

No. _____

25-5523

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Mohamed A. Ibrahim

— PETITIONER

(Your Name)

vs.

Allison L. Lynn

— RESPONDENT(S)

FILED

AUG 20 2024

OFFICE OF THE CLERK
SUPREME COURT, U.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 in forma pauperis.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

The Circuit Court of Baltimore County Case No: **C-03-FM-21-000945**

The Appellate Court of Maryland Case No: **ACM-REG-1097-2023**

- ☐ 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.

Mohamed Ibrahim

(Signature)

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SEP - 2 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Mohamed A. Ibrahim, 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	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$0	\$N/A	\$0	\$N/A
Self-employment	\$N/A	\$N/A	\$N/A	\$N/A
Income from real property (such as rental income)	\$N/A	\$N/A	\$N/A	\$N/A
Interest and dividends	\$N/A	\$N/A	\$N/A	\$N/A
Gifts	\$N/A	\$N/A	\$N/A	\$N/A
Alimony	\$N/A	\$N/A	\$N/A	\$N/A
Child Support	\$N/A	\$N/A	\$N/A	\$N/A
Retirement (such as social security, pensions, annuities, insurance)	\$N/A	\$N/A	\$N/A	\$N/A
Disability (such as social security, insurance payments)	\$943	\$N/A	\$943	\$N/A
Unemployment payments	\$N/A	\$N/A	\$N/A	\$N/A
Public-assistance (such as welfare)	\$N/A	\$N/A	\$N/A	\$N/A
Other (specify):	\$N/A	\$N/A	\$N/A	\$N/A
Total monthly income:	\$943	\$N/A	\$943	\$N/A

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
Unemployed	N/A	N/A	\$ N/A
Unemployed	N/A	N/A	\$ N/A
Unemployed	N/A	N/A	\$ N/A

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
Sinai Hospital	2401 W Belvedere Ave,	N/A	\$ N/A
Sinai Hospital	Baltimore, MD, 21215	N/A	\$ N/A
Sinai Hospital		N/A	\$ N/A

4. How much cash do you and your spouse have? \$ The Petitioner doesn't have any Savings
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Capital One Checking Account End By 0063	\$10	\$ I don't know
	\$	\$
	\$	\$

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

<input checked="" type="checkbox"/> Home Value <u>N/A</u>	<input checked="" type="checkbox"/> Other real estate Value <u>N/A</u>
<input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model <u>N/A</u> Value <u>N/A</u>	<input checked="" type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value <u>N/A</u>
<input checked="" type="checkbox"/> Other assets Description <u>N/A</u> Value <u>N/A</u>	

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
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A

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
"R.I."	Son	13
"M.I."	Daughter	11

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☒ Yes ☐ No
Is property insurance included? ☒ Yes ☐ No

You

Your spouse

\$0
(The Petitioner is Homeless)

\$ N/A

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$0

\$ N/A

Home maintenance (repairs and upkeep)

\$0

\$ N/A

Food

\$300

\$ N/A

Clothing

\$0

\$ N/A

Laundry and dry-cleaning

\$0

\$ N/A

Medical and dental expenses

\$100

\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 300	\$ N/A
I am using mobility for transportation	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 100	\$ N/A
Health	\$ 100	\$ N/A
Motor Vehicle	\$ 0	\$ N/A
Other: N/A	\$ 0	\$ N/A

Taxes (not deducted from wages or included in mortgage payments)

(specify): N/A	\$ N/A	\$ N/A
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Installment payments

Motor Vehicle	\$ N/A	\$ N/A
Credit card(s)	\$ N/A	\$ N/A
Department store(s)	\$ 43	\$ N/A
Other: N/A	\$ N/A	\$ N/A

Alimony, maintenance, and support paid to others

Regular expenses for operation of business, profession, or farm (attach detailed statement)

Other (specify): The Petitioner's Debt for Bank of America \$16,692
Plus Petitioner's Loan for his Attorney \$7000
So, The Petitioner's total Debt is \$23,692

Total monthly expenses:

\$ N/A	\$ N/A
\$ - 23,692	\$ N/A
\$ 943	\$ N/A

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? _____

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 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.

1- The Petitioner is a Homeless Person and Unemployed due to his Mental disability, He is getting his (SSI) Due to his Mental disability and he has total debt of \$23,692, which is \$16,692 to Bank of America Plus his attorney's loan of \$7000.

