

25-6801

original

No. ____

In the

SUPREME COURT OF THE UNITED STATES

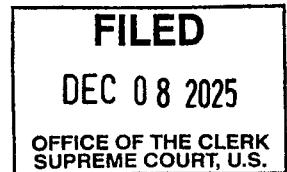
DR. EMIR JAMES PHILLIPS,

Petitioner,

v.

BOARD OF CURATORS OF LINCOLN UNIVERSITY, et al.,

Respondents.



ORIGINAL

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 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.

A handwritten signature in black ink, consisting of a large, stylized 'S' or 'Z' shape with a horizontal line extending to the right and a loop at the end.

(Signature)

AFFIDAVIT OR DECLARATION

IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Emir Phillips

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 the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$5,300.00	\$4,500	\$5,300	\$4500
Self-employment	\$0	\$0	\$0	\$0
Income from real property (such as rental income)	\$0	\$0	\$0	\$0
Interest and dividends	\$0	\$0	\$0	\$0
Gifts	\$0	\$0	\$0	\$0
Alimony	\$0	\$0	\$0	\$0
Child Support	\$0	\$0	\$0	\$0
Retirement (such as social security,	\$0	\$0	\$0	\$0

pensions,
annuities,
insurance)

Disability (such as social security, insurance payments)	\$0.	\$0	\$0	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$0	\$0	\$0	\$0
Other (specify):	\$0	\$0	\$0	\$0
Total monthly income:	\$5,300	\$4,300	\$5,300	\$4,300

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
Lincoln University	820 Chestnut St. Jefferson City, MO 65101	1/25-Present	\$5,300
University of Arkansas	1 University of Arkansas Fayetteville, AR 72701	8/19-1/24	\$2800
			\$

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
Aya Healthcare	5930 Cornerstone Court West Suite 300 San Diego, CA 92121	10/23/24	\$4,850
Mercy Health System	2112 S 54th St Rogers, AR 72758	8/22/23	\$5,000
			\$

4. How much cash do you and your spouse have? \$

\$650.00

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
Checking	\$400	\$250
	\$	\$
	\$	\$

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

☐ Home

☐ Other real estate

Value 325,000 (not including mortgage)

Value 0

☐ Motor Vehicle #1

Year, make & model

KIA Sportage 2022

Value (after car loan deducted) 0

☐ Motor Vehicle #2

Year, make & model

Honda Pilot 2019

Value \$6,000

☐ Other assets 0

Description:NONE

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
0	\$0	\$0
	\$	\$
	\$	\$

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
GP	Son	19
SP	Daughter	17
NP	Mother	84

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 (include lot rented for mobile home)	\$900	\$1500
Are real estate taxes included? ☒ Yes ☐ No		
Is property insurance included? ☒ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$850	\$
Home maintenance (repairs and upkeep)	\$175	\$
Food	\$500	\$1000
Clothing	\$100	\$300
Laundry and dry-cleaning	\$0	\$0
Medical and dental expenses	\$100	\$1000

	You	Your spouse
Transportation (not including motor vehicle payments)	\$200	\$150
Recreation, entertainment, newspapers, magazines, etc.	\$150	\$50
Insurance (not deducted from wages or included in	\$	\$

mortgage payments)

Homeowner's or renter's	\$	\$100
Life	\$500	\$0
Health	\$700	\$0
Motor Vehicle	\$575	\$0
Other:	\$700 (U of A tuition)	\$0
Taxes (not deducted from wages or included in mortgage payments)	\$	\$
(specify):	\$	\$
Installment payments	\$	\$
Motor Vehicle	\$475	\$200
Credit card(s)	\$100	\$600
Department store(s)	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$0	\$0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$150	\$250 (travelling nurse)
Other (specify):	\$	\$
Total monthly expenses:	\$5300	\$5150

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.

Yes. My Lincoln University employment income will cease and be \$0 as of June 1, 2026.
Medical/dental expenses are ongoing.

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?

Not for services but I have paid all the costs on this case out my pockets and they have been roughly \$6,5000, not counting the well over 1,000 hours spent writing and researching myself, which has further hurt making income.

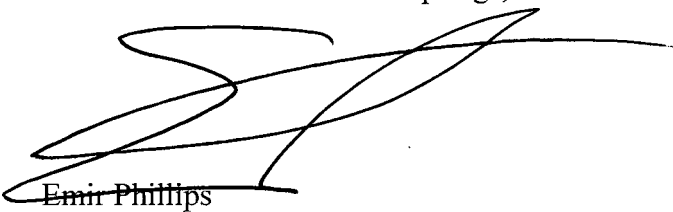
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

See attached statement.

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

Executed on 2/2/25 at Cave Springs, AR 72718



Emir Phillips

806 Chancery Lane,

Cave Springs, AR 72718

310-930-6360

emirphil@yahoo.com

ATTACHMENT TO ITEM 9 AND ITEM 12

1. Current employment status and expected loss of income. I am presently on administrative leave from Lincoln University. I am not permitted to be on campus, I am no longer listed on the university's website, and my access to university resources has been restricted. Based on the university's actions and communications, I expect my employment income to end, and to be \$0, on June 1, 2026.
2. Minimal liquid funds. I have no cash on hand. My liquid funds are limited to the small balances reflected in the bank-account section of this affidavit. Any real property listed above is encumbered by a mortgage and is not a liquid source of funds to pay Court costs.
3. Medical expenses. Medical expenses are high and ongoing for my dependents, including continuing treatment for my son's keloids and my daughter's ovarian cysts. My daughter also sustained serious injuries in a mountain biking accident (including facial/jaw injuries and dental trauma), which has resulted in continuing medical and dental expenses. Supporting documentation is attached.
4. Other obligations and monthly deficit. In addition to ordinary household necessities, I have ongoing required expenses reflected on the form (including mortgage, insurance, transportation, tuition support, and other essential payments). These obligations, together with limited liquid funds and the imminent loss of income described above, make it impossible for me to pay the costs of this case without undue hardship. Based on the figures stated in this affidavit, household monthly income is \$9,800.00 and total monthly expenses are approximately \$10,100.00, producing an ongoing monthly deficit of about \$300.00., not counting the costs of this case so far, which is why our credit card expenses keeps growing.