1877, 60 L.Ed.2d 447 [1979]), but they do not enjoy the same Fourth Amendment rights as free persons. (Id., quoting Harris v. Thigpen, 941 F.2d 1495, 1513 (11th Cir. 1991) (noting that a prisoner retains only those rights consistent "with his status as a prisoner or with the legitmate penolgical objectives of the corrective system" (citations omitted)). Prisoners have no Fourth Amendment rights against searches of their prison cells, for example. (Id., citing Hudson, 468 U.S. at 526, 104 S.Ct. at 3200). They must submit to visual body-cavity searches executed without individualized suspicion. (Id., citing Bell, 441 U.S. at 558, 99 S.Ct. at 1884). They must undergo routine tests of their blood, hair, urine, or saliva for drugs. (Id., citing Green v. Berge, 354 F.3d 675, 679 (7th Cir. 2004) (Easterbrook J., concurring)). Because of these and other limitations on prisoners' Fourth Amendment rights, courts have recognized that prisoners comprise a separate category of persons for purposes of the Amendment. (Id., 401 F.3d at 1278-1279, citing, e.g. Jones [v. Murray], 962 F.2d [302], 307 n.2 [4th Cir. 1992]; see also, e.g., Green, 354 F.3d at 679 (Easterbrook, J., concurring)).
Id.

"[T]he Supreme Court has recognized two types of interests protected by the right to privacy. First, the right to privacy guards an individual's interest in avoiding disclosure of certain personal matters. Second, it protects an individual's personal autonomy in making certain important decisions, such as those involving marriage, contraception, and procreation." Id., 401 F.3d at 1280, citing Whalen v. Roe, 429 U.S. 589, 598-99, 97 S.Ct. 869, 876-77, 51 L.Ed.2d 64 (1977); Carey v. Population Servs. Int'l, 431 U.S. 678, 684, 97 S.Ct. 2010, 2016, 52 L.Ed.2d 675 (1977); Harris, 941 F.2d at 1513 n.26.

The taking of Petitioner's urine constitutes a search. See, Skinner v. Ry. Labor Executives' Ass'n, 489 U.S. 602, 616-17, 109 S.Ct. 1402, 1412-13, 103 L.Ed.2d 639 (1989); Cupp v. Murphy, 412 U.S. 291, 295, 93 S.Ct. 2000, 2003, 36 L.Ed.2d 900 (1973)(inquiry that goes "beyond mere physical characteristics ... constantly exposed to the public" constitutes a search). Petitioner tested positive for marijuana after giving a urine sample on June 25, 2011, received a misbehavior report and after pleading guilty, received 30 days Keeplock (A, 100). When Petitioner pleaded guilty at the Hearing, the Hearing officer asked Petitioner why he was smoking marijuana, and Petitioner felt compelled to reveal matters about his personal life and mental health, telling him he was depressed due to a relative

passing away. Petitioner was compelled to reveal his personal feelings inside his mind and body. Petitioner argues that the probing question violated his personal autonomy and bodily privacy rights. Petitioner fears that if he is to receive a urine test which tests positive for marijuana, he could be compelled at the hearing, again, to reveal personal matters, like his chronic back pain and depression as the reasons he uses marijuana, to people who are not physicians. Petitioner was compelled to say he was depressed to someone who is not a physician, at a hearing, on record, which is a permanent record and constantly exposed to the public. Secondly, Petitioner argues that the scheduling of marijuana as a schedule I, infringes on his right to make certain important decisions about what medicine enters or does not enter his personal autonomy, and what he feels is best for treating his bodily conditions, as stated below in point D more fully.

An example, where the scheduling of marijuana as a schedule I, infringed upon a third parties' personal autonomy and bodily privacy rights, or was overly broad and vague, in violation of the First Amendment above, and the Fourth and Fourteenth Amendments, quite shockingly was Rossow v. Jeppesen, 2023 WL 7283401 (2023) (In 2021, Keeva Rossow, after giving birth to her child, tested positive for THC. The hospital reported the positive test to the Idaho Department of Health and Welfare due to the concern that Ms.

