

20-6256

No.

Supreme Court, U.S.
FILED

NOV 03 2020

OFFICE OF THE CLERK

ORIGINAL

In the
Supreme Court of the United States

Elet Valentine, Pro Se,

Petitioner

v.

PNC Financial Services Group, Inc. et al

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):

☐ 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.

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

Executed on: **NOVEMBER 3, 2020**, 2020


Elet Valentine (Signature)

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

I, ELET VALENTINE, (PRO SE), 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>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Gifts	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Alimony	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Child Support	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
*Disability (such as social security, insurance payments)	\$ <u>1369.30</u>	\$ <u>N/A</u>	\$ <u>1369.30</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
*Other (specify): <u>Loan</u>	\$ <u>372.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>1741.30</u>	\$ <u>N/A</u>	\$ <u> </u>	\$ <u>N/A</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? \$97.00 (See Checking Account)
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 (as of 10/27/2020)	\$ 97.00	\$ 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

☐ Other real estate

Value 0.00

Value 0.00

☒ Motor Vehicle #1

☐ Motor Vehicle #2

Year, make & model 0.00

Year, make & model 0.00

Value

Value

☒ Other assets

Description 0.00

Value

- | Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| See Attached | \$ TBD | \$ N/A |
| | \$ | \$ |
| | \$ | \$ |

- | Name | Relationship | Age |
|------|--------------|-----|
| N/A | | |
| | | |
| | | |

- | | You | Your spouse |
|---|-------------------|----------------|
| X *Rent or home-mortgage payment
(include lot rented for mobile home) | \$ <u>1257.00</u> | \$ <u>0.00</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>45.00</u> | \$ <u>0.00</u> |
| Home maintenance (repairs and upkeep) | \$ <u>0.00</u> | \$ <u>0.00</u> |
| Food | \$ <u>45.00</u> | \$ <u>0.00</u> |
| Clothing | \$ <u>0.00</u> | \$ <u>0.00</u> |
| Laundry and dry-cleaning | \$ <u>0.00</u> | \$ <u>0.00</u> |
| Medical and dental expenses (Medicare – B) | \$ <u>144.60</u> | \$ <u>0.00</u> |

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>10.00</u>	\$ <u>0.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ <u>0.00</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's (\$144.96 per yr)	\$ <u>12.08</u>	\$ <u>00.00</u>
Life	\$ <u>0.00</u>	\$ <u>0.00</u>
Health (Medigap premium)	\$ <u>222.56</u>	\$ <u>0.00</u>
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: _____	\$ <u>0.00</u>	\$ <u>00.00</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0.00</u>	\$ <u>0.00</u>
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Credit card(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Department store(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: _____	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ <u>0.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other(specify): _____	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly expenses:	\$ <u>1,736.24</u>	\$ <u>0.00</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 – unable to afford an attorney

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 – unable to afford an attorney

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. **SEE ATTACHED**

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

correct. Executed on: NOVEMBER 3, 2020, 2020



Elet Valentine (Signature)

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*
(cont'd)**

INCOME

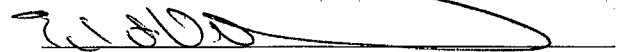
- 1 (Disability) I currently have requested the Colorado Attorney General and the Social Security Administration (SSA) to open a 60-day investigation pursuant to C.R.S. §24-31-113 on October 15, 2020. I have continuously been denied my additional SSI benefits (\$771.00 per month) in which I have been eligible for over a year. As of today, I have not heard back from either agency.
- 1 (Other) I have borrowed money each month to cover my monthly income shortage. The loan amount will have to be repaid.

EXPENSES

- 6 I currently have an open active Bad Faith claim in Federal Court (Colorado) (20-cv-01368) against James River Insurance Company et al due to car accident (June 7, 2017) that was the cause of my permanent disability.
- 8 (Rent) My apartment complex was repurchased by a new company January 2020. The new company has given notice they will not be renewing my lease that expired December 29, 2020. Therefore, I will have extra moving expenses in the next coming month. It is also uncertain what the new rent amount will be.
- 9 Depending on the outcome of #6 above will determine if there is a significant change to my current income and circumstances.
- 12 I am unable to pay the filing fee due to my current financial circumstances in which I currently have no control. I did borrow money to send the documents to this court. However, there was not enough money to be able to pay for the \$300.00 filing fee, the cost of formatting and binding pursuant to Rule 33.1, and then pay for shipping costs.

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

correct. Executed on: NOVEMBER 3, 2020, 2020


Elet Valentine (Signature)