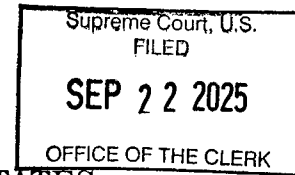


25-5736 ORIGINAL
No. _____



IN THE
SUPREME COURT OF THE UNITED STATES

Dr. AHMAD J. ALJINDI — PETITIONER
(Your Name)

VS.

U.S. COURT OF APPEALS FOR THE FEDERAL
CIRCUIT AND U.S. COURT OF FEDERAL CLAIMS — 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):

United States Court of Federal Claims. Order's Date 06/17/2024

☐ 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.

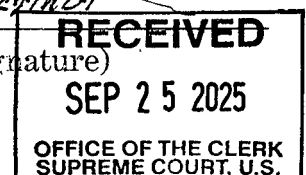
☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

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

☐ a copy of the order of appointment is appended.

Dr. AHMAD ALJINDI

(Signature)



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

I, Dr. AHMAD J. ALJINDI, 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>1,200</u> | \$ _____ | \$ <u>1,200</u> |
| Self-employment | \$ <u>1,500</u> | \$ _____ | \$ <u>1,500</u> | \$ _____ |
| 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 SNAP (such as welfare) | \$ <u>185.50</u> | \$ <u>185.50</u> | \$ <u>185.50</u> | \$ <u>185.50</u> |
| Other (specify): _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Total monthly income: | \$ <u>1,685.50</u> | \$ <u>1,385.50</u> | \$ <u>1,685.50</u> | \$ <u>1,385.50</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 |
|------------------|----------------------------------|---------------------|-------------------|
| AI Net Group LLC | PO Box 60753 Irvine, CA 92602 | 01/01/2021 | \$ 1,500 |
| | | | \$ |
| | | | \$ |

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 |
|---------------|---|---------------------|-------------------|
| Crumb Cookies | 1500 E Village Way, Ste F19A, Orange, CA 92865 | 10/23/2024 | \$ 1,200 |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$
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 |
|---|-----------------|------------------------|
| Checking | \$ 0 | \$ N/A |
| Checking | \$ 0 | \$ |
| Checking | \$ 0 | \$ |

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

☐ Home
Value None

☐ Other real estate
Value None

☐ Motor Vehicle #1
Year, make & model None
Value

☐ Motor Vehicle #2
Year, make & model None
Value

☐ Other assets None
Description
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.S. Federal Government

\$ 65.4 Million/Stolen
Constitutional Relief

\$ None. Not Applicable (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

A.Draya

Wife

28

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)

\$ 1,065

\$ 1,000

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ 200

\$ 200

Home maintenance (repairs and upkeep)

\$ _____

\$ _____

Food

\$ 214.50

\$ 185.50

Clothing

\$ _____

\$ _____

Laundry and dry-cleaning

\$ _____

\$ _____

Medical and dental expenses

\$ _____

\$ _____

| | You | Your spouse |
|--|-------------|-------------|
| Transportation (not including motor vehicle payments) | \$ 100 | \$ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ | \$ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ | \$ |
| Life | \$ | \$ |
| Health | \$ | \$ |
| Motor Vehicle | \$ | \$ |
| Other: _____ | \$ | \$ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ | \$ |
| Installment payments | | |
| Motor Vehicle | \$ | \$ |
| Credit card(s) | \$ | \$ |
| Department store(s) | \$ | \$ |
| Other: _____ | \$ | \$ |
| Alimony, maintenance, and support paid to others | \$ | \$ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ | \$ |
| Other (specify): <u>PO Box, Gas, and Misc</u> | \$ 106 | \$ |
| Total monthly expenses: | \$ 1,685.50 | \$ 1,385.50 |

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.

The undersigned will suffer more from the ongoing injustice, abuse, and intentional and systemic hate crimes caused to him by the involved officials in the United States Federal Government (FG). The undersigned's human, civil, EEO, and Constitutional rights has been crushed illegally, maliciously, and in bad faith. However, the undersigned is upholding the United States Constitution and he will prevail and recover his stolen Constitutional Relief.

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 cannot pay the costs of this case because of the ongoing intentional and systematic violations and hate crimes of the involved public officials since years and under the formal awareness of the federal courts and involved judicial officers in lower courts that decided to dismiss my truthful and legitimate lawsuit cases repeatedly illegally, unconscionably, and in an arbitrary abusive and unconstitutional manner and to cover the formally documented and evidenced malicious crimes committed by the public officials in a blatant challenge to the United States Constitution! Ongoing conspiracy to deprive civil rights since 2018.

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

Executed on: September 22, 2025

Dr. AHMAD ALJUNDI 

(Signature)