



United States Supreme Court

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25-6733  
No. \_\_\_\_\_

ORIGINAL

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OFFICE OF THE CLERK  
SUPREME COURT, U.S.

IN THE  
SUPREME COURT OF THE UNITED STATES

MAY CHEN: \_\_\_\_\_ — PETITIONER  
(Your Name)

VS.

District of Columbia  
State of Maryland  
~~State of California et.al.~~ \_\_\_\_\_ — 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):

U.S. District Court for the District of Columbia

☐ 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: \_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

MC

(Signature)

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

I, MAY CHEN, 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<br>the past 12 months |        | Amount expected<br>next month |        |
|--|---|--------|-------------------------------|--------|
|  | You   | Spouse | You                           | Spouse |
| Employment   | \$ UNPAID   | \$     | \$                            | \$     |
| Self-employment  | \$ N/A  | \$     | \$                            | \$     |
| Income from real property<br>(such as rental income)                       | \$ N/A  | \$     | \$                            | \$     |
| Interest and dividends   | \$ N/A  | \$     | \$                            | \$     |
| Gifts  | \$ N/A  | \$     | \$                            | \$     |
| Alimony  | \$ N/A  | \$     | \$                            | \$     |
| Child Support  | \$ N/A  | \$     | \$                            | \$     |
| Retirement (such as social<br>security, pensions,<br>annuities, insurance) | \$ N/A  | \$     | \$                            | \$     |
| Disability (such as social<br>security, insurance payments)                | \$ N/A  | \$     | \$                            | \$     |
| Unemployment payments  | \$ N/A  | \$     | \$                            | \$     |
| Public-assistance<br>(such as welfare)                                     | \$ N/A  | \$     | \$                            | \$     |
| Other (specify):   | \$  | \$     | \$                            | \$     |
| <b>Total monthly income:</b>   | \$ N/A  | \$     | \$                            | \$     |

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 |
|-----------------|---------|---------------------|-------------------|
| NHFDN / SAM.gov |         |                     | \$ 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 |
|----------|---------|---------------------|-------------------|
|          |         |                     | \$                |
|          |         |                     | \$                |
|          |         |                     | \$                |

4. How much cash do you and your spouse have? \$ N/A  
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 |
|---|-----------------|------------------------|
|   | \$              | \$                     |
|   | \$              | \$                     |
|   | \$              | \$                     |

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

☒ Home  
Value Demolished and Sold by PG County, MD

☐ Other real estate  
Value

☒ Motor Vehicle #1  
Year, make & model Toyota  
Value impounded by DC DPW

☐ Motor Vehicle #2  
Year, make & model  
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 |
|---------------------------------------|--------------------|----------------------------|
| RESPONDENTS _____                     | \$ PETITION _____  | \$ _____                   |
| _____                                 | \$ _____           | \$ _____                   |
| _____                                 | \$ _____           | \$ _____                   |

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   |
|-----------|--------------|-------|
| N/A _____ | _____        | _____ |
| _____     | _____        | _____ |
| _____     | _____        | _____ |

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<br>(include lot rented for mobile home)                    | \$ N/A _____               | \$ _____    |
| Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |             |
| Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |             |
| Utilities (electricity, heating fuel,<br>water, sewer, and telephone)                    | \$ N/A _____               | \$ _____    |
| Home maintenance (repairs and upkeep)  | \$ N/A _____               | \$ _____    |
| Food   | \$ PUBLIC ASSISTANCE _____ | \$ _____    |
| Clothing   | \$ PUBLIC ASSISTANCE _____ | \$ _____    |
| Laundry and dry-cleaning   | \$ N/A _____               | \$ _____    |
| Medical and dental expenses  | \$ MEDICAID _____          | \$ _____    |

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

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 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.

Pursuant to Supreme Court Rule 39 Motion for Leave to Proceed in Forma Pauperis

DC Code 22-3211 Theft of Money from M & T Bank, Capital One Bank, Bank of America et.al.

Due to repeated financial abuse, predatory activities, employment discrimination, etc., the state of Maryland, District of Columbia, EEOC et.al. brought poverty to me.

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

Executed on: November 12, 2025

MC

\_\_\_\_\_  
(Signature)



*The Knowledge to Guide You*

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of Health Care Ombudsman and Bill of Rights



June 23, 2025

May Chen  
4713 Wisconsin Ave, NW  
Washington, DC 20016

RE: Proof of Insurance Coverage for May Chen

To Whom It May Concern:

This letter serves as proof that May Chen (DOB: ~~XXXXXX~~) is enrolled in the District of Columbia Medicaid program under a managed care plan with MedStar Family Choice. Any questions pertaining to benefits will be addressed by Member Services at (888) 404-3549. Below is a brief overview of their current eligibility span.

| Name      | ID Number | Insurance Coverage Type | Effective Dates         |
|-----------|-----------|-------------------------|-------------------------|
| Chen, May | 71032046  | MedStar Family Choice   | 06/01/2024 – 05/31/2026 |

Should you have any questions, please do not hesitate to call me on (202) 724-7491 or e-mail me at [maude.holt@dc.gov](mailto:maude.holt@dc.gov).

Sincerely,

A handwritten signature in black ink that reads 'Maude R. Holt'.

Maude Holt  
Health Care Ombudsman