Rossow's child may also test positive for THC. A child protective services worker investigating the report talked to Ms. Rossow and she admitted to using marijuana during her pregnancy to alleviate physical and psychological symptoms. Ms. Rossow was determined to pose a medium to high risk to children and will remain on the Child Protection Central Registry for a minimum of ten (10) years).

C.

THE SCHEDULING OF MARIJUANA AS A SCHEDULE I, IN THIS PRESENT DAY AND TIME, IS SUBJECTING PETITIONER AND OTHER THIRD PARTIES TO CRUEL AND UNUSUAL PUNISHMENT, A DELIBERATE INDIFFERENCE TO MEDICAL NEEDS AND A FAILURE TO PROTECT, IN VIOLATION OF THE EIGHTH AMENDMENT OF THE UNITED STATES CONSTITUTION

Here, Petitioner can't even have a basic conversation with a physician about the advantages and disadvantages of medical marijuana in treating his conditions, because DOCCS and OMH do not provide physicians experienced with medical marijuana. The physicians are not certified in medical marijuana field and have no experience prescribing or treating patients with medical marijuana. Petitioner has a First Amendment right, to discuss with an experienced physician the benefits of using medical marijuana to treat his conditions, to discuss being

recommended the use of medical marijuana and to discuss being recommended to become a certified medical marijuana patient. These conversations are protected by the First Amendment (Conant v. Walters, 309 F.3d 629 [9th Cir. 2002]).

Petitioner argues that being denied his First Amendment right to speak with an experienced physician in the medical marijuana field, is a deliberate indifference to his medical needs, a failure to protect and cruel and unusual punishment. For example, not being fully informed of the advantages and disadvantages of medical marijuana could put Petitioner at risk.

Likewise, the scheduling of marijuana as a schedule I, that "...has no accepted medical use in treatment in the United States" and "...a lack of accepted safety for use of the drug or other substance under medical supervision" (21 U.S.C. § 812(b)(1)(A)(B)(C)), in this present day and time is unconstitutional, subjecting Petitioner and others to cruel and unusual punishment, a deliberate indifference to their medical needs and a failure to protect.

"[T]he treatment a prisoner receives in prison and the conditions under which he is confined are subject to scrunity under the Eighth Amendment." Farmer v. Brennan, 511 U.S. 825, 832, 114 S.Ct. 1970, 128 L.Ed.2d 811 (1994) (citation omitted). The Supreme Court has established that the

Eighth Amendment prohibits "unnecessary and wanton infliction of pain", including a "deliberate indifference to serious medical needs of prisoners". Estelle v. Gamble, 429 U.S. 97, 104, 975.Ct. 285, 50 L.Ed.2d 251 (1976).

Petitioner is suffering due to his conditions and is notable to speak with physicians about medical marijuana, and he is not being prescribed medical marijuana, which is the only thing that relieves his pain, and is left to seek out marijuana on his own, with no advice. This puts Petitioner in a dangerous situation. For example, DOCCS Defendant is always putting out memos warning against the use of synthetic marijuana, which has caused hospitalizations and deaths. (A, 41). Not saying Petitioner will use synthetic marijuana, but there is a risk when Petitioner uses marijuana without the advice of an experienced physician with marijuana.

An example where a third parties' rights were violated by the unconstitutional scheduling of marijuana as a schedule I, might be, Morris v. Modhaddam, 2019 WL 1934019 (E.D. Cal. 2019) (Plaintiff denied medical marijuana to treat pain caused by end stage glaucoma, and pain and nausea caused by medications he took to treat end stage glaucoma, had claims dismissed but was granted leave to file a second amended complaint raising claims unrelated to medical marijuana.).

D.

