

26-5642

No.:

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES OF AMERICA

IN RE: *LEONARD NYAMUSEVYA, c*

Petitioner.

FILED

JUN 02 2026

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

ON PETITION FOR A WRIT OF MANDAMUS OR PROHIBITION  
DIRECTED TO 7<sup>TH</sup> CIRCUIT COURT OF APPEALS:

MICHAEL Y. SCUDDER, *Circuit Judge*

AMY J. ST. EVE, *Circuit Judge*

NANCY L. MALDONADO, *Circuit Judge*

AND

HONORABLE JUDGE EDMOND E. CHANG  
OF U.S. FEDERAL DISTRICT COURT OF  
NORTHERN DISTRICT OF ILLINOIS

Respondent-Defendants.

Leonard Nyamusevya  
P.O. Box 314,  
Reynoldsburg, Ohio 43068  
(614) 323-5898  
*nyaleo@hotmail.com*  
Petitioner *pro se*

PETITIONER-PLAINTIFF'S  
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

NOW COMES Petitioner-Plaintiff, Leonard Nyamusevya, (hereinafter  
"Petitioner-Plaintiff or Petitioner or Mr. Nyamusevya,") and hereby respectfully

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SUPREME COURT, U.S.

demands the U.S. Supreme Court to issue an Order to Proceed in Forma Pauperis. Petitioner-Plaintiff is indigent, and has no financial capability to pay the filing fees.

The 7<sup>th</sup> Circuit Court of Appeals and the U.S. Federal District Court of Northern District of Illinois lack the power to ignore, reject, refute, contradict, contravene and disregard the U.S. Supreme Court's decision in *Knick v. Township of Scott, Pennsylvania*, et al. 588 U. S. \_\_\_\_ (2019), which held that Petitioner can sue the government under 42 U.S.C. § 1983 for the 11/29/2022, violation of the 5<sup>th</sup> Amendment Taking Clause and the 14<sup>th</sup> Amendment to U.S. Constitution, and which further held that the Court sets aside the 11/29/2022, “**taking**” of Petitioner's real property; and to order the 7<sup>th</sup> Circuit Court of Appeals and the U.S. Federal District Court to restore and give back to Petitioner his real property. *Callender v. Marsh*, 18 Mass. 418, 430–431 (1823).

The 7<sup>th</sup> Circuit Court of Appeals and the U.S. Federal District Court of Northern District of Illinois lack the power to ignore, reject, refute, contradict, contravene and disregard that today, in *Knick v. Township of Scott, Pennsylvania*, et al. 588 U. S. \_\_\_\_ (2019) and *Callender v. Marsh*, 18 Mass. 418, 430–431 (1823) are guiding, binding, instructive and controlling law of the land and precedents.

Petitioner requests to proceed in forma pauperis under U.S. Supreme Court's Rule 39, and the extraordinary reliefs sought will be in aid of the U.S. Supreme Court's appellate jurisdiction of last resort, and exceptional circumstances warrant the exercise of the U.S. Supreme Court's discretionary powers, because adequate relief in the ordinary course of the law cannot be obtained in any other form or from any other lower Courts. Being that the 7<sup>th</sup> Circuit Court of Appeals' 04/06/2026, decision and the

U.S. Federal District Court of Northern District of Illinois' 04/03/2026, decision reject, contravene, contradict and extra-judicially conflict with the decision in *Knick v. Township of Scott, Pennsylvania*, et al. 588 U. S. \_\_\_\_ (2019), and violate the 5<sup>th</sup> Amendment Takings Clause; therefore, the U.S. Supreme Court established and held that elected government officials Defendants lack the 11<sup>th</sup> Amendment immunity from prosecution for violating the 5<sup>th</sup> Amendment Taking Clause, and both U.S. and Ohio Constitutions, and violating the 14<sup>th</sup> Amendment to U.S. Constitution and Bankruptcy and Federal laws, Rules and statutes, by stating that Petitioner can sue the government under 42 U.S.C. § 1983 for the 11/29/2022, violation of the 5<sup>th</sup> Amendment Taking Clause.

