

No. 18-7542

FILED

JAN 10 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

PAMELA SUZANNE HARNDEN- PETITIONER

VS.

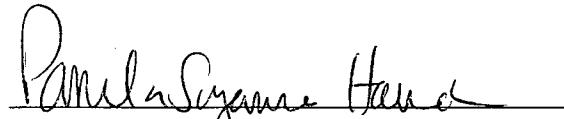
SAINT CLAIR COUNTY, ET AL;
SAINT CLAIR COUNTY 31ST CIRCUIT COURT, ET AL-
RESPONDENTS

MOTION TO 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 **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.


Pamela Suzanne Harnden

18-7542

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

I, Pamela Suzanne Harlden, 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	\$ 0	\$ 10,399.42	\$ 0	\$ 8,438.00
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <u>0/0</u>	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 10,399.42	\$ 0	\$ 8,438.00

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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
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
Dorian Ford	35900 Gratiot Ave	Apr 12, 2018 - present	\$ 10,055.36
Farlane Ford	14585 Michigan Ave	Jan 24, 2017 - Apr 11, 2018	\$ 11,433.62
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
Checking	\$ 0	\$ 602.13
Savings	\$ 0	\$ 1,264.39
n/a	\$ 0	\$ 0

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

Home
Value _____

Other real estate
Value _____

Motor Vehicle #1
Year, make & model 2012 Ford Escape
Value \$ 3,937

Motor Vehicle #2
Year, make & model 2008 Ford F150
Value \$ 4,915

Other assets
Description 2001 TN 65 tractor + 6,000
Value _____

2003 Arctic Cat 4 wheeler \$500

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>N/A</u>	\$ 0	\$ 0
<u>N/A</u>	\$ 0	\$ 0
<u>N/A</u>	\$ 0	\$ 0

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>SH</u>	<u>daughter</u>	<u>17</u>
<u>Nathan Harnder</u>	<u>Son</u>	<u>22</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 (include lot rented for mobile home)	\$ 0	\$ 907.70
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 1,029.80
Home maintenance (repairs and upkeep)	\$ 0	\$ 150.00
Food	\$ 0	\$ 1000.00
Clothing	\$ 0	\$ 125.00
Laundry and dry-cleaning	\$ 0	\$ 18.00
Medical and dental expenses	\$ 0	\$ 150.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 600.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 2.67
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 89.69
Health	\$ 0	\$ 32.00
Motor Vehicle	\$ 0	\$ 519.32
Other: <u>n/a</u>	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>n/a</u>	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 350.00
Other: <u>Credit union loan</u>	\$ 0	\$ 212.00
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 400.00
Other (specify): <u>Charity/church</u>	\$ 0	\$ 100.00
Total monthly expenses:	\$ 0	\$ 5,686.18

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. We have not been able to recuperate the cost of printing for the previous case (approximately \$2300 plus filing fee and delivery).

The cost of health insurance increased to \$300 a month. We now pay \$2000/month for health insurance. My husband's wage is 100% commission and was short for the last four weeks.

The estimated cost for printing this case under 37.1 is \$2757.10 plus filing fee and delivery. We do not have enough money and no means to acquire the money for that cost.

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

Executed on: January 8, 2019

"Subscribed and sworn before me
this 8th day of January, 20 19

A Notary Public in and for the

Sanilac County of Michigan

Skye C. Bolsby

Signature, Notary Public

My Commission Expires

10/28/, 20 22

Pamela Suzanne Hand
(Signature)

Skye C. Bolsby
Notary Public, Sanilac County, MI
My Commission Expires 10/28/2022