

No. 25-794 IN THE SUPREME COURT OF THE UNITED STATES

JORDAN SPATZ, Petitioner, v. REGENTS OF THE UNIVERSITY OF
CALIFORNIA, Respondent.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Pursuant to Supreme Court Rule 39, Petitioner Jordan Spatz respectfully requests leave to proceed in forma pauperis and to file the attached Petition for Rehearing on 8.5 x 11-inch paper without prepayment of fees or costs. Petitioner's affidavit in support of this motion is attached hereto.

Petitioner notes that this request is made primarily to seek relief from the prohibitive costs of professional booklet printing required by Rule 33.1. Given the extensive legal resources already exhausted in the lower courts (approximately \$125,000 with an active \$55,000 legal debt), the requirement to produce 40 professionally printed booklets would impose a significant and disproportionate financial hardship, effectively barring Petitioner's access to this Court for the purpose of this Rehearing Petition.

Date: March 2nd, 2026



/s/ Jordan Spatz Petitioner, Pro Se

Sanya Nunez
Commissioner of Deeds, City of New York
No. 2-14629
Cert. Filed in New York & Kings County
Commission Expires February 1, 2028
The Ups Store, 82 Nassau St, NY, NY 10038
Tel. 212-406-9010

STATE OF NEW YORK
COUNTY OF NEW YORK
SWORN TO BEFORE ME THIS

MAR 03 2026



State of New York
County of New York

No. 25-794

IN THE
SUPREME COURT OF THE UNITED STATES

JORDAN SPATZ — PETITIONER
(Your Name)

VS.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA — 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):

☒ 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.

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Jordan Spatz
(Signature)

03/01/2026

State of New York
County of New York

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

I, TOBIAS SPATZ, 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	\$ 6859.32	\$ N/A	\$ 6859.32	\$ N/A
Self-employment	\$ 195	\$ N/A	\$ 0	\$ N/A
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, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
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:	\$ 6859.92	\$ 0	\$ 0	\$ 0

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
NYP Lower Manhattan	160 Williams Street, NY, NY 10038	07/01/2025 - 06/30/2026	\$ 12,083
Mount Sinai Health Sytems	1468 Madision Av, NY, NY 10128	07/01/2024 - 06/30/25	\$ 6,500
Jackson Memorial Hospital	1611 NW 12th Ave, Miami, FL 33136	07/01/23 - 06/30/24	\$ 6500

Type text here

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
Not Applicable	Not Applicable	Not Applicable	\$ Not Applicable
			\$
			\$

4. How much cash do you and your spouse have? \$ 10,000

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
Saving/Checking Account	\$ 10,000	\$ Not applicable
	\$	\$
	\$	\$

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

☐ Home
Value Not applicable

☐ Other real estate
Value Not applicable

☒ Motor Vehicle #1
Year, make & model Scion Tc, 2008
Value 500

☐ Motor Vehicle #2
Year, make & model Not applicable
Value Ø

☐ Other assets
Description Not applicable
Value Ø

07/01/2025 - 06/30/2026

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>Not applicable</u>	<u>\$ Not applicable</u>	<u>\$ Not applicable</u>
<u>Not applicable</u>	<u>\$ Not applicable</u>	<u>\$ Not applicable</u>
<u>Not applicable</u>	<u>\$ Not applicable</u>	<u>\$ Not applicable</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>Not applicable</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</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>\$ 5600</u>	<u>\$ N/A</u>
Are real estate taxes included? ☐ Yes ☒ No		
Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	<u>\$ 250</u>	<u>\$ N/A</u>
Home maintenance (repairs and upkeep)	<u>\$ 0</u>	<u>\$ N/A</u>
Food	<u>\$ 450</u>	<u>\$ N/A</u>
Clothing	<u>\$ 25</u>	<u>\$ N/A</u>
Laundry and dry-cleaning	<u>\$ 10</u>	<u>\$ N/A</u>
Medical and dental expenses	<u>\$ 70</u>	<u>\$ N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 200	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 50	\$ N/A
14		
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 25	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 95	\$ N/A
Other: _____	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ N/A
Installment payments		
Motor Vehicle	\$ 0	\$ N/A
Credit card(s)	\$ 1600	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: _____	\$ 0	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): _____	\$ 0	\$ N/A
Total monthly expenses:	\$ 8375	\$ 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? 125,000 (currently 55K in credit card debt due to costs of this case)

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

Dow S. Patten
50 California St Fl 15, San Francisco, CA 94111-4612

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.

Currently well exceeding my basic monthly living costs due to credit card debit arising from this case. Ninth Circuit Appellant Costs - \$30,000, SCOTUS costs to date: \$17,000.

Medical School Federal Student Loans \$302,000, ACSF LOAN \$10,000

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

Executed on: MARCH 1st, 2026

and

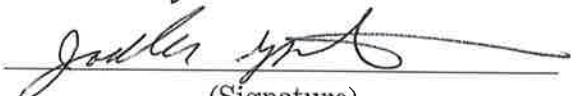
MARCH 23rd 2026

STATE OF NEW YORK
COUNTY OF NEW YORK

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