THE SCHEDULING OF MARIJUANA AS A SCHEDULE I, IN THIS PRESENT DAY AND TIME, IS: (1) OVERLY BROAD AND VAGUE; AND (2) UNCONSTITUTIONAL, IN VIOLATION OF PETITIONER'S AND OTHER THIRD PARTIES' RIGHTS UNDER THE SUBSTANTIVE DUE PROCESS, THE PROCEDURAL DUE PROCESS AND THE EQUAL PROTECTION CLAUSES OF THE FIFTH AND FOURTEENTH AMENDMENTS OF THE UNITED STATES CONSTITUTION

Here, Petitioner is being deprived of two fundamental rights: (1) his basic First Amendment right to communicate with an experienced physician in the field of medical marijuana, the advantages and disadvantages of medical marijuana, being recommended for the use of medical marijuana and to fill out applications to become a certified medical marijuana patient; and (2) the fundamental right to make certain important decisions concerning bodily integrity.

Petitioner also argues that the scheduling of marijuana as a Schedule I, in this present day and time, that "...has no currently accepted medical use in treatment in the United States" and "...a lack of accepted safety for use of the drug or other substance under medical supervision" (21 U.S.C. § 812(b)(1)(A)(B)(C)), is overly broad and vague, and unconstitutional.

Petitioner argues that marijuana is a God made plant, and that in the United States it's In God We Trust. Marijuana is deeply rooted in our Nation's History and Traditions, as it has been on Planet Earth possibly since the beginning of time, may be even longer than Humans. Humans are now using marijuana across the world and throughout the United States for medical and recreational purposes.

Petitioner has a fundamental right under the First Amendment to speak with a physician who is experienced in the field of medical marijuana, so that he can discuss the advantages and disadvantages of using medical marijuana, discuss being recommended for the use of medical marijuana, and fill out applications to become a certified medical marijuana patient, even where the use of marijuana is is illegal under the CSA.

In Conant v. Walters, 309 F.3d 629, 636 (9th Cir. 2002); see also, Walters v. Conant, 540 U.S. 946, 124 S.Ct. 387 (2003) (Petition for Writ of Certiorari denied), the Court explained "[t]he doctor-patient privilege reflects 'the imperative need for confidence and trust' inherent in the doctor-patient relationship and recognizes that 'a physician must know all that a patient can articulate in order to identify and to treat disease; barriers to full disclosure would impair diagnosis and treatment.' (Id., quoting Trammel v. United States, 445 U.S. 40, 51,

100 S.Ct. 906, 63 L.Ed.2d 186 (1980)). The Supreme Court has recognized that physician speech is entitled to First Amendment protection because of the significance of the doctor-patient relationship. (Id., citing Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833, 884, 112 S.Ct. 2791, 120 L.Ed.2d 674 (1992)(plurality) (recognizing physician's First Amendment right not to speak); Rust v. Sullivan, 500 U.S. 173, 200, 111 S.Ct. 1759, 114 L.Ed.2d 233 (1991) (noting that regulations on physician speech may "impinge upon the doctor-patient relationship"). "Id.

Petitioner argues that his First Amendment right to speak with a physician experienced in the medical marijuana field is foreclosed, because DOCCS and OMH do not provide physicians that are experienced, knowledgeable or certified in the medical marijuana field.

"Those immediately and directly affected by the federal government's policy are the patients, who will be denied information crucial to their well-being, and the State of California, whose policy of exempting certain patients from the sweep of its drug laws will be thwarted. In my view, it is the vindication of these latter interests-those of the patients and of the State - that primarly justifies the district court's highly unusual exercise of discretion in enjoining the federal defendants from even investigating possible violations of the federal criminal laws." Id., 309 F.3d at 640.

