

No. _____
In the Supreme Court of the United States

Wendy Alison Nora,
Petitioner

v.

Office of Lawyer Regulation,
Respondent

**ON PETITION FOR A WRIT OF CERTIORARI TO THE
SUPREME COURT OF WISCONSIN**

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Petitioner respectfully moves for permission to file the attached Petition for a Writ of Certiorari to the Supreme Court of Wisconsin without prepayment of the filing fee and to proceed *in forma pauperis* because she is presently unable to pay the filing fees and costs of processing the Petition in accordance with Rule 33.1. Petitioner's Affidavit in Support of this Motion is attached hereto.

Wendy Alison Nora
Wendy Alison Nora, Petitioner, and
a member of the bar of this Court
ACCESS LEGAL SERVICES, LLC
310 Fourth Ave. South, Suite 5010
Minneapolis, Minnesota 55415
VOICE: (612) 333-4144
FAX: (612) 206-3170
Email: accesslegalservices@gmail.com

**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p>
<p>Signed: <u>Mandy Alison Nore</u></p>	<p>Date: <u>March 19, 2021</u></p>

My issues on appeal are:

Denial of due process in lawyer disciplinary proceedings which has resulted in the need for the Motion for Permission to Appeal In Forma Pauperis Motion.

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	\$0.00	\$N/A	\$0.00	\$N/A
Self-employment ¹	\$200.00 (est.) ²	\$N/A	\$Unknown	\$N/A
Income from real property (such as rental income)	\$0.00	\$N/A	\$0.00	\$N/A
Interest and dividends	\$0.00	\$N/A	\$0.00	\$N/A

¹ Ave. monthly net income from self-employment in 2019 was \$258.51.

² Estimated net monthly income pending preparation of 2020 income tax returns.

Gifts	\$0.00	\$N/A	\$0.00	\$N/A
Alimony	\$0.00	\$N/A	\$0.00	\$N/A
Child support	\$0.00	\$N/A	\$0.00	\$N/A
Retirement (such as social security, pensions, annuities, insurance)	\$1,181.00	\$N/A	\$1,181.00	\$N/A
Disability (such as social security, insurance payments)	\$0.00	\$N/A	\$0.00	\$N/A
Unemployment payments ³	\$0.00	\$N/A	\$0.00	\$N/A
Public-assistance (such as welfare)	\$0.00	\$N/A	\$0.00	\$N/A
Other (specify):	\$0.00	\$N/A	\$0.00	\$N/A
Total monthly income:	\$1,381.00	\$N/A	\$1,381.00	\$N/A

2. *List your 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
ACCESS LEGAL SERVICES, LLC (self)	310 Fourth Ave. S., #5010 Minneapolis, Minnesota 55415	June 4, 2019-present	\$ self-employment net income
ACCESS LEGAL SERVICES (self)	310 Fourth Ave. S., #5010 Minneapolis, Minnesota 55415	August, 1990-June 4, 2019	\$ self-employment net income
			\$ See above

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.)*

³ Pandemic Unemployment Assistance (PUA) under the CARES Act as a self-employed person: application denied; appeal pending; application under the American Rescue Plan Act pending

⁴ Gross monthly income is inapplicable to self-employment

Employer	Address	Dates of employment	Gross monthly pay
N/A			\$
			\$
			\$

4. *How much cash do you ~~and your spouse~~ have?* \$130.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
University of Wisconsin Credit Union	Checking & Savings	\$176.89 ⁵	\$
BMO Harris Bank	Checking	\$1,181.00 ⁶	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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	Motor vehicle #1
(Value) \$87,500.00 ⁷	(Value) \$0.00	(Value) \$3,000.00
		Make and year: 2005 Mitsubishi

⁵ Business expense deduction of \$123.00 pending counted as already withdrawn (subject to eventual reimbursement)

⁶ Social security payment was for March, 2021 was deposited on March 17, 2021

⁷ 25% of ownership interest in title by quit claim deed subject to disputed claims which would reduce value to \$0.00

		Model: Eclipse
		Registration #: 393VKJ (Wisconsin)

Motor vehicle #2	Other assets	Other assets
(Value) \$N/A	(Value) \$3,000.00* *Receivables depend on collectability: estimated value shown at 5., above	(Value) \$0.00 or 9,600.00* *Contingent on prevailing on appeal in pending unemployment compensation claim for PUA
Make and year:		
Model:		
Registration #:		

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
Receivables	\$3,000.00 believed to be collectible (see above)	\$N/A
	\$	\$
	\$	\$
	\$	\$

7. *State the persons who rely on you or your spouse for support.*

Name [or, if under 18, initials only]	Relationship	Age
Adult children are self-supporting		

