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IN THE

SUPREME COURT OF THE UNITED STATES

FILED

JUN 0 9 2025

OFFICE OF THE CLERK SUPREME COURT, U.S.

Robert Peck — PETITIONER (Your Name)

VS.

Vs.

Vs.

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 formal 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:
□ a copy of the order of appointment is appended.

RECEIVED

SEP - 9 2025

SEFFICE OF THE CLERK
SUPPREME COURT, U.S.

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

I, Robert Peck, 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.

	e monthly amou t 12 months	unt during	Amount expended next month	cted
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$_ <i>O</i>	\$	\$	\$
Income from real property (such as rental income)	\$_ <i>O</i>	\$ <i>O</i>	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$ <i>O</i>	\$	\$ <i>Ò</i>	\$
Alimony	\$ <i>O</i>	\$	\$	\$ <u></u>
Child Support	\$	\$ <i>O</i>	\$ <i>O</i>	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$ <i>O</i>	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$O
Public-assistance (such as welfare)	\$	\$	\$ <u> </u>	\$ <u></u>
Other (specify):	\$	\$0	\$	\$
Total monthly income:	\$ <u> </u>	\$ <u> </u>	\$ <i>O</i>	\$ <u>O</u>

Employer	Address	Dates of	Gross monthly pay
1111	NA	Employment	s
10//			\$
			\$
3. List your spou (Gross monthly	use's employment history pay is before taxes or	ry for the past two years other deductions.)	, most recent employer fir
Employer	Address	Dates of	Gross monthly pay
11/1	11/1	Employment	
NH	N/A	<i>W/A</i>	\$
			\$
		.	
Below, state a institution.	ny money you or your		unts or in any other iman
Below, state a institution.	ny money you or your	spouse nave in bank acco	Amount your spouse ha
Below, state a institution.	ny money you or your	spouse nave in bank acco	Amount your spouse ha
Below, state a institution. Type of account (List the asset and ordinary h	ny money you or your	spouse have in bank acco	Amount your spouse ha \$ \$ \$ \$se owns. Do not list cloth
Below, state a institution. Type of account (List the asset and ordinary has been decompled in the state of the state o	e.g., checking or saving s, and their values, who	spouse have in bank acco	Amount your spouse has \$
Below, state a institution. Type of account (e.g., checking or saving s, and their values, who	spouse have in bank acco	Amount your spouse has \$sssse owns. Do not list cloth
Below, state a institution. ype of account (List the asset and ordinary h Home Value	e.g., checking or saving	spouse have in bank acco	Amount your spouse has be owns. Do not list cloth
Below, state a institution. Type of account (List the asset and ordinary had been decompled by the state of the state o	e.g., checking or saving	spouse have in bank acco	Amount your spouse has be owns. Do not list cloth
Below, state a institution. ype of account (List the asset and ordinary h Home Value Motor Vehicle	e.g., checking or saving s, and their values, whousehold furnishings. #1 model	spouse have in bank acco	Amount your spouse has \$
Below, state a institution. Type of account (5. List the asset and ordinary had been decount ordinary had been decount ordinary had been decount ordinary had been decounted by the state of the stat	e.g., checking or saving s, and their values, whenousehold furnishings. #1 model	spouse have in bank acco	Amount your spouse has \$

Person owing you or	Amount owed	to you Amo	unt owed to your spouse
your spouse money	s ()	\$	0
	\$ 0	\$	0
	\$ 0	\$	
7. State the persons who r instead of names (e.g. "	ely on you or your sp J.S." instead of "John	oouse for support. For Smith").	r minor children, list initials
Name /	Relatio		Age
8. Estimate the average m paid by your spouse. annually to show the me	Adjust any payment	ou and your family. States that are made weel	how separately the amounts kly, biweekly, quarterly, or Your spouse
Rent or home-mortgage pa (include lot rented for mol Are real estate taxes include Is property insurance includes)	bile home) luded? □Yes □1		\$
Utilities (electricity, heating water, sewer, and telephone	ng fuel, ne)	\$	
Home maintenance (repair	rs and upkeep)	\$ <i>O</i>	\$
Food		\$	<u> </u>
Clothing		\$	<u> </u>
		3	a
Laundry and dry-cleaning	;	\$	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ <u> </u>	\$
Insurance (not deducted from wages or included in morta	gage payments)	
Homeowner's or renter's	\$ <u> </u>	\$
Life	\$ <i>O</i>	\$ <i>Ô</i>
Health	\$	\$
Motor Vehicle	\$	\$
Other:	\$ <i>O</i>	\$
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify):	\$	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$ <i>O</i>	\$
Department store(s)	\$ 0	\$
Other:	\$O	\$
Alimony, maintenance, and support paid to others	\$	\$ <i>O</i>
Regular expenses for operation of business, profession,	s ()	• 🖒
or farm (attach detailed statement)	\$\$	· •
Other (specify):	\nearrow	, A
Total monthly expenses:	\$ <u> </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?
	☐ 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 y	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 am incarcerated.
Ιd	leclare under penalty of perjury that the foregoing is true and correct.
Ex	secuted on: $\frac{August 25^{+h}}{2}$, 2025
LA	
	from text
	(Stanatura)