

ORIGINAL

26-5915

No. _____

FILED

MAY 28 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE SUPREME COURT OF THE UNITED STATES

GEORGE GEORGIU,

Petitioner,

v.

UNITED STATES OF AMERICA,

Respondent.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

May 27, 2026

Petitioner George Georgiou respectfully moves this Court for leave to proceed in forma pauperis in connection with his petition for a writ of *certiorari* to the United States Court of Appeals for the Third Circuit.

1. Petitioner is an inmate confined at FCI Otisville, Otisville, New York, now incarcerated for nearly seventeen years. He is not represented by counsel and proceeds pro se. He has no income and no assets of any kind. He is unable to pay the filing fee or to give security therefore.

2. Leave to proceed in forma pauperis was sought and granted in prior proceedings in this case. The United States District Court for the Eastern District of Pennsylvania found Petitioner indigent and granted relief from filing fees on the record. The United States Court of Appeals for the Third Circuit similarly found Petitioner indigent and granted relief from filing fees on the record in No. 25-2199. Those findings remain current and accurate.

3. Petitioner's declaration in support of this motion, filed concurrently herewith pursuant to 28 U.S.C. § 1746, sets forth in detail the basis for his inability to pay.

4. Petitioner believes he is entitled to the relief sought in the accompanying petition. The questions presented are substantial and the petition is not frivolous.

For these reasons, Petitioner respectfully requests that the Court grant leave to proceed in forma pauperis.

Respectfully submitted,

GEORGE GEORGIOU
Pro Se Petitioner
#61499-066
FCI Otisville
P.O. Box 1000
Otisville, New York 10963
GeorgiouLegal@proton.me

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

I, GEORGE GORGIOU, 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	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Self-employment	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Interest and dividends	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Gifts	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Alimony	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Child Support	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Total monthly income:	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</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
NA			\$
			\$
			\$

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
NA			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 70.00

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
Prison Commissary	\$ 70.00	\$ NA
	\$	\$
	\$	\$

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

☐ Home
Value NA

☐ Other real estate
Value NA

☐ Motor Vehicle #1
Year, make & model
Value NA

☐ Motor Vehicle #2
Year, make & model
Value NA

☐ Other assets
Description
Value 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
NA	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
NA	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ NA	\$ _____
Are real estate taxes included? ☐ Yes ☐ No		
Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ NA	\$ _____
Home maintenance (repairs and upkeep)	\$ NA	\$ _____
Food	\$ NA	\$ _____
Clothing	\$ NA	\$ _____
Laundry and dry-cleaning	\$ NA	\$ _____
Medical and dental expenses	\$ NA	\$ _____

You

Your spouse

Transportation (not including motor vehicle payments)

\$ NA

\$

Recreation, entertainment, newspapers, magazines, etc.

\$ NA

\$

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's

\$ NA

\$

Life

\$ NA

\$

Health

\$ NA

\$

Motor Vehicle

\$ NA

\$

Other: _____

\$ NA

\$

Taxes (not deducted from wages or included in mortgage payments)

(specify): _____

\$ NA

\$

Installment payments

Motor Vehicle

\$ NA

\$

Credit card(s)

\$ NA

\$

Department store(s)

\$ NA

\$

Other: _____

\$ NA

\$

Alimony, maintenance, and support paid to others

\$ NA

\$

Regular expenses for operation of business, profession, or farm (attach detailed statement)

\$ NA

\$

Other (specify): _____

\$ NA

\$

Total monthly expenses:

\$ NA

\$

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? _____

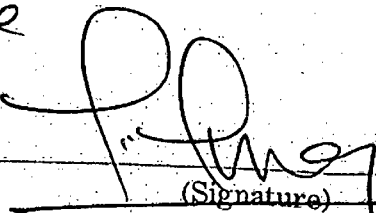
If yes, state the person's name, address, and telephone number:

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

Incarcerated 17 years
divorced

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

Executed on: October 17, 2026


(Signature)

PRINT

Current Institution: U.S. Army
Housing Unit: 1000
Living Quarters: 1000

Administrative Hold Indicator:	No
No Power of Attorney:	No
Never Waive NSF Fee:	No
Max Allowed Deduction %:	100
PIN:	5513
PAC #:	253965199
Revalidation Date:	28th
FRP Participation Status:	Participating
Arrived From:	DAN
Transferred To:	
Account Creation Date:	3/26/2021
Local Account Activation Date:	7/24/2025 3:16:26 AM
	▲ ▼
Sort Codes:	
Last Account Update:	10/14/2026 12:14:52 PM
Account Status:	Active
Phone Balance:	\$0.60

Target Pre-Release Account Balance: \$0.00

Pre-Release Deduction %: 0%

Income Categories to Deduct From: ☒ Payroll ☐ Outside Source Funds

FRP Plan Type	Expected Amount	Expected Rate
Quarterly	\$25.00	0%

Account Balance:	\$70.46
Pro-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$70.46

National 6 Months Deposits: \$750.00
 National 6 Months Withdrawals: \$768.10
 Available Funds to be considered for WRP Payments: \$275.00
 National 6 Months Avg Daily Balance: \$60.21
 Local Max Balance Prev 30 Days: \$100.46
 Average Balance Prev 30 Days: \$95.29

Commissary History

Purchases

Validation Period Purchases: \$0.00
 YTD Purchases: \$0.00
 Last Sales Date: 6/4/2026 7:29:15 AM

SPO Information

SPO's this Month: 0
 SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
 Weekly Revalidation: No
 Bi-Weekly Revalidation: No
 Spending Limit: \$600.00
 Expended Spending Limit: \$0.00
 Remaining Spending Limit: \$600.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$35.00
 Restricted Expended Amount: \$0.00
 Restricted Remaining Spending Limit: \$35.00
 Restriction Start Date: 6/5/2026
 Restriction End Date: 12/1/2026

Item Restrictions

List Name	List Type	Start Date	End Date	Active
COMMISSARY RESTRICTION	Permitted List	6/5/2026	12/1/2026	Yes