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$0.00	\$N/A
Are real estate taxes included? [] Yes [] No		
Is property insurance included? [] Yes [] No		
Utilities (electricity, heating fuel, water, sewer, and telephone + business internet)	\$300.00 ⁸	\$N/A
Home maintenance (repairs and upkeep)	\$75.00	\$N/A
Food	\$	\$N/A
Clothing	\$25.00	\$N/A
Laundry and dry-cleaning	\$5.00	\$N/A
Medical and dental expenses	\$25.00	\$N/A
Transportation (not including motor vehicle payments)	\$100.00 ⁹	\$N/A
Recreation, entertainment, newspapers, magazines, etc.	\$	\$N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$50.00 ¹⁰	\$N/A
Life:	\$318.50	\$
Health:	\$Medicare ¹¹	\$
Motor vehicle:	\$120.00 ¹²	\$
Other:	\$42.00 (Dental) \$24.00 (Disability)	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$790.00	\$N/A

⁸ Partially deductible as business expense-see attached 2019 Schedule C

⁹ *Id.*

¹⁰ *Id.*

¹¹ Deducted from social security payment

¹² Deductible as business expense-see attached 2019 Schedule C

Installment payments		
Motor Vehicle:	\$0.00	\$
Credit card (name): American Express interest on balance carry-forward (business expenses) varies monthly (estimated average)	\$170.00 ¹³	\$N/A
Department store (name): N/A	\$N/A	\$N/A
Other: N/A	\$N/A	\$N/A
Alimony, maintenance, and support paid to others	\$0.00	\$N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$See 2019 Schedule C attached	\$
Other (specify):	\$0.00	\$N/A
Total monthly expenses:	\$2,044.50	\$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.

10. *Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? Yes No*

If yes, how much? \$ _____

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

COVID-19 restrictions in various states have impacted my ability to travel for business. The denial of PUA for self-employment (pending on appeal) has resulted in current financial condition.

12. *State the city and state of your legal residence.* Wisconsin

Your daytime phone number: (612) 333-4144

Your age: 70 *Your years of schooling:* 20+

Last four digits of your social-security number: 6740

¹³ Deductible business expense

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No. 09

Name of proprietor

Wendy Alison Nora

A Principal business or profession, including product or service (see instructions)
legal services/legal support services (research, writing & investigation)

C Business name. If no separate business name, leave blank.

ACCESS LEGAL SERVICES, LLC

E Business address (including suite or room no.) ► 310 Fourth Ave. S., #5010

City, town or post office, state, and ZIP code Minneapolis, Minnesota 55415

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2019, check here ►

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

B Enter code from instructions

► 5 4 1 1 0 0

D Employer ID number (EIN) (see instr.)

8 4 1 9 6 8 1 8 4

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	► <input type="checkbox"/>	1	25,178.00
2	Returns and allowances		2	0.00
3	Subtract line 2 from line 1		3	25,178.00
4	Cost of goods sold (from line 42)		4	0.00
5	Gross profit. Subtract line 4 from line 3		5	25,178.00
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	0.00
7	Gross income. Add lines 5 and 6	►	7	25,178.00

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	103.68	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	289.77	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11	1,349.79	a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	1,721.93
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Repairs and maintenance	22	334.72
14	Employee benefit programs (other than on line 19)	14		23	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15	620.00	24	Taxes and licenses	24a	239.12
16	Interest (see instructions):	16a		a	Travel and meals:	24b	
a	Mortgage (paid to banks, etc.)	16b		b	Travel	25	2,653.97
b	Other	17	11,500.00	26	Deductible meals (see instructions)	26	
17	Legal and professional services	17		27a	Utilities	27a	3,502.49
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		b	Wages (less employment credits)	27b	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	28	22,075.91
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).	30		b	Reserved for future use	29	3,102.09

Simplified method filers only: enter the total square footage of: (a) your home:

and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation
	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation
35	35
36	Purchases less cost of items withdrawn for personal use
36	36
37	Cost of labor. Do not include any amounts paid to yourself
37	37
38	Materials and supplies
38	38
39	Other costs
39	39
40	Add lines 35 through 39
40	40
41	Inventory at end of year
41	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4
42	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	►	/	/
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:			
a	Business	b Commuting (see instructions)	c Other	
45	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
47a	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

File Storage	1,740.00
FASTCASE (Legal Research Program)	570.00
Pacer.gov (Document Retrieval)	524.40
Postage	351.00
CLE	95.00
Register LLC (SOS Minnesota)	155.00
Alabama SOS (Document Retrieval)	67.49
48 Total other expenses. Enter here and on line 27a	48 3,502.49