

No. _____

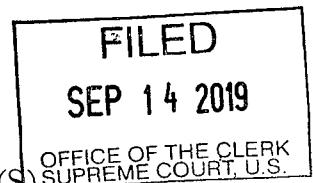
19-5971

IN THE
SUPREME COURT OF THE UNITED STATES

Darlene Schmidt — PETITIONER
(Your Name)

VS.

Gov. Gary Herbert — 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):

District of UT Northern Court
10th Circuit CT of Appeals

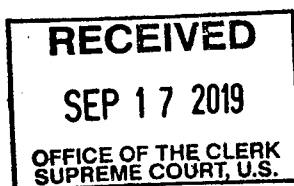
☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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.



Darlene Schmidt
(Signature)

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

I, Darlene Schmidt, 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	No Spouse <u>Divorced</u>	You	Spouse
Employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>866.00</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>20.00</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>886.00</u>	\$ _____	\$ _____	\$ _____

- | Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| none | | | \$ |
| | | | \$ |
| | | | \$ |

- | Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| none | | | \$ 0 |
| | | | \$ |
| | | | \$ |

- | Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| Credit Savings + Checking | \$ _____ | \$ 0 |
| | \$ _____ | \$ _____ |
| for Soc Security | \$ _____ | \$ _____ |

- ☐ 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
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none - Gov	\$	\$
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Herbert should pay the costs of my open heart surgery	\$	\$
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since his 4G caused it along w/ all body dysfunction since costs

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
Darlene Schmidt	Self	76 years

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	no spouse year!
Are real estate taxes included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is property insurance included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	FIRE ins 38.61 prop tax 13.62	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 266.00	\$
Home maintenance (repairs and upkeep)	\$ 156.23	\$
Food & Supplements	\$ 250.00	\$
Clothing	\$ 60.00	\$
Laundry and dry-cleaning	\$ 39.00	\$
Medical and dental expenses	\$ 0	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>65.00</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health <i>UT loan - shark-look my home to buy UT 2ns @ 200,000+</i>	\$ <u>3.75</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <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>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): <i>Surprise Auto repairs + licensing + etc come from home maintenance or other places.</i>	\$ _____	\$ _____
Total monthly expenses:	\$ <u>886.00</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: *I pay the cost of travel to a library to use their computer programs, copying and so forth*

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 have radiation heart disease from 4G Technology that does better, less pain, on natural foods. I am alive because I buy these supplements. I buy the best I can afford. MD supplements are very expensive.

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

Executed on: *September 13*, 20*19*

*2 eye and
sund 45-121
bottle*

Darlene Schmidt

(Signature)

a retired special education teacher whose communications by habit in n.m. n.d. notes