

26-5892
No. USAP 8

ORIGINAL

25-2637

FILED

MAR 10 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

Billy DeWayne Frazier IV — PETITIONER
(Your Name)

VS.

Judge Casey Jones 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*.

Please check the appropriate boxes:

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

Northern District Court of Iowa, Linn County District Court, 8th Cir 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:

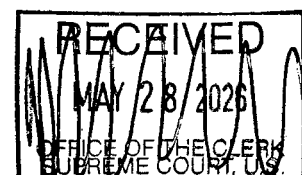
☐ The appointment was made under the following provision of law: _____

_____, or

☐ a copy of the order of appointment is appended.

re-
DATED
10/13/26

[Signature]
(Signature)



Affidavit in support of Motion for leave to proceed in forma pauperis

I Billy D Frazier Jr am the petitioner in the above entitled case. I state that because of my poverty I am unable to pay the cost of this case and believe I'm entitled to Redress

(me)
Employment 12 months
\$27,000

expected next month
\$3,800

Public Assistance Food Stamps

Food Stamps

Total monthly
Income \$3,800

\$3,800

2. Employment History last (2) years

<u>Employer</u>	<u>Address</u>
Full Circle Communities	1362 Blair Street RD Marion IA

Date Employment — May 17 2026 — present

Gross monthly pay — \$3,800

<u>Employer</u>	<u>Address</u>	<u>Dates Employment</u>
Sedona Temp	1450 E Boylan RD Haverhill IA	August 2025 — May 17th 2026

Gross monthly pay \$1,944.

3. NA

4. 0

5. NA

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

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
K.T.F	son	12
K.V.F	Daughter	8
B.J.F	son	5
H.L.F	son	24 months

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel, water, sewer, and telephone)

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

You ^{mortgage} 757.00 Your spouse

~~757.00~~

622.00

~~622.00~~

Food stamps

N/A

N/A

N/A

N/A

~~622.00~~

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>160.00</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ <u>N/A</u>	\$ _____
Motor Vehicle	\$ <u>120.00</u>	\$ _____
Other: <u>Intotaloc</u>	\$ _____	\$ _____
<u>Drivers license plan</u>	\$ <u>50.00</u>	\$ _____
<u>Shen778 -</u>	\$ <u>136.00</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>N/A</u>	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ <u>168.00</u>	\$ _____
Department store(s)	\$ <u>N/A</u>	\$ _____
Other: <u>Diapers Wipes formula</u>	\$ <u>160.00</u>	\$ _____
<u>Food - 120.00</u>	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>child care</u>	\$ <u>160.00</u>	\$ _____
<u>Diapers</u>	\$ <u>90.00</u>	\$ _____
Total monthly expenses:	\$ <u>1,213.00</u>	\$ _____
	<u>1,213</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? _____

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? _____

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 was ~~displaced~~ displaced from a alleged Retaliatory
Eviction Jan 2nd 2026, My Family was stable ~~was~~ 9 years
here, I have 4 children and a baby - I'm ~~released~~ through
a Temp agency I also had my license taken unconstitutionally
I declare under penalty of perjury that the foregoing is true and correct. That's being challenged
now in District
Court

Executed on: ~~Oct 13th 2026~~, 2026
Oct 13th 2026


(Signature)