

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

VALERIE MASON — PETITIONER
(Your Name)

VS.

Honorable Judge Anna Polster 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):

UNITED STATES Court of Appeals District Court for the Northern
DISTRICT OF OHIO

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.

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Valerie Mason (Signature) please index

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

I, VALERIE MASON, 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>N/A 0-</u>	\$ <u>N/A 0-</u>	\$ <u>N/A 0-</u>	\$ <u>N/A 0-</u>
Self-employment	\$ <u>N/A 0-</u>	\$ <u>N/A 0-</u>	\$ <u>N/A 0-</u>	\$ <u>N/A 0-</u>
Income from real property (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 security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>844.00</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 (such as welfare)	\$ <u>15.00</u>	\$ <u>0-</u>	\$ <u>0-</u>	\$ <u>0-</u>
Other (specify): <u>SNAP</u>	\$ <u>0-</u>	\$ <u>0-</u>	\$ <u>0-</u>	\$ <u>0-</u>
Total monthly income:	\$ <u>859.00</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
<i>N/A</i>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

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
<i>N/A</i>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ 15.00
 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
<i>FIRST NATIONAL BANK</i>	<i>Checkings</i>	\$ <u>100</u>	\$ <u>-0-</u>
<i>NAVY FEDERAL</i>	<i>Savings</i>	\$ <u>5.00</u>	\$ <u>-0-</u>
<i>NAVY FEDERAL</i>	<i>Checkings</i>	\$ <u>-48</u>	\$ <u>-0-</u>

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 _____

Motor Vehicle #2
 Year, make & model N/A
 Value _____

Other assets
 Description None
 Value _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

-\$0-
-\$0-
-\$0-

Amount owed to you

\$-\$0-
\$-\$0-
\$-\$0-

Amount owed to your spouse

\$-\$0-
\$-\$0-
\$-\$0-

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

Name	Relationship	Age
Elizabeth Mason	Mother (widowed)	80

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)

You

\$ 238.00

Your spouse

Never married
-\$0- n/a

Are real estate taxes included? Yes No
Is property insurance included? Yes No

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

\$ 100.00
\$ ~~150.00~~

Home maintenance (repairs and upkeep)

\$ \$

Food ~~groceries~~

\$ 250.00 \$

Clothing ~~(IF I AM ABLE)~~

\$ 100.00 \$

Laundry and dry-cleaning

\$ 20.00 \$

Medical and dental expenses

*Help mother with
meals per month*

\$ 40.00 \$

~~PARAPRANET (DOCTOR'S APPT)~~

~~TRANSPORTATION~~

OAG (OFFICE ATTORNEY GENERAL)

200⁰⁰ per month

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 50	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's <u>NO FURNITURE except Bed</u>	\$ 0	\$ 0
Life <u>(Mother Deducts from check)</u>	\$ 60⁰⁰	\$ 0
Health <u>VA Health INSURANCE</u> <u>VA MEDICAL CARE ONLY (NO Comp/pen)</u>	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle <u>(DO NOT OWN A Vehicle)</u>	\$ 0	\$ 0
Credit card(s) <u>NONE</u>	\$ 0	\$ 0
Department store(s) <u>NONE</u>	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 82.80⁰⁰	\$ 0

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

CANT AFFORD ATTORNEY

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 AM PAYING MEDICATION PAYMENTS FOR MOTHER AND FOR COURT CASES WHICH HAVE BEEN FALSELY FILED BY COURT DEFENDANTS WHICH IS INTEND TO PROVE MY CASES ARE IN JUSTICES AS A RESULT OF CORRUPT ELECTED OFFICIALS WHO ABUSE POWER

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

Executed on: August 9, 2018

Voluntary pro se
indigent
(Signature)