"The First Amendment right to free speech is a fundamental right. Police Dep't of Chicago v. Mosley,

408 U.S. 92, 101 & n.8, 92 S.Ct. 2286, 33 L.Ed.2d 212 (1972). In Mosley, the Supreme Court held that "[t]he Equal Protection Clause requires that statutes affecting First Amendment interests be narrowly tailored to their legitimate objectives." Id., at 101, 92 S.Ct. 2286 (citing Williams v. Rhodes, 393 U.S. 23, 89 S.Ct. 5, 21 L.Ed.2d 24 (1968); Dunn v. Blumstein, 405 U.S. 330, 342-43, 92 S.Ct. 995, 31 L.Ed.2d 274 (1972)).

In Meyer v. Nebraska, 262 U.S. 390, 399, 43 S.Ct. 625 (1923), the Supreme Court held under the Fourteenth Amendment no state shall deprive any person of liberty without due process of law, and that "liberty... denotes not merely freedom from bodily restraint but also the right of the individual to contract, to engage in any of the common occupations of life, to acquire useful knowledge [and] to worship God according to the dictates of his own conscience." Id.

In Griswold v. Connecticut, 381 U.S. 479, 482, 85 S.Ct. 1678 (1965), the Supreme Court held "the State may not, consistently with the spirit of the First Amendment, contract the spectrum of available knowledge. The right of freedom of speech and press includes not only the right to utter or to print, but the right to distribute, the right to receive, the right to read (Martin v. City of Struthers, 319 U.S. 141, 143, 63 S.Ct. 862, 863, 87 L.Ed. 1313) and freedom of inquiry, freedom of thought, and freedom to teach (See Wieman v. Updegraff, 344 U.S. 183, 195, 73 S.Ct. 215, 220, 97 L.Ed. 216) - indeed the freedom of the entire university community." Id., citations omitted.

"In Gitlow v. People of State of New York, 268 U.S. 652, 666, 45 S.Ct. 625, 630, 69 L.Ed. 1138, the Court said: 'For present purposes we may and do assume that freedom of speech and of the press - which are protected by the First Amendment from abridgment by Congress - are among the fundamental personal rights and 'liberties' protected by the due process clause of the Fourteenth Amendment from impairment by the States (Emphasis added)." Id., 381 U.S. at 487.

Petitioner's First Amendment right to speak with an experienced, knowledgeable and certified physician in the medical marijuana field, to discuss the advantages and disadvantages of medical marijuana, to discuss being recommended for the use of medical marijuana, and to fill out applications to become a certified medical marijuana patient, is a fundamental right, deeply rooted in Our Nation's History and Traditions and in the concept of ordered liberty. Snyder v. Commonwealth of Massachusetts, 291 U.S. 97, 105, 54 S.Ct. 330, 332, 78 L.Ed. 674; and Palko v. State of Connecticut, 302 U.S. 319, 325, 58 S.Ct. 149, 152, 82 L.Ed 288. This is true even where the use of marijuana is illegal under the CSA. Conant v. Walters, 309 F.3d 629, 636 (9th Cir. 2002).

Petitioner has a fundamental right to make important decisions concerning his bodily integrity. "Before the turn of the century, this Court observed that '[n]o right is held more sacred, or is more carefully guarded, by the common

law, than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestionable authority of law." Union Pacific R. Co. v. Botsford, 141 U.S. 250, 251, 111 S.Ct. 1000, 1001, 35 L.Ed 734 (1891). This notion of bodily integrity has been embodied in the requirement that informed consent is generally required for medical treatment." Cruzan by Cruzan v. Director, Missouri Dept. of Health, 497 U.S. 261, 269, 110 S.Ct. 2841, 2846 (1990).

Petitioner retains the right to bodily integrity even in prison. Fortner v. Thomas, 983 F.2d 1024 (11th Cir. 1993) (inmates have constitutional right to bodily privacy). "[P]risons are not beyond the reach of the Constitution. No 'iron curtain' separates one from the other." Hudson v. Palmer, 468 U.S. 517, 523, 104 S.Ct. 3194 (1984), quoting Wolff v. McDonnell, 418 U.S. 539, 555, 94 S.Ct. 2963, 2974, 41 L.Ed.2d 935 (1974).

