26-5141

ORIGINAL

In The
Supreme Court of the United States

ALI F. ELMEZAYEN,
Petitioner,

UNITED STATES OF AMERICA,
Respondent.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The Petitioner respectfully requests leave to file the attached Petition for a Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis.* Petitioner has previously been granted leave to proceed without the pre-payment of fees by the District Court pursuant to the District's established criminal justice act plan. Said designation has not been revoked.

Respectfully Submitted,

Ali F. Elmezayen
Reg. No. 77172-112
USP Victorville
United States Penitentiary
P.O. Box 3900
Adelanto, CA 92301

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

ALI F. ELMEZAYEN
- PETITIONER

VS.

UNITED STATES OF AMERICA
- RESPONDENT(S)

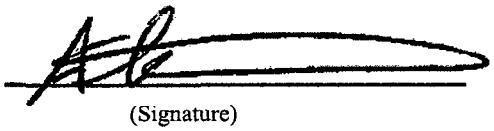
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

[X] Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s): United States Court of Appeals for the Ninth Circuit.

[ ] 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.



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

I, Ali F. Elmezayen, 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	$ 50.00	$ N/A	$ 50.00	$ N/A
Self-employment	$ 0.00	$ N/A	$ 0.00	$ N/A
Income from real property (such as rental income)	$ 0.00	$ N/A	$ 0.00	$ N/A
Interest and dividends	$ 0.00	$ N/A	$ 0.00	$ N/A
Gifts	$ 45.00	$ N/A	$ 45.00	$ N/A
Alimony	$ 0.00	$ N/A	$ 0.00	$ N/A
Child Support	$ 0.00	$ N/A	$ 0.00	$ N/A
Retirement (such as social security, pensions, annuities, insurance)	$ 0.00	$ N/A	$ 0.00	$ N/A
Disability (such as social security, insurance payments)	$ 0.00	$ N/A	$ 0.00	$ N/A
Unemployment payments	$ 0.00	$ N/A	$ 0.00	$ N/A
Public-assistance (such as welfare)	$ 0.00	$ N/A	$ 0.00	$ N/A
Other (specify):	$ 0.00	$ N/A	$ 0.00	$ N/A
Total monthly income:	**$ 95.00**	**$ N/A**	**$ 95.00**	**$ N/A**

Employment income is from prison employment. Gifts are support from friends and family.

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
Prison Employment	USP Victorville	Current	$50.00
N/A	N/A	N/A	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
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? $0.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
BOP Inmate Trust Account	Institution account	$0.00	N/A
None	None	$0.00	N/A
None	None	$0.00	N/A

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	Value: None	[ ] Motor Vehicle #2	Value: None
[ ] Other assets	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
None	$0.00	N/A
None	$0.00	N/A

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
None	N/A	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 (include lot rented for mobile home	$0.00	N/A
Utilities (electricity, heating fuel, water, sewer, and telephone	$15.00	N/A
Home maintenance (repairs and upkeep)	$0.00	N/A
Food	$20.00	N/A
Clothing	$0.00	N/A
Laundry and dry-cleaning	$0.00	N/A
Medical and dental expenses	$0.00	N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	$0.00	N/A
Recreation, entertainment, newspapers, magazines, etc.	$0.00	N/A
Insurance - Homeowner's or renter's	$0.00	N/A
Insurance - Life	$0.00	N/A
Insurance - Health	$0.00	N/A
Insurance - Motor Vehicle	$0.00	N/A
Insurance - Other	$0.00	N/A
Taxes (not deducted from wages or included in mortgage payments)	$0.00	N/A
Installment payments - Motor Vehicle	$0.00	N/A
Installment payments - Credit card(s)	$0.00	N/A
Installment payments - Department store(s)	$0.00	N/A
Installment payments - Other	$0.00	N/A
Alimony, maintenance, and support paid to others	$0.00	N/A
Regular expenses for operation of business, profession, or farm	$0.00	N/A
Other (specify): Hygiene	$10.00	N/A
Total monthly expenses:	**$45.00**	**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:

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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:

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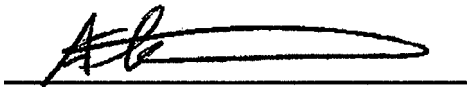
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am incarcerated, receive limited monthly income from prison employment and support from friends and family, and cannot pay the filing fee and costs associated with this case.

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

Executed on: July 16, 20 26



(Signature)