

No.

19-8851

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Peter Szanto

(Your Name)

— PETITIONER

FILED

JUN 08 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

VS.

Alyce Jurgens

— 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):

None within the last 8 years.

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

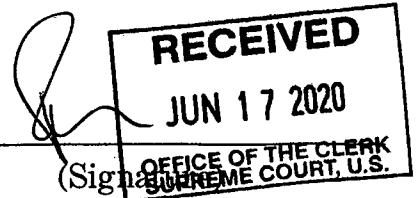
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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.



ORIG/NSAC

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

I, Peter Szanto, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>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)	\$ <u>750.00</u>	\$ <u>650.00</u>	\$ <u>750.00</u>	\$ <u>650.00</u>
Disability (such as social security, insurance payments)	\$ <u>0</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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>750.00</u>	\$ <u>650.00</u>	\$ <u>750.00</u>	\$ <u>650.00</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
NONE			\$ _____
			\$ _____
			\$ _____

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
NONE			\$ _____
			\$ _____
			\$ _____

4. How much cash do you and your spouse have? \$ 1500.00

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 account to receive SSA	\$ 50.00	\$ 25.00
	\$ _____	\$ _____
	\$ _____	\$ _____

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

Home Home pending foreclosure
Value Equity is zero.

Other real estate
Value none

Motor Vehicle #1
Year, make & model 2001 Chrysler
Value \$500

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

Other assets
Description Furniture \$500; Clothes \$200; pots, pans, dishes, utensils
Value \$175

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
NONE	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
NONE	_____	_____
_____	_____	_____
_____	_____	_____

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)	In foreclosure dispute with Chase. Unable to make payments \$ _____	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unable to pay RE taxes	
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unable to pay property insurance.	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 200 only when	\$ inc/ w/spouse
Home maintenance (repairs and upkeep)	\$ essential	\$ _____
Food	\$ 300	\$ 300
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ VA /medicare	\$ VA/medicare

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>use car only</u>	\$ <u>use car only</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>unable to pay</u>	\$ <u>in arrears</u>
Life	\$ <u>uninsurable</u>	\$ <u>uninsurable</u>
Medicare+	\$ <u>medicare+</u>	\$ <u>medicare+</u>
Health	\$ <u>100 copay</u>	\$ <u>200 copay</u>
Motor Vehicle	\$ <u>\$25/month</u>	\$ <u>incl w/spouse</u>
Other: <u>RX insurance plan</u>	\$ <u>40</u>	\$ <u>40</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>sales taxes</u>	\$ <u>30</u>	\$ <u>30</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>tithing</u>	\$ <u>25</u>	\$ <u>25</u>
Total monthly expenses:	\$ <u>745.00</u>	\$ <u>595.00</u>

The small amount of excess income over expenses
is for incidentals and reserve for unforeseen events.

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? _____

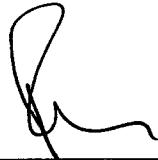
If yes, state the person's name, address, and telephone number:

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

Within last 2 years numerous unforeseen health crisis have arisen for both spouses making income production impossible. Have obtained some emergency aid from friends, but financial outlook is dire.

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

Executed on: JUN 8, 2022



(Signature)

1
2 PETER SZANTO 949-887-2369
3 P. O. Box 14894
Irvine CA 92623

4
5 **United States Supreme Court**
6
Washington, D.C.

7 Peter SZANTO

8 **PETITIONER, PLAINTIFF**

9
10 **VS.**

11 Alyce Jurgens

12 **APPELLEE, DEFENDANT**

13 **Sup. Ct. #**

14 **From 11th Circuit Court of Appeals**

15 **# 18-15151 - DD**

16 **Supplement to**
In Forma Pauparis
Form

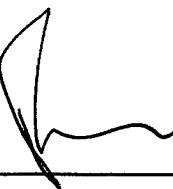
17 May it please the Court.

18 Petitioner's finances are meager and heavily impacted by his own health crisis as
well as that of his spouse.

19
20 If the Court is of the opinion not to grant *in Forma Pauperis* relief, petitioner
21 would pray a 60 day extension to secure funds to pay the filing fee.

22
23
24 Most Respectfully,

25
26 DATED 6-7, 2020 -


Peter Szanto

1

2

3 **Proof of Service**

4

5

6

7

- 1 My name is Maquisha Reynolds, I am over 18 years and not a party to this action.
- 2 My business address is P. O. Box 14894, Irvine, California 92623.
- 3 On the date indicated below, I served the within:

8

9 **Supplement to IFP Form**

10

11

12 by depositing said document into the US Mail in a sealed envelope with
13 express mail postage thereon fully prepaid addressed as:

14

15

16 Kelly Remick	17 Richard Ellis	18 Alyce Ann Jurgens
19 501 E Polk St. #1200	20 2187 Ringling Blvd.	21 68 St. Lucie Av.
22 Tampa FL 33602	23 Sarasota FL 34234	24 Sarasota FL 34232

25

26 I am employed in Orange County CA wherein said mailing took place.

27

28 I declare under penalty of perjury under the laws of the United
1 States that the foregoing is true and correct. Signed at Irvine CA.

29

30 DATED 6-7, 2020 - Maquisha Reynolds

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