

UNITED STATES SUPREME COURT
NEW HAMPSHIRE SUPREME COURT
DOCKET NO. 2017-0682
LORRAINE MACDONALD AND PETER MACDONALD
VS

FILED

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SUPREME COURT, U.S.

18-8979 LISA JACOBS ORIGINAL

MOTION FOR LEAVE TO PROCEED IN FORMA
PAUPERIS FOR PETITION FOR WRIT OF CERTIORARI

I Lisa Jacobs pro se move for leave to proceed
in forma pauperis on the grounds of indigency.
I sought leave in the U.S. District Court District
of NH on 3/13/19 in the case Lisa Jacobs
v. Joseph Fillipi et al, with docket no.
1:18-cv-00948-LM where this court
found that I am indigent and allowed
my application to proceed without
prepayment of fees or costs.

I sought leave in 6th Circuit NH Probate
Court where this court appointed me counsel
as an indigent party where a copy of the
order of appointment is appended to this
motion as exhibit #1.

Wherefore I respectfully move for the following:
Prayer A: Allow motion for leave to proceed in forma pauperis.
Prayer B: Any other relief.

Respectfully submitted,
Lisa Jacobs

PO Box 488 Weston MA 02493

CARE OF The Law Offices of Kelly E. Dowd, PLLC

PO Box 188/29 Center St. Suite 12

Keene NH 03431

Phone: (603)-499-8261

Fax: (603)-499-8262

E-mail: Kelly@kdowdlaw.com

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UNITED STATES SUPREME COURT
 On Petition for a Writ of Certiorari to
 NEW HAMPSHIRE SUPREME COURT
 Docket No. 2017-0682
 Lorraine MacDonald and Peter MacDonald
 vs.
 LISA JACOBS

AFFIDAVIT OR DECLARATION

IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, LISA JACOBS, 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>N/A</u>	\$ _____	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>90.00</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Total monthly income:	\$ <u>90</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</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
<u>Not applicable</u>	_____	_____	\$_____
	_____	_____	\$_____
	_____	_____	\$_____

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
<u>Not applicable</u>	_____	_____	\$_____
	_____	_____	\$_____
	_____	_____	\$_____

4. How much cash do you and your spouse have? \$_____
 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
<u>Checking</u>	\$_____	\$ <u>N/A</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 _____

Other real estate
 Value _____

Motor Vehicle #1
 Year, make & model 1999, Mazda 626
 Value 300

Motor Vehicle #2
 Year, make & model _____
 Value _____

Other assets
 Description _____
 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	Amount owed to you	Amount owed to your spouse
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ <u>0</u>	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>0</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>1,889</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>10</u>	\$ _____
Health	\$ <u>2,000</u>	\$ _____
Motor Vehicle	\$ <u>80</u>	\$ _____
Other: <u>Alimony, maintenance, and support paid to others</u>	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: <u>Alimony, maintenance, and support paid to others</u>	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>Dues</u>	\$ <u>48</u>	\$ _____
Total monthly expenses:	\$ <u>4,025</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 live at NH Hospital where the fee is \$1,400 per ~~day~~ per patient daily, so all but \$90 of social security disability is taken to defray cost of ~~the~~ patients stay per month. Patients SSDI goes to NH Hospital and all but \$90 is given to patients. I have yet to receive \$90 per month. NH Hospital has denied me notarization of this form, so I incorporate herein exhibit #1 which is my notarized signature as notarized by Joan Walker.

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

Executed on: 21/1/19, 2019

Zin Zl

(Signature)

**Additional material
from this filing is
available in the
Clerk's Office.**