

25-5752

No. 24-2318

ORIGINAL

OPM

09/24/2025

IN THE

SUPREME COURT OF THE UNITED STATES

APPEALS for the Federal Circuit

Olivia C. Davis — PETITIONER

(Your Name)

FILED
SEP 24 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

VS.

Merit Systems
PROTECTION BOARD — 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):

Supreme Court of the United States

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: _____
This disposition is Nonprecedential, or

a copy of the order of appointment is appended.

Olivia C. Davis

(Signature)

See Attached Certificate
09/24/25

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San BernardinoOn September 24th 2025 before me, Leticia Salas, Notary Public

Date

Here Insert Name and Title of the Officer

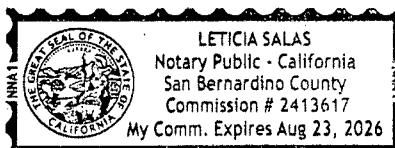
personally appeared Olivia C. Davie

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal and/or Stamp Above

Signature

Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: MOTION For Leave to Proceed in Forma PauperisDocument Date: 9/24/2025 Number of Pages: 1Signer(s) Other Than Named Above: N/A**Capacity(ies) Claimed by Signer(s)**

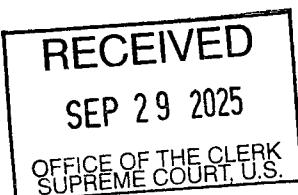
Signer's Name: _____

Signer's Name: _____

 Corporate Officer – Title(s): _____ Corporate Officer – Title(s): _____ Partner – Limited General Partner – Limited General Individual Attorney in Fact Individual Attorney in Fact Trustee Guardian or Conservator Trustee Guardian or Conservator Other: _____ Other: _____

Signer is Representing: _____

Signer is Representing: _____



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

I, Olivia C. DAVIE, 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>0</u>	\$ _____
Self-employment	\$ _____	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ _____	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ _____	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ _____	\$ _____	\$ _____	\$ _____

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
 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	\$ <u>0</u>	\$ <u>0</u>
Savings	\$ <u>0</u>	\$ <u>0</u>
	\$ <u>0</u>	\$ <u>0</u>

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

Home Value 325,000 Other real estate Value 0

Motor Vehicle #1 Year, make & model 2004 HONDA Motor Vehicle #2 Year, make & model _____
 Value \$ 700,00 Value _____

Other assets 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>OPM</u>	\$ <u>0</u>	\$ <u>OPM (Open)</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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	<u>MORTGAGE</u> \$ <u>1145.17</u>	\$ _____
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>400.00</u>	\$ _____
Home maintenance (repairs and upkeep)	<u>HOA</u> \$ <u>228.00</u>	\$ _____
Food <u>FOOD STAMPS \$149.00</u> <u>PER MONTH</u>	\$ <u>260. PLUS</u>	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ <u>150. 00</u>	\$ _____
Medical and dental expenses	\$ <u>50.00</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>55.00</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's <u>HOA</u>	\$ <u>228.00</u>	\$ _____
Life <u>per month</u> <u>INSURANCE</u>	\$ <u>53.00</u>	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle <u>INSURANCE</u>	\$ <u>813.00</u>	\$ _____
Other: <u>Food EXTRA —</u> <u>\$140.00 Food STAMPS</u>	\$ <u>175.00</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>200.00</u>	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <u>SOLAR</u>	\$ <u>100.00</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ <u>876.00</u> <u>\$940.00</u>	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

erased

Yes No If yes, describe on an attached sheet.

MORTGAGE WILL GO UP, THEY PUT ME ON A TRIAL FOR THREE MONTHS, THEN MAY GO UP

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.

*Husband died JUNE 2018, NO Retirement from OPM
I receive food stamps per month \$149.00 stamps
Receive MED-CAL*

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

Executed on: September 23, 2025

Olivia G. Davie
(Signature)