

RECEIVED

2021 AUG 18 PM 2:19

U.S. COURT OF APPEALS
FOURTH CIRCUIT

No. **21-5706**

(21) (7)

IN THE

ORIGINAL

SUPREME COURT OF THE UNITED STATES

FILED
AUG 18 2021
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Susan Neal Matwell — PETITIONER
(Your Name)

21-1413

VS.

① 2:18-cv-00448-RAJ-LKL
② 2:18-cv-00501-RAJ-LKL
see page ②

on page ② (13) — 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):

United States Court of Appeals For
Fourth 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: _____

☐ a copy of the order of appointment is appended.

RECEIVED
OR
SEP 14 2021
OFFICE OF THE CLERK
SUPREME COURT, U.S.

[Signature]
(Signature)
RECEIVED
AUG 20 2021
OFFICE OF THE CLERK
SUPREME COURT, U.S.

RECEIVED
AUG 20 2021

8


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

I, Susan Neal Matsum 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	\$ 0	\$ _____	\$ _____	\$ _____
Self-employment	\$ 0	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ 0	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ 0	\$ _____	\$ _____	\$ _____
Gifts	\$ 0	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>750.00</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ 0	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 1500.00	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>1500.00</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ 0	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ 0	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>2250</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
			\$
			\$
			\$

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
Divad			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ ~~1250~~ nothing.
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
Fulton Bank	\$ 1100.	\$
	\$	\$
	\$	\$
	\$	\$

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

☒ Home Value 131,000

☐ Other real estate Value _____

☒ Motor Vehicle #1
Year, make & model 2000 Ford
Value 2000

☐ Motor Vehicle #2
Year, make & model _____
Value _____

<input checked="" type="checkbox"/>	Other assets	
	Description	Honda moped
	Value	1060

10

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

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>[Signature]</u>	\$ <u>1000</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

Name	Relationship	Age
<u>[Signature]</u>	<u>[Signature]</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>1000</u>	\$ <u>500</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>200.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>120.00</u>	\$ _____
Food	\$ <u>200.00</u>	\$ _____
Clothing	\$ <u>50.00</u>	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ <u>100.00</u>	\$ _____

paid.

11

You

Your spouse

Transportation (not including motor vehicle payments) \$ 0 \$ _____

Recreation, entertainment, newspapers, magazines, etc. \$ _____ \$ _____

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's \$ _____ \$ _____

Life \$ _____ \$ _____

Health \$ _____ \$ _____

Motor Vehicle *Geo* \$ 109.00 \$ _____

Other: _____ \$ _____ \$ _____

Taxes (not deducted from wages or included in mortgage payments)

(specify): _____ \$ _____ \$ _____

Installment payments

Motor Vehicle \$ _____ \$ _____

Credit card(s) \$ NA \$ _____

Department store(s) \$ _____ \$ _____

Other: _____ \$ _____ \$ _____

Alimony, maintenance, and support paid to others \$ _____ \$ _____

Regular expenses for operation of business, profession, or farm (attach detailed statement) \$ _____ \$ _____

Other (specify): _____ \$ _____ \$ _____

Total monthly expenses: \$ 1970.00

*CR cards
breaks
lights*

Tires

(A) (12)

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

If yes, how much? I can't get one, I had a

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? _____

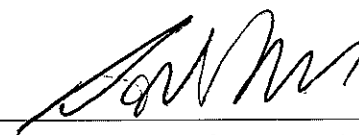
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am on disability, brain tumor

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

Executed on: August 18, 202021


(Signature)