No. 25-7598

IN THE

SUPREME COURT OF THE UNITED STATES

DAVID HOBART PAYNE M.D. — PETITIONER
(Your Name)

VS.

UNITED STATES OF AMERICA — 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):

The Ninth Circuit Court of Appeals

☐ 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.

(Signature)

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

I, David Hobart Payne MD, 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	$ 0.00	$ 8000.00	$ 0.00	$ 8000.00
Self-employment	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Income from real property (such as rental income)	$ 0.00	$ 4750.00	$ 0.00	$ 4750.00
Interest and dividends	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Gifts	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Alimony	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Child Support	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Retirement (such as social security, pensions, annuities, insurance)	$ $1300.00	$ 0.00	$ 2500.00	$ 0.00
Disability (such as social security, insurance payments)	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Unemployment payments	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Public-assistance (such as welfare)	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Other (specify): _____	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Total monthly income:	$ $1300.00	$ 12,750.00	$ $2500.00	$ 12,750.00

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
N/A INCARCERATED	N/A	N/A	$ 0.00
N/A INCARCERATED	N/A	N/A	$ 0.00
N/A INCARCERATED	N/A	N/A	$ 0.00

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
Salus	630 Roosevelt Suite B 92620	2023-present	$8000.00
Salus	630 Roosevelt Suite B 92620	2023-present	$8000.00
Salus	630 Roosevelt Suite B 92620	2023-present	$8000.00

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
WELLS FARGO CK	$ 2438.00	$ SHARED
WELLS FARGO SAV	$ 3428.78	$ SHARED
BANK OF AMERICA SAVINGS	$	$ 68,963.70

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

☒ Home
Value $900,000.00

☒ Other real estate
Value 500,000.00

☒ Motor Vehicle #1
Year, make & model 2000 Ford, Taurus
Value $2500.00

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description N/A
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
N/A	$ N/A	$ N/A
N/A	$ N/A	$ N/A
N/A	$ N/A	$ N/A

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
L.P.	Daughter	23
E.P.	Daughter	21
E.S.	Mother in Law	80

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) Are real estate taxes included? ☐ Yes ☒ No Is property insurance included? ☐ Yes ☒ No	$ N/A	$ 4253.82.
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ N/A	$ 1063.21
Home maintenance (repairs and upkeep)	$ N/A	$ 780.00
Food	$ N/A	$ 1500.00
Clothing	$ 0.00	$ $200.00
Laundry and dry-cleaning	$ N/A	$ 125.00
Medical and dental expenses	$ N/A	$ 300.00

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 200.00	$ N/A
Recreation, entertainment, newspapers, magazines, etc.	$ N/A	$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ N/A	$ 547.00
Life	$ N/A	$ N/A
Health	$ 240.00	$ 562.00
Motor Vehicle	$ 29.00	$ N/A
Other: _____	$	$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): State and Local Real Estate	$ N/A	$ 15,721/YR $1310.00/MO
Installment payments		
Motor Vehicle	$ N/A	$ N/A
Credit card(s)	$ N/A	$ 150.00
Department store(s)	$ N/A	$ 1000.00
Other: MEDICAL PAYMENTS	$ N/A	$ 350.00
Alimony, maintenance, and support paid to others	$ N/A	$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ N/A	$ N/A
Other (specify): _____	$ N/A	$ N/A
Total monthly expenses:	$ 469.00	$ 12,141.03

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? N/A

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

N/A

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

I spent all of my money defending myself against this unconstitutional prosecution. I mortgaged my house to pay for the trial and defense and lost. I spent my children's entire college funds

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

Executed on: MAY 22, 2026

(Signature)

Certificate Attached for California Notary Wording

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of ORANGE

Subscribed and sworn to (or affirmed) before me on this 22 day of MAY, 20 26, by ---------- DAVID HOBART PAYNE M.D. ----------, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

ANDREW JAMES LORENC
Notary Public - California
Orange County
Commission # 2476564
My Comm. Expires Dec 16, 2027

(Seal)

Signature