Section 1983 provides a cause of action against any person acting under color of state law who "subjects" a person "to the deprivation of any rights, privileges, or immunities secured by the U.S. Constitution and laws." The federal statute 42 U.S.C. § 1983 protects against actions that violate a property owner's constitutional rights, including actions that violate a property owner's rights to due process, equal protection of laws and taking of real property without compensation in violation of the 5<sup>th</sup> Amendment Taking Clause and the 14<sup>th</sup> Amendment to U.S. Constitution.

This case at bar presents an unresolved, major issue regarding the enforcement and interpretation of the 5<sup>th</sup> Amendment Taking Clause and the unavailability of the 11<sup>th</sup> Amendment immunity from prosecution for violating the 5<sup>th</sup> Amendment Taking Clause and violation of the 14<sup>th</sup> Amendment to U.S. Constitution.

The U.S. Supreme Court should find that Petitioner was already granted an Order to proceed in Forma Pauperis, in the U.S. Federal District Court of Northern

District of Illinois (see Appendix C), which is hereby attached and made part of the record before the U.S. Supreme Court, as 10/19/2025, Order of the U.S. Federal District Court of Northern District of Illinois, in Case No.: 1:25-cv-12128.

Petitioner suffered a partial blindness and nerve problems and sciatica and has no income, and did not work from 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025 and to present, and is a recipient of Medicaid, food stamps, welfare and public assistance, and lacks any assets, and lacks the money to pay the filing fees.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

U.S. FEDERAL DISTRICT COURT OF NORTHERN DISTRICT OF  
ILLINOIS

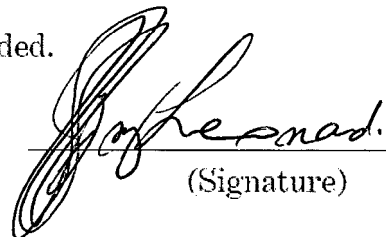
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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:

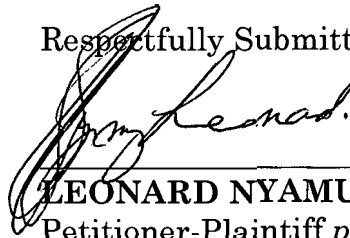
☐ The appointment was made under the following provision of law: \_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

  
(Signature)

Signed on the 02<sup>nd</sup> day of June 2026.

Respectfully Submitted,



**LEONARD NYAMUSEVYA**

Petitioner-Plaintiff *pro-se*

P.O. Box 314

Reynoldsburg, Ohio 43068

(614) 323-5898

*nyaleo@hotmail.com*

**CERTIFICATE FOR SERVICE**

I hereby certify that on the **02<sup>nd</sup> day of June 2026**, I served a true and accurate copy of the foregoing document and all attachments on the following by regular U.S. Mail, postage prepaid, in the manner specified as follows:

**MICHAEL Y. SCUDDER, *Circuit Judge***

United States 7<sup>th</sup> Circuit Court of Appeals

219 South Dearborn Street

Chicago, Illinois 60604

**AMY J. ST. EVE, *Circuit Judge***

United States 7<sup>th</sup> Circuit Court of Appeals

219 South Dearborn Street

Chicago, Illinois 60604

**NANCY L. MALDONADO, *Circuit Judge***

United States 7<sup>th</sup> Circuit Court of Appeals

219 South Dearborn Street

Chicago, Illinois 60604

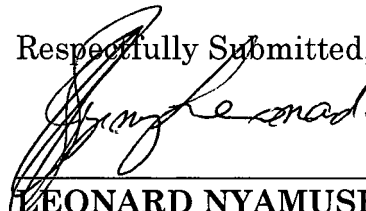
**HONORABLE JUDGE EDMOND E. CHANG**

United States District Court Northern District of Illinois, Eastern Division

219 South Dearborn Street,

Chicago, Illinois 60604

Respectfully Submitted,



**LEONARD NYAMUSEVYA**

Petitioner-Plaintiff *pro se*

P.O. Box 314

Reynoldsburg, Ohio 43068

(614) 323-5898

*nyaleo@hotmail.com*

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

I, LEONARD NYAMUSEVYA, 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<br>the past 12 months |                               | Amount expected<br>next month |                               |
|----------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|
|                                                                            | You                                                 | <del>DIVORCED</del><br>Spouse | You                           | <del>DIVORCED</del><br>Spouse |
| Employment                                                                 | \$ <u>0.00</u>                                      | \$ <u>0.00</u> N/A            | \$ <u>0.00</u>                | \$ <u>0.00</u> N/A            |
| Self-employment                                                            | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| Income from real property<br>(such as rental income)                       | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| Interest and dividends                                                     | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| Gifts                                                                      | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| Alimony                                                                    | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| Child Support                                                              | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| Retirement (such as social<br>security, pensions,<br>annuities, insurance) | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| Disability (such as social<br>security, insurance payments)                | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| Unemployment payments                                                      | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| Public-assistance<br>(such as welfare)                                     | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| Other (specify): _____                                                     | \$ <u>0</u>                                         | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</u>                   |
| <b>Total monthly income:</b>                                               | \$ <u>0.00</u>                                      | \$ <u>0</u>                   | \$ <u>0</u>                   | \$ <u>0</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 |
|----------|---------|---------------------|-------------------|
| NONE N/A | N/A     | N/A                 | \$ N/A            |
| NONE N/A | N/A     | N/A                 | \$ N/A            |
| NONE 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            |
| N/A      | N/A     | N/A                 | \$ N/A            |
| N/A      | N/A     | N/A                 | \$ N/A            |

4. How much cash do you and your spouse have? \$ 30.00  
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                                    | \$ 30.00        | \$ 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 WAS TAKEN  
Value N/A

☐ Other real estate  
Value NONE N/A

☒ Motor Vehicle #1  
Year, make & model 2001 CHEVY CAVALIER  
Value \$150.00

☐ Motor Vehicle #2  
Year, make & model N/A  
Value \_\_\_\_\_

☒ Other assets  
Description NONE N/A  
Value \$0.00 N/A

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 N/A</u>                       | <u>\$ 0.00 NONE N/A</u> | <u>\$ 0.00 NONE 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 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<br>(include lot rented for mobile home)                               | <u>\$ 0.00</u> | <u>\$ N/A</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,<br>water, sewer, and telephone)                               | <u>\$ 0.00</u> | <u>\$ N/A</u> |
| Home maintenance (repairs and upkeep)                                                               | <u>\$ 0.00</u> | <u>\$ N/A</u> |
| Food <u>(FOOD STAMPS AND WELFARE)</u>                                                               | <u>\$ 0.00</u> | <u>\$ N/A</u> |
| <u>I AM RECIPIENT OF MEDICAID</u>                                                                   |                |               |
| Clothing                                                                                            | <u>\$ 0.00</u> | <u>\$ N/A</u> |
| Laundry and dry-cleaning                                                                            | <u>\$ 0.00</u> | <u>\$ N/A</u> |
| Medical and dental expenses                                                                         | <u>\$ 0.00</u> | <u>\$ N/A</u> |

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

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

N/A

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? 0.00 NONE 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 HAVE NO INCOME. I AM DESTITUTE AND INDIGEN AND A PUBLIC ASSISTANCE RECIPIENT OF WELFARE, MEDICAID AND FOOD STAMPS I AM LIVING IN HIDING TO SAVE MY LIFE

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

Executed on: 02 JUNE, 2026

02/06/2026

  
(Signature)