2- The Petitioner was Granted by The Circuit Court of Baltimore County for Final Waiver of Open Costs, Due to his Poverty conditions on 2024.

3- Also, he was Granted by The Appellate Court of Maryland for Final Waiver of Any Final Appeal Costs on 2024.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 08 = 28 —, 2025

Mohamed Ibrahim
(Signature)



CIRCUIT COURT OF MARYLAND FOR BALTIMORE COUNTY
401 Bosley Avenue, P.O. Box 6754
Towson, MD 21285-6754
Main: 410-887-2601

Case Number: C-03-FM-21-000945
Other Reference Number(s): ACM-REG-1097-2023

ALLISON LYNN VS. MOHAMED IBRAHIM

ORDER REGARDING REQUEST FOR FINAL WAIVER OF OPEN COSTS

Upon consideration of the Request for Final Waiver of Costs submitted by , and any further documentation as required or authorized by Rule 1-325 or other applicable law,

THE COURT FINDS THAT:

The party named above:

- ☒ Meets the financial eligibility guidelines of the Maryland Legal Services Corporation.
☐ Does NOT meet the financial eligibility guidelines.

The party named above:

- ☒ Is unable by reason of poverty to pay the costs.
☐ Is NOT unable by reason of poverty to pay the costs.

☐ Other findings:

THE COURT ORDERS that the waiver is:

- ☒ GRANTED
☐ DENIED

01/11/2024 4:52:15 PM

Date

Judge

Wendy S. Epstein

Wendy S. Epstein

Entered: Clerk, Circuit Court for
Baltimore County, MD
January 12, 2024

True Copy Test
BLUE L. ENSOR, Clerk
JP
Assistant Clerk

MOHAMED A. IBRAHIM,
Appellant,

v.

ALLISON L. LYNN,
Appellee.

IN THE

APPELLATE COURT

OF MARYLAND

No. 1097, September Term 2023

MDEC: ACM-REG-1097-2023

(Cir. Ct. No. C-03-FM-21-000945)

* * * * *

ORDER

Upon consideration of the appellant's "Motion for Reconsideration" and "Motion to Request for Final Waiver of Any Final Appeal Costs," to which no response has yet been filed, it is, this 24th day of April 2024, by the Appellate Court of Maryland,

ORDERED that the appellant's "Motion to Request for Final Waiver of Any Final Appeal Costs" is granted in part and the fee for filing the appellant's "Motion for Reconsideration" is waived; and it is further

ORDERED that, to the extent the appellant requests further relief in his "Motion to Request for Final Waiver of Any Final Appeal Costs," the motion is denied; and it is further

ORDERED that the appellant's "Motion for Reconsideration" is denied; and it is further

ORDERED that, pursuant to Maryland Rule 8-606(b)(4)(B), the Clerk shall issue the mandate immediately following the entry of this Order.

FOR A PANEL OF THE COURT
consisting of Graeff, Nazarian, Eyler, James
R. (Senior Judge, Specially Assigned), JJ.



Judge's Signature Appears
on Original Order
Kathryn Gril/Graeff, Judge

A handwritten signature in dark ink, appearing to be "Kathryn Gril", is written over the printed name "Kathryn Gril/Graeff, Judge".

[Home](#) > [Earnings Record](#)

Earnings Record

Review your Earnings Record

Your benefits are based on your earnings. If our records are wrong, you may not receive all the benefits to which you're entitled.

Use your own records to make sure our information is correct, and that we've recorded each year you worked. If you worked for more than one employer during any year, or if you had both earnings and self-employment income, we combined your earnings for the year.

- ▼ Review your earnings record carefully.
- ▼ Limits on Taxable Earnings for Social Security
- ▼ Why would earnings be missing from my record?

i See something that doesn't match with your records? If there's a mismatch between your records and the earnings listed, contact us to request a correction.

Work Year	Taxed Social Security Earnings	Taxed Medicare Earnings
2024	\$0	\$0
2023	\$0	\$0
2022	\$0	\$0
2021	\$0	\$0
2020	\$0	\$0
2019	\$0	\$0
2018	\$0	\$0
2017	\$0	\$0
2016	\$0	\$0
2015	\$2,790	\$2,790
2014	\$188	\$188
2013	\$610	\$610

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JUN 06 2025

TOWSON MD SSA