

No. 19A282

19-7323

IN THE

SUPREME COURT OF THE UNITED STATES

LEO SToller

(Your Name)

PETITIONER

ORIGINAL

VS.

United States

— RESPONDENT(S)

FILED

JAN 07 2020

OFFICE OF THE CLERK  
SUPREME COURT, U.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):

LEO SToller v. Thomas DANT Cook County, IL 10L2029  
See attached Exhibit A

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. Exh. C

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.

Leo Stoller

(Signature)

73 years old  
Retired

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

I, LEO Stoller, 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</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1,063.00</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	<b>\$ <u>1,063</u></b>	\$ _____	\$ _____	\$ _____

*see attached social  
security letter  
Exhibit B*

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? \$ *→ 0 ←*  
 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>U.S. Bank</i>	<i>8mase</i>	\$ <i>17.00</i>	\$
		\$	\$
		\$	\$

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

Other assets  
 Description *N/A*  
 Value *N/A*

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

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
<u>N/A</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
	\$ _____	\$ _____
	\$ _____	\$ _____

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

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
<u>N/A</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.

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>671</u>	\$ _____
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		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>100</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ <u>150</u>	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ <u><u>N/A</u></u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u><u>N/A</u></u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u><u>N/A</u></u>	\$ _____
Life	\$ <u><u>N/A</u></u>	\$ _____
Health	\$ <u><u>N/A</u></u>	\$ _____
Motor Vehicle	\$ <u><u>N/A</u></u>	\$ _____
Other: _____	\$ <u><u>N/A</u></u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u><u>N/A</u></u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u><u>N/A</u></u>	\$ _____
Credit card(s)	\$ <u><u>142</u></u>	\$ _____
Department store(s)	\$ <u><u>N/A</u></u>	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ <u><u>N/A</u></u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u><u>N/A</u></u>	\$ _____
Other (specify): _____	\$ <u><u>N/A</u></u>	\$ _____
<b>Total monthly expenses:</b>	<u><u>\$1063.00</u></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:

*N/A*

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:

*N/A*

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

*I am 73 years old. Disabled. I am  
social security dependent*

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

Executed on: Jan 6th, 2020

Leofboll

(Signature)

# Exhibit A

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Leo Stoller-Petitioner

Plaintiff/Petitioner

v.

Thomas Dart, et al.

Defendant/Respondent



No. 10 L 2296

Calendar

**ORDER**

This matter coming before the Court on an Application and Affidavit to Sue or Defend as an Indigent Person, the Court being fully advised in the premises, IT IS HEREBY ORDERED;

Pursuant to Supreme Court Rule 298 and 735 ILCS 5/5-105:

The applicant is permitted to sue or defend without payment of fees, costs or charges. Fees for the reproduction of any documents contained in the court file or the electronic docket are not waived without specific order of court. The applicant may be ordered to pay any portion of the waived fees or costs out of a settlement or judgment resulting from this action.

The application is denied for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Payment shall be:  made by \_\_\_\_\_ OR  deferred until \_\_\_\_\_ OR  other \_\_\_\_\_  
(date) \_\_\_\_\_

Judge James P. Flannery, Jr.

ENTERED:

DEC 18 2014

Circuit Court - 1505

Dated: \_\_\_\_\_

Judge

Judge's No

Payment should be made by cash, money order or cashier's check, directly to the Clerk of the Circuit Court of Cook County at the courthouse where you filed your application.

**DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS**

ORIGINAL - COURT FILE

# Exhibit B

**Case No:** \_\_\_\_\_

**IN THE SUPREME COURT OF THE UNITED STATES**

## Declaration of Leo Stoller

I, Leo Stoller 73, a disabled person, a protected person, is Social Security Dependent. I have no real estate, no car, no assets.

This declaration is submitted in support of my Motion for leave to appeal *informa pauperis*.

I attest under penalty of perjury that the information I supplied on my pauperis statement is true and correct to the best of my ability.

Lea Sholler 1-6-20