

No. 25-6863

ORIGINAL

FILED
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OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

Michael Jaffe — PETITIONER
(Your Name)

VS.

Kris Doe (Hacherson) 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):

US District Court for the District of Columbia
Court of Appeals 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.

RECEIVED
JAN 22 2026
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SUPREME COURT, U.S.

Michael Jaffe
(Signature)

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

I, Michael R. Jaffe, 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	\$ <u>0</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Self-employment	\$ <u>110.00</u>	\$ <u>None</u>	\$ <u>110.00</u>	\$ <u>None</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Interest and dividends	\$ <u>0</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Gifts	\$ <u>0</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Alimony	\$ <u>0</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Child Support	\$ <u>0</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Disability (such as social security, insurance payments)	\$ <u>2,543.00</u>	\$ <u>None</u>	\$ <u>2,543.00</u>	\$ <u>None</u>
Unemployment payments	\$ <u>0</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Total monthly income:	\$ <u>2,643.00</u>	\$ <u>None</u>	\$ <u>2,643.00</u>	\$ <u>None</u>

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
Door Dash	10 Windle Park	11/2025 - Present	\$ 100.00
Uber Eats	10 Windle Park	10/2019 - 10/2025	\$ 100.00
			\$

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
None	None	None	\$ None
			\$
			\$

4. How much cash do you and your spouse have? \$ 200.00
 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	\$ 200.00	\$ None
Savings	\$ 1000 (1 mos. rent)	\$ None
	\$	\$

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

- Home Value None
- Other real estate Value None
- Motor Vehicle #1 Year, make & model None Value None
- Motor Vehicle #2 Year, make & model None Value None
- Other assets Description None Value None

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
<u>None</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>None</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____
_____	_____	_____

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)	\$ <u>1,069.00</u>	\$ <u>None</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>175.00</u>	\$ <u>None</u>
Home maintenance (repairs and upkeep)	\$ <u>73.00</u>	\$ <u>None</u>
Food	\$ <u>300.00</u>	\$ <u>None</u>
Clothing	\$ <u>40.00</u>	\$ <u>None</u>
Laundry and dry-cleaning	\$ <u>120.00</u>	\$ <u>None</u>
Medical and dental expenses	\$ <u>100.00</u>	\$ <u>None</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>75.00</u>	\$ <u>None</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>320.00</u>	\$ <u>None</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>10.41</u>	\$ <u>None</u>
Life	\$ <u>None</u>	\$ <u>None</u>
Health	\$ <u>None</u>	\$ <u>None</u>
Motor Vehicle	\$ <u>None</u>	\$ <u>None</u>
Other: <u>N/A</u>	\$ <u>None</u>	\$ <u>None</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>None</u>	\$ <u>None</u>
Installment payments		
Motor Vehicle	\$ <u>None</u>	\$ <u>None</u>
Credit card(s)	\$ <u>361.00</u>	\$ <u>None</u>
Department store(s)	\$ <u>None</u>	\$ <u>None</u>
Other: <u>N/A</u>	\$ <u>None</u>	\$ <u>None</u>
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ <u>None</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>None</u>	\$ <u>None</u>
Other (specify): <u>N/A</u>	\$ <u>None</u>	\$ <u>None</u>
Total monthly expenses:	\$ <u>2,443.00</u>	\$ <u>None</u>

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? N/A

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? \$250.00

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

FedEx Office Print & Ship
137 E Post Rd, White Plains, NY 10601

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

I owe Citibank 1100
I owe Capital One 91000
I owe DeVry College 2000

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

Executed on: December 28, 2025

Michael R. Affo
(Signature)



Social Security Administration Benefit Verification Letter

Date: December 28, 2025
BNC#: 25L1976C53688
REF: A, DI

010IBEVA3DUZ8R6 CCM.M72.BEVA3.R251229



MICHAEL ROBERT JAFFE
10 WINDLE PARK
APT 307
TARRYTOWN NY 10591-3987

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2025, the full monthly Social Security benefit before any deductions is \$2,746.30.

We deduct \$202.90 for medical insurance premiums each month.

The regular monthly Social Security payment is \$2,543.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on March 3, 2017.

Information About Past Social Security Benefits

From December 2024 to November 2025, the full monthly Social Security benefit before any deductions was \$2,671.50.

We deducted \$185.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$2,486.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page