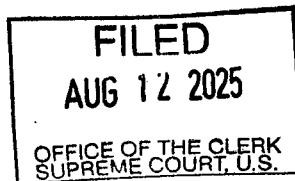


25-5544

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



JAMES PETTUS — PETITIONER

① MIRIAM BREIER ET AL (Your Name) 24-3035

② MANGANO ET AL 25-419

③ CLARK ET AL VS. 25-712

④ HSI ET AL 25-834

— 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 *in forma pauperis*.

Please check the appropriate boxes:

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

☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

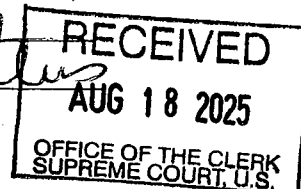
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

James Pettus
(Signature)



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

I, JAMES PETTUS 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	\$ _____	\$ <u>N/A</u>	\$ _____	\$ _____
Self-employment	\$ _____	\$ <u>N/A</u>	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ <u>N/A</u>	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ <u>N/A</u>	\$ _____	\$ _____
Gifts	\$ _____	\$ <u>N/A</u>	\$ _____	\$ _____
Alimony	\$ _____	\$ <u>N/A</u>	\$ _____	\$ _____
Child Support	\$ _____	\$ <u>N/A</u>	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ <u>N/A</u>	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>943 Monthly</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ <u>N/A</u>	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ <u>N/A</u>	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>943 Monthly</u>	\$ _____	\$ _____	\$ _____

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

4. How much cash do you and your spouse have? \$ 0 = NO SPOUSE
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
_____	\$ _____	\$ _____
_____	\$ N/A	\$ _____
_____	\$ _____	\$ _____

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

☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value _____

☐ Motor Vehicle #2
Year, make & model N/A
Value _____

☐ Other assets
Description N/A
Value _____

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

_____	\$ <u>N/A</u>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

_____	<u>N/A</u>	_____
_____	_____	_____
_____	_____	_____

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 SENIOR CITIZEN BUILDING

\$ 215 MONTHLY \$ N/A

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

\$ N/A \$ _____

Home maintenance (repairs and upkeep)

\$ N/A \$ _____

Food

\$ 300 MONTHLY

Clothing

\$ 150 MONTHLY

Laundry and dry-cleaning

\$ N/A \$ _____

Medical and dental expenses 2 MEDICARE
AGE 71

\$ N/A \$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ ACCESS-A	\$ RIDE
	\$ 300 PER TRIP	
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$
Life	\$ N/A	\$
Health	\$ N/A	\$
Motor Vehicle	\$ N/A	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ N/A	\$
Installment payments		
Motor Vehicle	\$ N/A	\$
Credit card(s)	\$ N/A	\$
Department store(s)	\$ N/A	\$
Other: _____	\$	\$
Alimony, maintenance, and support paid to others	\$ N/A	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$
Other (specify): _____	\$	\$
Total monthly expenses:	\$ 215	\$
	150	
	200	
	\$ 565 MONTHLY	

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? CAN NOT AFFORD TO PAY A TYPIST!!!

If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

POOR BLACK, DISABLED SENIOR CITIZEN
W/ STAGE 4 CANCER, AND UNEDUCATED

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

Executed on: _____, 2025

James Pettus
(Signature)

SOCIAL SECURITY ADMINISTRATION

Date: May 21, 2024
BNC#: 24BC829D83247
REF: DI

JAMES PETTUS
123 W 183RD ST APT 5I
BRONX NY 10453-1161

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2024, the current
Supplemental Security Income payment is.....\$ 943.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Date of Birth Information

The date of birth shown on our records is February 23, 1954.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

Need more help?

1. Visit www.ssa.gov for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.