## OF-FAR

	IN THE		ed States Supreme Court
ORIGINAL	UPREME COURT OF THE  hary Maddox Jr  (Your Name)  VS.	UNITED STATES	INN 1282112 Unit Desirem Clerks Office Senter:
Unite	ed States of America	— RESPONDENT(S)	•
The petitioner without prepaymen	FOR LEAVE TO PROCEE  asks leave to file the attact of costs and to proceed in formation becomes	hed petition for a wr	
Please check th	ne appropriate boxes:		•
☐ Petitioner hat the following court(	as previously been granted le (s):	eave to proceed in form	na pauperis in
United States court of I	Federal claims United States court of	of appeals for the federal circ	cuit
The Supreme Court of	the United States		

☑ 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

☐ The appointment was made under the following provision of law:

appointed counsel in the current proceeding, and:

 $\square$  a copy of the order of appointment is appended.

(Signature)

RECEIVED

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

	I, Gary Eugene Maddox Jr	$\underline{}$ , am the petition	er 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 red	dress.

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.

	e monthly amo	unt during	Amount expected next month		
	You	Spouse	You	Spouse	
Employment	\$_NA	\$_NA	\$_NA	\$_NA	
Self-employment	\$ NO	\$	\$	\$	
Income from real property (such as rental income)	<u> </u>	\$	\$	\$	
Interest and dividends	\$_ <i>i</i> /6	\$	\$	\$	
Gifts	\$ <u>NO</u>	\$	\$	\$	
Alimony	\$_NO	\$	\$	\$	
Child Support	\$_ <i>NO</i>	\$	\$	\$	
Retirement (such as social security, pensions, annuities, insurance)	\$_ <i>N</i> ()	\$	\$	\$	
Disability (such as social) security, insurance payments)	\$	\$ ( )	\$	\$	
Unemployment payments	<b>\$</b> _\(\mathcal{O}\)	\$	\$	\$	
Public-assistance (such as welfare)	\$	\$	\$	\$	
Other (specify): Governmental	\$ 800	\$	\$	\$	
Total monthly income:	\$ <b>693</b> 900	\$	\$	\$	

Employer	Address	Dates of Employment	Gross monthly pay
NONE NA			\$ \$
	<del>-</del>	<del></del>	\$
	se's employment histor pay is before taxes or	ry for the past two years other deductions.)	, most recent employer fi
imployer	Address	Dates of	Gross monthly pay
None		Employment	<b>.</b> \$
			\$
			\$
		<b>ሱ</b>	<b>ሶ</b>
		\$ \$	\$ \$ \$
		\$\$ \$\$	
<ol><li>List the assets,</li></ol>		\$s \$ch you own or your spous	
. List the assets, and ordinary ho	, and their values, which	ch you own or your spous	e owns. Do not list cloth
6. List the assets,	, and their values, which		e owns. Do not list cloth
. List the assets, and ordinary ho	, and their values, which	ch you own or your spous □ Other real esta	e owns. Do not list cloth
. List the assets, and ordinary ho	and their values, which ousehold furnishings.	ch you own or your spous  Other real esta Value  Motor Vehicle	te owns. Do not list cloth
. List the assets, and ordinary ho Home Value Motor Vehicle #Year, make & m	and their values, which ousehold furnishings.	ch you own or your spous  Other real esta Value  Motor Vehicle	te owns. Do not list cloth
5. List the assets, and ordinary ho Value	and their values, which ousehold furnishings.	ch you own or your spous  Other real esta Value  Motor Vehicle	te owns. Do not list cloth
5. List the assets, and ordinary ho Value Value Motor Vehicle #Year, make & m	and their values, which ousehold furnishings.	ch you own or your spous  Other real esta Value  Motor Vehicle	te owns. Do not list cloth
5. List the assets, and ordinary ho Value	and their values, which ousehold furnishings.	ch you own or your spous  Other real esta Value  Motor Vehicle	te owns. Do not list cloth

6. State every person, bu amount owed.	siness, or organization of	owing you or your	spouse money, and the		
Person owing you or your spouse money	Amount owed to y	ou Amount	owed to your spouse		
NONE NA	\$	\$	·		
	\$	\$			
	\$	\$	<u></u>		
7. State the persons who re instead of names (e.g. "J.	ely on you or your spouse S." instead of "John Smit		nor children, list initials		
Name	<del>-</del>		Age		
NONE NA					
annually to show the mo	numy lave.	You	Your spouse		
Rent or home-mortgage pa (include lot rented for mobiliary real estate taxes included in the property insurance includes the control of the c	ile home) ided?	\$ NONE NA	\$		
Utilities (electricity, heating water, sewer, and telephone	g fuel,	* NA	\$		
Home maintenance (repairs	and upkeep)	* NA	\$		
Food		* NA	\$		
Clothing		* MA	\$		
Laundry and dry-cleaning		s_NA	\$		
Medical and dental expense	es	$_{s}$ $\wedge$ $\wedge$ $\wedge$	\$		

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

9.			ajor changes to you next 12 months?	•	_	-	
				WHEN	Just9ce	175 D	She
	Yes	□ No	If yes, describe o	on an attached	sheet.		•
		•					
							•
10.	Have you p with this ca If yes, how	se, includ	rill you be paying – ing the completion	an attorney ar of this form?	ny money for ser □ Yes 😡 No		ection
			. , ,				
	If yes, state	e the attor	ney's name, addres	s, and telephor	ne number:		
	*						
				,			
						. •	
11.			ill you be paying—a for services in conne				
	□ Ves	□ No	· · · · · · · · · · · · · · · · · · ·				•
	If yes, how	much?	NA				
			,				
If y	es, state the	e person's	name, address, and	telephone nur	nber:		
٠		. /	N				
19	Provide en	z other inf	ormation that will h	aln avnlain wh	ar arou cannot nas	the costs of	this case
14.	1 TOVICE AIL	y Other IIII	ormacion chac win n	leip explam wh	iy you caimot pay	che costs of	uiib cabc.
			ex offender. although Noad light hindering Mad			ne	
I de	eclare under	penalty o	of perjury that the f	oregoing is tru	e and correct.		
				_	Q		
Exe	ecuted on:	luly 31		, 20_25_	$2^{\mathfrak{c}}$		
					love	ligh	hJ
					(Sign	nature)	