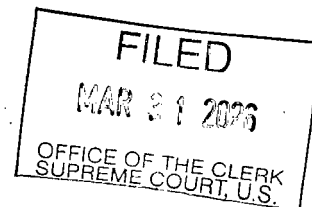


No. 26-5882

IN THE
SUPREME COURT OF THE UNITED STATES



In Re ABDOOL AZEEZ, – PETITIONER

VS.

ORIGINAL

SUPERINTENDENT MICHAEL RITTER et al – 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*.

Petitioner has previously granted leave to proceed *in forma pauperis* in all the courts below in which he appeal his conviction.

Please check the appropriate boxes:

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

United States District Court for the Southern District of New York, The United States Court of Appeals for the Second Circuit, New York State Appellate Division for the Second Judicial Department, and the New York State Court of Appeals.

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

☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☒ The appointment was made under the following provision of law:


(Signature)

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

I, Abdool Azeez, 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 therefore, and I believe I am entitle 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 month		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Self-employment	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Income from real property (such as rental income)	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Interest and dividends	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Gifts	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Alimony	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Child Support	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Disability (such as social security, insurance payments)	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Unemployment payments	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Public-assistance (such as welfare)	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Other (Specify):	\$ Ø	\$ N/A	\$ Ø	\$ N/A
Total Monthly Income	\$ Ø	\$ N/A	\$ Ø	\$ N/A

2. List your 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	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

4. How much cash do you and your spouse have? \$ 0

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
N/A	\$ 0	N/A
N/A	\$ 0	N/A
N/A	\$ 0	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 N/A

☐ Other real estate

Value N/A

☐ Motor Vehicle #1

Year, make & model N/A

Value N/A

☐ Motor Vehicle #2

Year, make & model N/A

Value N/A

☐ Other assets

Description N/A

Value 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
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.

Name [or, if under 18, initials only]	Relationship	Age
A. A	DAUGHTER	18
A. A	SON	14
A. A	DAUGHTER	13

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 (including lot rented for Mobile home)	\$ N/A	\$ N/A
Are real state taxes included? ☐ Yes ☐ No		
Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ N/A	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry-cleaning	\$ N/A	\$ N/A
Medical and dental expenses	\$ N/A	\$ N/A

	You	Your Spouse
Transportation (not including motor vehicle payments)	\$ N/A	\$ 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	\$ N/A
Life:	\$ N/A	\$ N/A
Health:	\$ N/A	\$ N/A
Motor vehicle:	\$ N/A	\$ N/A
Other: _____	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage Payments)		
(specify) : _____	\$ N/A	\$ N/A
Installments payments	\$ N/A	\$ N/A
Motor Vehicle	\$ N/A	\$ N/A
Credit Card (name)	\$ N/A	\$ N/A
Department store (name)	\$ N/A	\$ N/A
Other:	\$ N/A	\$ N/A
Alimony, Maintenance, and Support paid to other	\$ 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:	\$ N/A	\$ N/A

9. Do you expect any major change 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 - any attorney any money for service in Connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ 0

11. Have you paid - or will you be paying - anyone other than an attorney (such as a paralegal or a typist) any money for service in connection with this case, including the completion of this form?

☐

Yes

☒

No

If yes, how much? _____

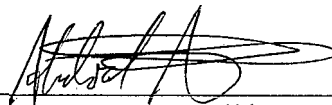
If yes, state the person's name, address, and telephone number:

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

I do not have any other source of income except for prison wages, and money, which my family would send for me when they can afford. I used it to buy food to survive, because when I eat the state food / process food I get sick internal bleeding. I have been eating only one meal per day for the past several years mostly food from commissary.

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

Executed on: August 17, 2026



(Signature)