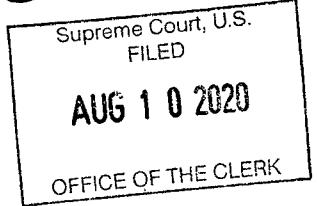


No. 20-5667

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



Lisa Tenaglia-Evans — PETITIONER
(Your Name)

VS.

Thomas Evans — 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):

Delaware Supreme Court

Delaware Family Court

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.


(Signature)

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

I, Lisa Tenaglia-Evans, 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>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Interest and dividends	\$ <u>0</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Gifts	\$ <u>0</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Alimony	\$ <u>0</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Child Support	\$ <u>0</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Disability (such as social security, insurance payments)	\$ <u>1,729.00</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Unemployment payments	\$ <u>0</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Other (specify): <u>0</u>	\$ <u>0</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</u>
Total monthly income:	\$ <u>1,729.00</u>	\$ <u>1</u>	\$ <u>1</u>	\$ <u>1</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
N/A			\$
			\$
			\$

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
N/A			\$
			\$
			\$

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	\$ 0
	\$ 0	\$ 0
	\$ 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 0

Other real estate
Value 0

Motor Vehicle #1
Year, make & model 2004 Chevy Tahoe
Value 3,000 00

Motor Vehicle #2
Year, make & model 8
Value 0

Other assets
Description 0
Value 0

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

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>Joshua Tenaglia</u>	<u>Son</u>	<u>31 y.o.</u>
<u>Eric Evans</u>	<u>Son</u>	<u>20 y.o.</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)	<u>\$ 680.50 mth</u>	<u>\$ N/A</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>\$ 53.00 (phone)</u>	<u>\$ _____</u>
Home maintenance (repairs and upkeep)	<u>\$ 0</u>	<u>\$ _____</u>
Food	<u>\$ 250.00</u>	<u>\$ _____</u>
Clothing	<u>\$ 0</u>	<u>\$ _____</u>
Laundry and dry-cleaning	<u>\$ 40.00 mth</u>	<u>\$ _____</u>
Medical and dental expenses	<u>\$ 140.00 mth</u>	<u>\$ _____</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 100.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 10.00	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 17.00 mth	\$
Life	\$ N/A	\$
Health	\$ N/A	\$
Motor Vehicle	\$ 167.00 mth	\$
Other: <u>14</u>	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ N/A	\$
Installment payments		
Motor Vehicle	\$ 317.00 mth	\$
Credit card(s)	\$ N/A	\$
Department store(s)	\$ N/A	\$
Other: <u>loan</u>	\$ 267.00 mth	\$
Alimony, maintenance, and support paid to others	\$ N/A	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$
Other (specify): <u>storage fees</u>	\$ 160.00 mth	\$
Total monthly expenses:	\$ 2,007.00	\$ N/A

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.

Currently, I am in a hotel 10 days a month. I am expecting monthly bills for electric internet, rent all to go up once I find suitable living environment.

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? 0 NA

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? 0 NA

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 am on fixed income Social Security Disability. Delaware does not assist disabled only SSI. I only have one income and my output far exceeds what I have available.

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

Executed on: August 9, 2020


(Signature)

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

IN RE:

LISA TENAGLIA-EVANS

Petitioner,

VS.

THOMAS EVANS

Respondent

File Number:

CD13-04089

Petition Number:

#118-38235

(4213-24221)

ORDER ON APPLICATION TO PROCEED IN FORMA PAUPERIS

The Court has reviewed the Petitioner's application and, if necessary, has questioned the Petitioner under oath. Petitioner's application is hereby:

Granted. The Court waives all fees and costs associated with the filing and notice of this action. This does not include waiver of transcript fees.

This Order also does not include a waiver of publication costs. *if there are any transcript*

Granted in part. _____

Denied. _____

Petitioner must pay all fees and costs associated with the filing and notice of this action. **Please remit payment to the cashier's office.**

If the above provisions are not completed within 30 days of the date of this Order, the underlying petition is dismissed pursuant to this Order.

IT IS SO ORDERED, this 3rd day of April, 2019.

J. P. Kotowski
Judge/Commissioner Signature

Judge/Commissioner Print Name

PAYMENT IS DUE ON OR BEFORE _____

cc: Petitioner

Remit payment to: Cashier's Office, 500 N. King Street, Wilmington, DE 19801

400 Court Street, Dover, DE 1990

22 The Circle, Georgetown, DE 19947

Date mailed:

4/3/19

