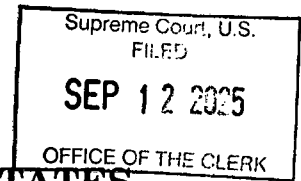


25-5670
No. _____

ORIGINAL



IN THE SUPREME COURT OF THE UNITED STATES

SARAI HANNAH AJAI,

Petitioner,

v.

**NORTH DAKOTA DEPARTMENT OF TRANSPORTATION;
UNITED STATES POSTAL SERVICE, OFFICE OF INSPECTOR
GENERAL, et al.,**

Respondents.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner Sarai Hannah Ajai, proceeding pro se, respectfully
moves for leave to proceed in forma pauperis under Supreme Court Rule

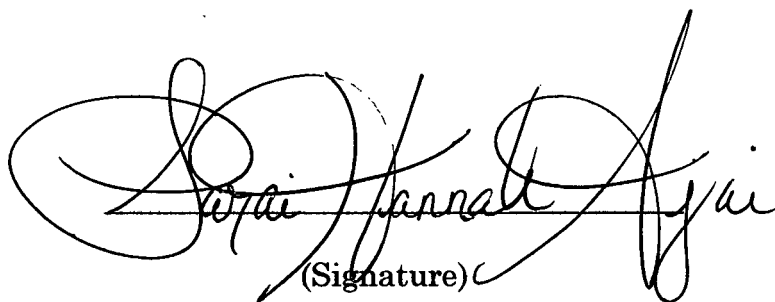
39. In support:

1. Petitioner is financially unable to pay the docketing fee or other
Court costs. Petitioner's notarized affidavit or declaration in the

form prescribed by the Federal Rules of Appellate Procedure,
Form 4, is attached.

2. Prior IFP status. Leave to proceed in forma pauperis was not sought in the courts below.
3. This motion is filed together with the Petition for a Writ of Certiorari and complies with Rule 21. An original and 10 copies are submitted; a copy of this motion (and the affidavit) precedes and is attached to each copy of the petition.

Respectfully submitted,



(Signature)

Sarai Hannah Ajai
Petitioner, *pro se*
2432 20th Avenue South,
Apt. Unit: 205
Fargo, North Dakota 58103
Phone: (630) 247-6195
Email: ajai.sarai.h@gmail.com

Dated: September 12, 2025

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

I, Sarai Hannah Ajai, 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 therefore; 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, 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	N/A	N/A	N/A	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)	\$2,470.00	N/A	\$2,470.00	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	\$2,470.00		\$2,470.00	

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	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	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
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$ 1,900 In 2020-2021, I retained a portion of my federal stimulus (Economic Impact) payments rather than spending them because of ongoing and severe identity-theft issues and repeated mail-theft/interference incidents that disrupted delivery of financial and legal notices. I also

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
Savings	\$ 150.00	N/A
Checking	\$ 50.00	N/A
Saving	\$1,700.00	N/A

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

- | 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
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

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.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 800.00	N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 285.22	N/A
Home maintenance (repairs and upkeep)	\$ 25.00	N/A
Food	\$ 450.00	N/A
Clothing	\$ 10.00	N/A
Laundry dry-cleaning	\$ 0.00	N/A
Medical and dental expenses	\$ 100.00	N/A
Transportation (not including motor vehicle payments)	\$ 40.00	N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 21.00	N/A

Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's renter's	\$ 10.75	N/A
Life	\$ 0.00	N/A
Health	\$ 207.80	N/A
Motor Vehicle	\$ 0.00	N/A
Other: _____ N/A _____	\$ 0.00	N/A
Taxes (not deducted from wages or included in mortgage payments) (specify): _____ N/A _____	\$ 0.00	N/A
Installment payments		
Motor Vehicle	\$ 0.00	N/A
Credit card(s)	\$ 150.00	N/A
Department store(s)	\$ 0.00	N/A
Other: _____ N/A _____	\$ 0.00	N/A
Alimony, maintenance, and support paid to others	\$ 0.00	N/A
Regular expenses for operation of business, profession, or farm (attach details statement)	\$ 114.19	N/A
Other (specify): Apt. Surveillance Cameras, Health Wellness, Credit Bureau Reports, Apple Care+, HP Printer	\$ 147.02	N/A
Total Monthly Expenses:	\$2,360.98	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

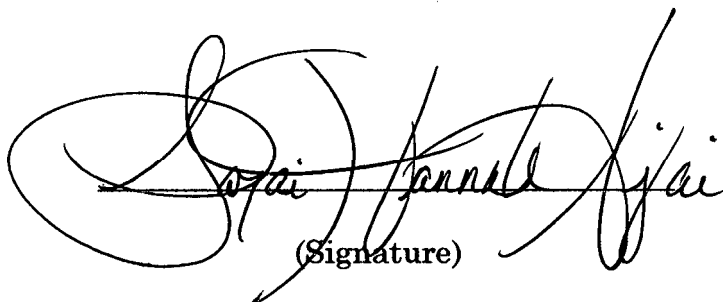
If yes, how much? _____

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.

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

Executed on September 12, 2025.


(Signature)

Sarai Hannah Ajai
Petitioner, *pro se*
2432 20th Avenue South,
Apt. Unit: 205
Fargo, North Dakota 58103
Phone: (630) 247-6195
Email: ajai.sarai.h@gmail.com

Dated: September 12, 2025