No.
IN THE
SUPREME COURT OF THE UNITED STATES

CLAUDE COLEMAN, Petitioner

VS.

UNITED STATES OF AMERICA, Respondent

## 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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following courts:

United States District Court Northern District of Ohio United States Court of Appeals for the Sixth Circuit

Respectfully Submitted,

JOSEPH MEDICI Federal Public Defender Southern District of Ohio

Kevin M. Schad
Attorney for Petitioner
Appellate Chief
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Kevin schad@fd.org

## CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing was sent this 3rd day of November, 2025, by U.S. mail, to the office of the Solicitor General, as well as through electronic filing.

Kevin M. Schad

Attorney for Petitioner

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

I, <u>CLAUDE COLEMAN</u>, 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.

	erage monthly ame past 12 months	ount during	Amount expe	ected
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$ <u>·</u>	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as socia security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payme	\$ <i>©</i> ents)	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly inco	me: \$ <u></u>	\$	\$	\$

	Address	Employment	Gross monthly pay
N/A	N/p	N/A	\$
,			\$
			<b>&gt;</b>
	use's employment history pay is before taxes or	ry for the past two years other deductions.)	s, most recent employer f
Employer	Address	Dates of	Gross monthly pay
N/A	N/4	Employment N/A	•
·O/H	- · · · · //A		<b>*</b>
			•
Below, state as institution.	n do you and your spous ny money you or your	se have? \$o spouse have in bank acco	unts or in any other finar
institution.  Type of account (	e.g., checking or saving	se have? \$	Amount your spouse ha
Type of account (	e.g., checking or savings, and their values, white ousehold furnishings.	s) Amount you have	Amount your spouse has \$\$ \$\$ \$e owns. Do not list clothate
institution.  Type of account (account	e.g., checking or savings, and their values, whi ousehold furnishings.	s) Amount you have  \$\$ \$ ch you own or your spous  Other real esta  Value	Amount your spouse has \$\$ \$s se owns. Do not list clothate
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Person owing you or	Amount owed to	o you	Amount owed	d to your spous
your spouse money				,
N/A	\$ <i>t</i> >		\$	
/	\$	*	\$	
	\$		\$	
7. State the persons who re instead of names (e.g. "J.S			For minor ch	nildren, list initia
Name	Relations	•	Age	
N/A	wja:		NJA	
			TTTO 0   F   TT   0 TTT	olalar (120 and 020)
annually to show the mor	nthly rate.	You		ekly, quarterly, our spouse
Rent or home-mortgage pay include lot rented for mobil Are real estate taxes include Is property insurance inclu	nthly rate.  yment le home)  ded?   Yes   No	<b>You</b> \$ <i>©</i>		
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annually to show the more and annually to show the more annually the more	onthly rate.  Tyment le home) ded?	You \$\$	\$ \$ \$ \$ \$ \$ \$	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	. \$
Insurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	\$()	\$
Motor Vehicle	\$	\$ <i>D</i>
Other:	\$	. \$
Taxes (not deducted from wages or included in mortgage	e 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:	\$	\$

	liabilities during the next 12 months?
	$\square$ Yes $\square$ -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? $\square$ Yes $\square$ 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 of 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:
	Provide any other information that will help explain why you cannot pay the costs of this case
12.	110 vide any other information that will help explain will you carnot pay the costs of this east
	I'm Currently Incarcerated.
Ιd	I'm Currently Incarcerated.