25	-6017	
No	25-703	



OFFICE OF THE CLERK SUPREME COURT, U.S.
IN THE
SUPREME COURT OF THE UNITED STATES
<u>John T Williams</u> — PETITIONER (Your Name)
VS.
United STATES - 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 <i>in forma pauperis</i> .
Please check the appropriate boxes:
Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):
Southern District of New York, Northern District of G.A.
United STATES Court of Federal Claims
☐ Petitioner has <b>not</b> 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 <b>not</b> attached because the court below appointed counsel in the current proceeding, and:
☐ The appointment was made under the following provision of law:
$\Box$ a copy of the order of appointment is appended.
11 4110.

(Signature RECEIVED

SEP 19 2025

OFFICE OF THE CLERK SUPREME COURT, U.S.

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

I, John T Williams, 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 amo It 12 months	unt during	Amount expe next month	cted
	You	Spouse	You	Spouse
Employment	\$0	\$ N/A	\$	\$ N/A
Self-employment	\$ <i>U</i>	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$ <i>0</i>
Gifts	\$	\$	\$ <i>O</i>	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 940 00	\$	\$ 940 00	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$ 214 00	\$	\$ 214 00	\$
Other (specify):	\$ <i>D</i>	\$	\$	\$
Total monthly income:	\$ 1,154"	\$	\$ 1,15400	\$

	Address	Dates of Employment	Gro	ss monthly pa
NIA	NA	NIA	\$	
NIA	NIA	NIA	\$	0
NIA	N/A	NIA	\$	0
	e's employment histor pay is before taxes or	y for the past two years other deductions.)	s, most re	cent employer
Employer	Address	Dates of Employment	Gro	ss monthly pa
NIA	NA	N/A		0
NIA	N/A			0
N/A	- N/A	N/A	\$	<i>D</i>
institution.  Type of account (e.g	checking or savings	spouse have in bank acco  Amount you have	Amount	vour spouse
institution.  Type of account (e.g	checking or savings	) Amount vou have	Amount	vour spouse
institution.  Type of account (e.g	checking or savings		Amount	vour spouse
institution.  Type of account (e.g. N/A N/A)  N/A  List the assets, a	i., checking or savings	) Amount vou have	Amount \$\$	your spouse (
institution.  Type of account (e.g. N/A  N/A  5. List the assets, a and ordinary hou  Home	and their values, which sehold furnishings.	) Amount you have \$ 0 \$ 0 \$ 0	Amount \$ \$ e owns.	your spouse (
institution.  Type of account (e.g. N/A)  N/A  N/A  S. List the assets, a and ordinary hou	and their values, which sehold furnishings.	Amount you have  \$ 0 \$ 0 \$ 0 \$ 0 \$ 10 \$ 10 \$ 10 \$ 10 \$	Amount \$ \$ e owns.	your spouse (
institution.  Type of account (e.g. N/A)  N/A  S. List the assets, a and ordinary hou  Home Value	and their values, which sehold furnishings.	Amount you have  \$	#2	your spouse
institution.  Type of account (e.g. N/A)  N/A  N/A  S. List the assets, a and ordinary hou  Home Value	and their values, which sehold furnishings.	Amount you have  \$	#2 nodel	your spouse
institution.  Type of account (e.g. N/A)  N/A  S. List the assets, a and ordinary hou  Home Value	and their values, which sehold furnishings.	Amount you have  \$	#2 nodel	your spouse
institution.  Type of account (e.g. N/A)  N/A  Solution  List the assets, a and ordinary hou  Home Value	and their values, which sehold furnishings.	Amount you have  \$	#2 nodel	your spouse

6. State every person, but amount owed.	siness, or organization	on owing you or your	spouse money, and the
Person owing you or your spouse money	Amount owed t	o you Amoui	nt owed to your spouse
N/A	\$	\$	0
	\$	\$	
	\$	\$	
7. State the persons who re instead of names (e.g. "J.	ly on you or your spo S." instead of "John S	use for support. For r	ninor children, list initials
Name	Relations	•	Age
A. W.	DAUghter		years old
			***************************************
8. Estimate the average mo paid by your spouse. A annually to show the mor	djust any payments	and your family. Sho that are made weekly You	, biweekly, quarterly, or
		1 Ou	Your spouse
Rent or home-mortgage pay (include lot rented for mobil Are real estate taxes inclu Is property insurance inclu	le home) ded?		\$ <i>O</i>
Utilities (electricity, heating	fuel,		
water, sewer, and telephone	)	\$ 775	\$
Home maintenance (repairs	and upkeep)	\$	\$ <i>O</i>
Food		\$ 350 00	\$ <i>O</i>
Clothing		\$	\$
Laundry and dry-cleaning		\$ 25 00	\$
Medical and dental expenses	3	\$ <i>O</i>	\$ <i>O</i>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 125 00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ <i>O</i>	\$
Insurance (not deducted from wages or included in morta	gage payments)	
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$ <i>O</i>	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage	payments)	
(specify):	\$ <i>O</i>	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$ <i>O</i>	\$
Department store(s)	\$	\$
Other:	\$ <i>Ô</i>	\$
Alimony, maintenance, and support paid to others	\$	\$ <i>O</i>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$ <i>D</i>
Other (specify):	\$	\$
Total monthly expenses:	\$ 1,475	\$

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:
with this case, including the completion of this form?
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 was falsely convicted and sentenced to prison. Every
I worked for And owned was taken Away from me, now :
have nothing.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on: September 15, 20_25
Signature)

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