## 25-5872

No	•
IN THE	
SUPREME COURT OF THE UNITED STATES	
RAMON JACKSON — PETITIONER	RIGINA
(Your Name)	FILED
VS.	SEP 2 3 2025
MICHIGAN SECRETARY OF STATE	OFFICE OF THE CLER SUPREME COURT, U.S.
MICHIGAN SECRETARY OF STATE RESPONDENT(S)	33311, 0.0
DETROIT CLERK , JANICE WINFREY  MOTION FOR LEAVE TO PROCEED IN FORMA PAUPE	PIC
Please check the appropriate boxes:  Petitioner has previously been granted leave to proceed in forr the following court(s):	na pauperis in
$\square$ Petitioner has <b>not</b> previously been granted leave to proc pauperis in any other court.	eed in forma
Petitioner's affidavit or declaration in support of this motion is a	ttached hereto.
☐ Petitioner's affidavit or declaration is <b>not</b> attached because the appointed counsel in the current proceeding, and:	ne court below
☐ The appointment was made under the following provision of l	aw: or
□ a copy of the order of appointment is appended.	
RECEN'ED Ranen	ackson

SEP 2 6 2025
OFFICE OF THE CLERK SUPPLEME COURT U.S.

OCT - 7 2025

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

I, RAMON JACKSON	, am the pe	titioner in the ab	ove-entitled case.	In support of
my motion to proceed in	forma pauperis, I stat	e that because of	f my poverty I am	unable to pay
the costs of this case or t	o give security therefo	r; and I believe I	I am entitled to red	dress.

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 amo	unt during	Amount expended next month	cted
	You	Spouse	You	Spouse
Employment	\$_ <i>O</i>	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	<u>\$</u>	\$	\$	\$
Gifts	\$ 1,000	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$_ <i>O</i>	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$_ <i>(</i> )	\$	\$	\$
Disability (such as social security, insurance payments)	\$_ <i>O</i>	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$_ <b>D</b>	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

List your spouse's employment history (Gross monthly pay is before taxes or other ployer  Address  How much cash do you and your spouse Below, state any money you or your spinstitution.  pe of account (e.g., checking or savings)	for the past two years her deductions.)  Dates of Employment  have? \$ None	\$s, most recent employer fi  Gross monthly pay  \$s \$s
Gross monthly pay is before taxes or other ployer  Address  How much cash do you and your spouse Below, state any money you or your spinstitution.	for the past two years her deductions.)  Dates of Employment  have? \$ None	\$s, most recent employer fi Gross monthly pay \$s \$s
Gross monthly pay is before taxes or other ployer  Address  How much cash do you and your spouse Below, state any money you or your spinstitution.	her deductions.)  Dates of Employment  have? \$ None	Gross monthly pay \$ \$ \$
How much cash do you and your spouse Below, state any money you or your spinstitution.	have? \$ None	\$ \$ \$
How much cash do you and your spouse Below, state any money you or your sp institution.	have? \$ None	\$ \$
How much cash do you and your spouse Below, state any money you or your sp institution.	have? \$ None	\$ \$
Below, state any money you or your spinstitution.	have? \$ NonC	unts or in any other finan
Below, state any money you or your spinstitution.	have? \$ Nonc ouse have in bank acco	ounts or in any other finan
<b>J</b>	\$ \$ \$	\$ \$ \$
List the assets, and their values, which and ordinary household furnishings.		
Home	☐ Other real esta	ate
Value <u>nonc</u>	Value	
Motor Vehicle #1	☐ Motor Vehicle	
Year, make & model	•	model
Value <u>NON</u> C	Value	
Other assets		
Description		

Person owing you or your spouse money	Amount owed to yo	ou Ar	nount owed to your spouse	
	\$	\$		
<u> </u>	\$	\$_		
	\$	\$_		
7. State the persons who re instead of names (e.g. "J.	ely on you or your spouse S." instead of "John Smit	for support. I	For minor children, list initials	
Name	Relationship		Age	
AW	SON	·	15	
Cl	DAUGHTER		9	
paid by your spouse. A annually to show the mo		at are made w <b>You</b>	reekly, biweekly, quarterly, or Your spouse	
	nthly rate.  yment ile home) uded?   Yes  No			
Rent or home-mortgage pa (include lot rented for mobilised Are real estate taxes included)	nthly rate.  yment ile home) uded? □ Yes ☒ No uded? □ Yes □ No	You	Your spouse\$	
Rent or home-mortgage pa (include lot rented for mobile Are real estate taxes included in the state taxes in t	nthly rate.  yment ile home) uded? □ Yes ☒ No uded? □ Yes □ No g fuel, e)	<b>You</b> \$	Your spouse\$	
Rent or home-mortgage pa (include lot rented for mobile of the state taxes included in the state taxes	nthly rate.  yment ile home) uded? □ Yes ☒ No uded? □ Yes □ No g fuel, e)	You \$\$	Your spouse  \$ \$ \$ \$	
Rent or home-mortgage pa (include lot rented for mobile of the real estate taxes included in the real estate taxes in the real estate taxes.	nthly rate.  yment ile home) uded? □ Yes ☒ No uded? □ Yes □ No g fuel, e)	*\$\$\$\$	Your spouse  \$ \$ \$ \$	
Rent or home-mortgage pa (include lot rented for mobile of the real estate taxes included in the surface of the	nthly rate.  yment ile home) uded? □ Yes ☒ No uded? □ Yes □ No g fuel, e)	\$\$ \$\$ \$\$	Your spouse  \$ \$ \$ \$	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortg	gage 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):	\$	\$
Total monthly expenses:	\$ 306	. \$

liabilities di	ect any m uring the	ajor changes to your monthly income or expenses or in your assets or next 12 months?
☐ Yes	⊠ No	If yes, describe on an attached sheet.
If yes, how r	nuch?	ill you be paying – an attorney any money for services in connection ng the completion of this form?   Yes No  ney's name, address, and telephone number:
	·	
11. Have you pai a typist) any form?	d—or will money for	you be paying—anyone other than an attorney (such as a paralegal or services in connection with this case, including the completion of this
☐ Yes	⊠ No	
If yes, how m	uch?	
		ame, address, and telephone number:
12. Provide any ot	her inforn	nation that will help explain why you cannot pay the costs of this case.  Unemployed
		•
I declare under per	nalty of p	erjury that the foregoing is true and correct.
		, 20
		Revon Jana (Signature)