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No
IN THE MAY 1 3 2025
SUPREME COURT OF THE UNITED STATES SUPREME COURT, U.S.
Oscar Oropeza — PETITIONER (Your Name)
VS.
STATE OF MEW MEXICO - 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):
1. UNITED STATES COURT OF APPEALS FOR THE TENTH CIA., 2. UNITED STATE
1.(24-2102, OROPERN V. MANTINEZ), Z. (21.20-CV-01235-KWR-KK).
Petitioner has not previously been granted leave to proceed in formal 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.

(Signature) VED

OFFICE OF THE CLERK SUPREME COURT, U.S.

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

I, Oscar Oropeza, 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.

	ome source Average monthly amount during the past 12 months		Amount expe next month	cted
	You	Spouse	You -	Spouse
Employment	\$Ø	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$&	\$	\$	\$

Employer	Address	Dates of Employment	Gross monthly pay
NA			- 3
		.	_ \$
	se's employment histor pay is before taxes or		s, most recent employer f
Employer	Address	Dates of	Gross monthly pay
NA	<u> </u>	Employment	\$ NA
			\$
4 Harry may also acal	n do you and your spous	no home of MIO	
below, state at	ny money you or your	spouse have in bank acco	ounts or in any other finan
institution.	ly money you or your	spouse have in pank acco	-
institution. Type of account (6)	e.g., checking or savings	spouse have in pank accounts: s) Amount you have	Amount your spouse ha
institution. Type of account (e	e.g., checking or savings	s) Amount you have \$s	Amount your spouse ha
institution. Type of account (e.g., checking or savings	s) Amount you have \$s	-
institution. Type of account (continue)	e.g., checking or savings	spouse have in bank accords) Amount you have \$\$ \$\$	Amount your spouse ha
institution. Type of account (expression) List the assets and ordinary harms.	e.g., checking or savings	spouse have in bank access. Amount you have \$\$ \$ ch you own or your spou	Amount your spouse has \$
institution. Type of account (e	e.g., checking or savings	spouse have in bank access. Amount you have \$\$ \$s ch you own or your spou	Amount your spouse has \$ssse owns. Do not list cloth
institution. Type of account (e.g.,	e.g., checking or savings	s) Amount you have \$s \$ ch you own or your spou	Amount your spouse has \$sssse owns. Do not list clothate
institution. Type of account (experiment) List the assets and ordinary hard with the count of	e.g., checking or savings, and their values, which ousehold furnishings.	s) Amount you have \$	Amount your spouse has \$sssse owns. Do not list clothate ate a#2 model
institution. Type of account (experiment) List the assets and ordinary hard ordinary hard with the second ordinary hard with	e.g., checking or savings, and their values, which ousehold furnishings.	s) Amount you have \$	Amount your spouse has \$sss se owns. Do not list clothate ate a model
institution. Type of account (experiment) List the assets and ordinary harmonic value Motor Vehicle : Year, make & institution.	e.g., checking or savings, and their values, which ousehold furnishings.	s) Amount you have \$	Amount your spouse has \$sss se owns. Do not list clothate ate a model

6. State every person, bus amount owed.	siness, or organization	owing you or you	r spouse money, and the
Person owing you or your spouse money	Amount owed to	you Amou	nt owed to your spouse
WA_	\$	 \$	
· .	\$	\$	
·	\$	\$	
7. State the persons who re instead of names (e.g. "J.	ly on you or your spou S." instead of "John S	se for support. For mith").	minor children, list initials
Name N/A	Relations	nip 	Age
8. Estimate the average mo paid by your spouse. A annually to show the mor	djust any payments t		y, biweekly, quarterly, or Your spouse
Rent or home-mortgage pay (include lot rented for mobil Are real estate taxes inclu Is property insurance inclu	le home) ded? Yes No	\$_ MA	<u> </u>
Utilities (electricity, heating water, sewer, and telephone		\$ <i>N</i> /A	 \$
Home maintenance (repairs	and upkeep)	\$ M/A	
Food		\$ M/A	
Clothing		\$	\$
Laundry and dry-cleaning		\$ MA	
Medical and dental expense	S	\$_N/A	

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

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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 XNo 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:
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?
If y	yes, state the person's name, address, and telephone number:
<i>(</i>	Provide any other information that will help explain why you cannot pay the costs of this case. CURRENTLY INCARMATED AT OTER COUNTY PRISON FACILITY O.C.P.F.) AT 10 MEGNEGOR RANGE RD., CHAPARRAL, N.M., PEOSI
I d	leclare under penalty of perjury that the foregoing is true and correct.
Ex	recuted on: Tune 2 mb, 20 25
	(Signature)
	(NICITADALO)