Petitioner argues that his bodily privacy rights are being violated: (1) because DOCCS and OMH do not provide physicians experienced, knowledgeable and certified in the medical marijuana field, to discuss the advantages and disadvantages of medical marijuana to his bodily integrity, and is using marijuana to treat his bodily conditions without the knowledge of an experienced physician; and (2) because the scheduling of marijuana as a schedule I, is unconstitutional in the present day and time, causing him to be denied medical marijuana to treat his bodily conditions.

Petitioner has a fundamental right to make certain important decisions involving his bodily integrity, including the decision to smoke or ingest marijuana to treat his bodily conditions. This fundamental right is foreclosed because: (1) DOCCS and OMH do not provide physicians experienced with medical marijuana; and (2) because the CSA unconstitutionally schedules marijuana as a schedule I. Petitioner argues that the use of marijuana to treat his conditions is life-saving and that the Government does have the authority to stop life-saving treatment without his consent.

In Cruzan by Cruzan v. Director, Missouri Dept. of Health, 497 U.S. 261, 269, 110 S.Ct. 2841, 2846 (1990), this Court held that a State cannot terminate life-saving artificial hydration and nutrition, without clear and convincing evidence of an incompetent's wishes. While Petitioner is certainly not incompetent, he argues that if we have a right to refuse unwaranted medical treatment, we have a right to receive life-saving treatment the Government cannot interfere with. That marijuana is life-saving treatment for him and other citizens across our Country and the Federal Government should no longer be permitted to interfere with this treatment. If a third party was receiving life-saving treatment through artifical hydration, nutrition and marijuana, a State would not be able to stop this life-saving treatment, without clear and convincing evidence of an incompetent's wishes. Why should it be any different when a competent person says marijuana is life-saving for them.

Petitioner argues that the scheduling of marijuana as a Schedule I, in this present day and time, that "... has no currently accepted medical use in treatment in the United States" and "... a lack of accepted safety for use of the drug or other substance under medical supervision" (21 U.S.C. §812(b)(1)(A)(B)(C)), is overly broad and vague, and unconstitutional as applied to Petitioner and other third parties, in violation of the Fifth and Fourteenth Amendments of the United States Constitution, for all the same reasons argued in point A above.

In Dobbs v. Jackson Women's Health Organization, 597 U.S. 215, 256, 142 S.Ct. 2228, 2257 (2022), this Court described some of the fundamental rights we retain, "the right to marry while in prison" (citations omitted), "the right to obtain contraceptives" (citations omitted), "the right to make decisions about the education of one's children" (citations omitted), "and the right in certain circumstances not to undergo involuntary surgery, forced administration of drugs, or other substantially similar procedures" (citations omitted). Id.

It is a fundamental right to make certain important decisions concerning personal autonomy and bodily privacy, education and medical treatment. Petitioner and other third parties not before the Court are being deprived of these fundamental rights, as they relate to the use of marijuana, because of the unconstitutional scheduling of marijuana as a Schedule I under the CSA. You can no longer say marijuana has no currently accepted medical use in treatment in the United States, because it does.

E.

PETITIONER HAS PROPERLY STATED A CLAIM UPON WHICH RELIEF CAN BE GRANTED

Petitioner has properly stated a claim upon which relief can be granted, based upon the above-mentioned violations of his rights, and the rights of other third parties, under the First, Fourth, Fifth, Eighth and Fourteenth Amendments of the United States Constitution.

CONCLUSION

This Court should grant the Petition for Writ of Certiorari to overrule Gonzales v. Raich, 545 U.S. 1, 125 S.Ct. 2195 (2005) and to strike down marijuana from a schedule I under the CSA, or every schedule for that matter

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

Executed: July 27, 2025
The initial date was June 19, 2025

Respectfully

Michael Joshua Henderson, Prose
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