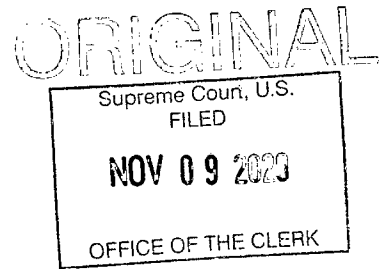


20-6455  
No. \_\_\_\_\_



Supreme Court of the United States

\_\_\_\_\_  
Patricia Ann Wade, Petitioner  
v.  
Trustees of Indiana University, et al., Respondent

\_\_\_\_\_  
On Petition for a Writ of Certiorari to the United States Court of Appeals for the Seventh Circuit

\_\_\_\_\_  
Motion for Leave to Proceed *In Forma Pauperis*  
\_\_\_\_\_

As the petitioner, Patricia Ann Wade, I request leave to file the enclosed Petition for Writ of Certiorari to the Supreme Court of the United States without prepayment of costs and to proceed *in forma pauperis* in accordance with Supreme Court Rule 39 and 18 U.S.C § 3006A(d)(7).

WHEREFORE, as the petitioner, I pray for leave to proceed *in form a pauperis*.

Respectfully submitted this 9th day of November, 2020.

  
\_\_\_\_\_

Patricia Ann Wade, Pro Se Petitioner  
512 Grand View St  
Spencer, IN 47460  
[blissfulafterglow@gmail.com](mailto:blissfulafterglow@gmail.com)  
317 519-4041

No. \_\_\_\_\_

\_\_\_\_\_  
IN THE  
SUPREME COURT OF THE UNITED STATES  
\_\_\_\_\_

Patricia Ann Wade — PETITIONER  
(Your Name)

VS.

Trustees of Indiana — RESPONDENT(S)  
University, et.al.

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):

US District Court for the Southern District of Indiana  
US Court of Appeals for the Seventh Circuit

☐ 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.

Patricia Wade  
(Signature)

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

I, Patricia Ann Wade, 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 <u>December 2020</u>	
	You	<sup>NONE</sup> Spouse	You	Spouse
Employment	\$ <u>2350</u>	\$ _____	\$ <u>2050</u>	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</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
WSD INC	75 E Franklin St Spencer, IN 47460	Nov 2015-present	\$ 1000-2350
			\$
			\$

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
			\$
			\$
			\$

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

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	\$ 18.37	\$
Savings	\$ 5	\$
	\$	\$

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

☐ Home  
Value \_\_\_\_\_

☐ Other real estate  
Value \_\_\_\_\_

☒ Motor Vehicle #1  
Year, make & model 2011 Ford  
Value ~ \$5,000  
Ranger  
base model

☐ Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

☐ Other assets  
Description manual  
4 cylinder  
Value single cab

NONE

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

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)

\$ 650      \$ \_\_\_\_\_

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ 280      \$ \_\_\_\_\_

Home maintenance (repairs and upkeep)

\$ 20      \$ \_\_\_\_\_

Food

\$ 350      \$ \_\_\_\_\_

Clothing

\$ 40      \$ \_\_\_\_\_

Laundry and dry-cleaning

\$ 50      \$ \_\_\_\_\_

Medical and dental expenses

\$ 75      \$ \_\_\_\_\_

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>95</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ <u>120</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>INDOR underpayment</u>	\$ <u>35</u>	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ <u>400</u>	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <u>Medical</u>	\$ <u>450</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ <u>2565</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.

*Pandemic may adversely affect income.*

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.

*Debt*  
*over \$265,000 Student loan*  
*\$73,000 Medical + Tax debt*  
*\$9,000 Installment loan*

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

Executed on: November 9, 2020

*Patricia Wade*  
(Signature)