

20-5901

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

LAURA MARIE SCOTT — PETITIONER
(Your Name)

VS.

CITY OF HAMRAMCK, MI, RESPONDENT(S)
TREASURER

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):

U.S. Sixth Circuit Court of Appeal; U.S. District Court at Detroit,
U.S. Bankruptcy Court, at Detroit; Third Circuit Court at Detroit.

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)

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SEP 29 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Laura M. Scott, 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	~ \$6,000 ⁰⁰	\$ n/a	\$ 0	\$ n/a
Self-employment	\$ 0	\$ n/a	\$ 0	\$ n/a
Income from real property (such as rental income)	\$ 0	\$ n/a	\$ 0	\$ n/a
Interest and dividends	\$ 0	\$ n/a	\$ 0	\$ n/a
Gifts	\$ 0	\$ n/a	\$ 0	\$ n/a
Alimony	\$ 0	\$ n/a	\$ 0	\$ n/a
Child Support	~ \$1,800 ⁰⁰	\$ n/a	\$ 298 ⁰⁰	\$ n/a
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ n/a	\$ 0	\$ n/a
Disability (such as social security, insurance payments)	\$ 0	\$ n/a	\$ 0	\$ n/a
* Unemployment payments	\$ 0	\$ n/a	\$ 0	\$ n/a
Public-assistance (such as welfare)	\$ 0	\$ n/a	\$ 0	\$ n/a
* Other (specify): COVID-19	\$ 0	\$ n/a	\$ *	\$ n/a
Total monthly income:	~ \$8,000	\$ n/a	\$ 298 ⁰⁰	\$ n/a

* Petitioner applied for both the \$1,200 COVID-19 federal and Michigan \$600 per week unemployment, but have since received neither one to date. I do not know when or if I will ever get either. The unemployment offices were closed due to government shutdowns, library, too, etc.

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
Marshall's Dept. Store	Middlebelt Rd. Lynnville, MI	June 8, 2018 to mid-July 2020 (due to COVID-19)	\$ ~400-600 (varied) \$ \$

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	n/a	n/a	\$ n/a \$ \$

4. How much cash do you and your spouse have? \$ ~35⁰⁰

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 /savings account	\$ ~35 ⁰⁰	\$ n/a
	\$	\$
	\$	\$

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

Home in litigation since 2016
Value in 19-1290 and other cases. Value n/a
Was an asset in 16-56880 bankruptcy

Motor Vehicle #1
Year, make & model n/a
Value _____

Motor Vehicle #2
Year, make & model n/a
Value _____

Other assets
Description All current assets were in Ch. 7 bankruptcy
Value 16-56880. Received full discharge May 31, 2017.
with none being liquidated. It was a
"no asset" bankruptcy. However, during 19-1290
in federal case a third party federally contracted
by Respondent seized and destroyed some of
those assets that were unliquidated in the bankruptcy.

<i>* lately, buses were free (COVID-19)</i>		<i>You up to</i>	<i>Your spouse</i>
Transportation (not including motor vehicle payments)	<i>* \$</i>	<i>90.00</i>	<i>\$ n/a</i>
Recreation, entertainment, newspapers, magazines, etc.	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Insurance (not deducted from wages or included in mortgage payments)			
Homeowner's or renter's	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Life	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Health	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Motor Vehicle	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Other: <u>n/a</u>	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Taxes (not deducted from wages or included in mortgage payments)			
(specify): <u>see R.O.F.R. in 19-1290</u>	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
<u>July 2019 by Respondents to</u>			
Installment payments <u>subject property</u>			
Motor Vehicle	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Credit card(s)	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Department store(s)	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Other: <u>bank fee was \$12.00 now?</u>	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Alimony, maintenance, and support paid to others	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	<i>\$</i>	<i>0</i>	<i>\$ n/a</i>
Other (specify): <u>legal printing, postage</u>	<i>~</i>	<i>\$ 10.00 +</i>	<i>\$ n/a</i>
Total monthly expenses:		<i>\$ 298.00</i>	<i>\$ n/a</i>

I can now only spend what I have since mid July being unemployed now.

*at least \$600 per week from mid April through mid July but don't know if I qualify for unemployment

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>COVID-19 U.S. Treasury</u>	\$ 1,200	\$ n/a
<u>COVID-19 Michigan</u>	\$ unknown*	\$ n/a
<u>Respondents (17-4411)</u>	\$	\$ n/a

some litigation pending "to be determined", which includes Respondent.

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
n/a	n/a	n/a
n/a	n/a	n/a
n/a	n/a	n/a

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	\$ n/a
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)	~ \$ 25.00	\$ n/a
Home maintenance (repairs and upkeep) (see 19-12676, Federal contract)	\$ 0	\$ n/a
Food	~ \$ 300.00	\$ n/a
Clothing	\$ 0	\$ n/a
Laundry and dry-cleaning (as funds are available)	0 - \$ 40.00	\$ n/a
Medical and dental expenses	\$ 0	\$ 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.

COVID-19; eviction post-moratorium, etc. looking for new employment, or perhaps go back to old job soon?

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? n/a

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

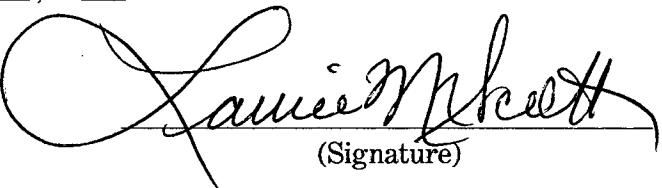
If yes, how much? n/a

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.
COVID-19 is the primary reason. But, even before that Petitioner's circumstances have been beyond dire since 2013. Now, I am unemployed and have health problems I can't afford to pay for, etc.

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

Executed on: September 20, 2020


(Signature)