

No. 21-5824

FILED  
SEP 27 2021

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

ORIGINAL

Supreme Court of the United States

Mary Jill Allgeyer, Pro Se

Petitioner

v.

City of Cincinnati, et.al,

Respondents

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for 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):

Southern District of Ohio

Appeals Court Sixth Circuit was paid by attorney and added to my bill.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

RECEIVED  
SEP 29 2026  
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SUPREME COURT, U.S.

(Signature)

9/18/21

*Mary Allgeyer*

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

I, MARY Jill Allgeyer, 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 -	\$ _____	\$ - 0 -	\$ _____
Self-employment	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Income from real property (such as rental income)	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Interest and dividends	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Gifts	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Alimony	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Child Support	\$ - 0 -	\$ _____	\$ - 0 -	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 2223.00	\$ _____	\$ 2223.00	\$ _____
Disability (such as social security, insurance payments)	\$ N/A	\$ _____	\$ N/A	\$ _____
Unemployment payments	\$ N/A	\$ _____	\$ N/A	\$ _____
Public-assistance (such as welfare)	\$ N/A	\$ _____	\$ N/A	\$ _____
Other (specify): <u>OHIO DEFERRED COMP</u>	\$ 312.00	\$ _____	\$ 312.00	\$ _____
Total monthly income:	\$ 2535.00	\$ _____	\$ 2535.00	\$ _____

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
<u>N/A</u>	_____	_____	\$ <u>-0-</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
<u>N/A</u>	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ 10.00

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
<u>5th 3rd BANK</u>	<u>Checking</u>	\$ <u>408.00</u>	\$ <u>N/A</u>
<u>5th 3rd Savings</u>	<u>Savings</u>	\$ <u>2,150.00</u>	\$ <u>N/A</u>
_____	_____	\$ _____	\$ _____

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

Home own 1/2 \$ 90,000  
Value 180,000

Other real estate  
Value N/A

Motor Vehicle #1  
Year, make & model 2018 Honda CR-V  
Value 10,000

Motor Vehicle #2  
Year, make & model N/A  
Value \_\_\_\_\_

Other assets  
Description N/A  
Value \_\_\_\_\_

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>N/A</u>	\$ <u>-0-</u>	\$ <u>-0-</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>N/A</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>200.00</u>	\$ <u>-0-</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 <u>telephone</u> )	\$ <u>175.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>75.00</u>	\$ _____
Food	\$ <u>75.00</u>	\$ _____
Clothing	\$ <u>20.00</u>	\$ _____
Laundry and dry-cleaning	\$ <u>15.00</u>	\$ _____
Medical and dental expenses	\$ <u>150.00</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 120.50	\$ _____
<i>SPECTRUM STREAMING</i> Recreation, entertainment, newspapers, magazines, etc. <i>STREAMING, NETFLIX, etc.</i>	<i>150.00</i> <i>35.00</i> <i>47.00</i> <i><u>352.00</u></i>	<i>\$ _____</i> <i>- 0 -</i>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ -0-	\$ _____
Life	\$ 131.00	\$ _____
Health	\$ 46.30	\$ _____
Motor Vehicle <del>INS</del>	\$ 186.25	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ -0-	\$ _____
Credit card(s)	\$ 550.00	\$ _____
Department store(s)	\$ -0-	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ -0-	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ _____
<i>MONTHLY</i> Other (specify): <u>Donations</u>	\$ 41.50	\$ _____
<b>Total monthly expenses:</b>	<b>\$ 2,016.55</b>	\$ _____

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? \$ 10,000 COURT OF APPEALS ONLY

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

*Gary Lewis  
30 GARFIELD PLACE  
CINCINNATI OH 45202*

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

Executed on: September 17, 2021



*Mary Allegay* (Signature)  
Signed before me this 17th day of Sept 2021  
By: *Mary Allegay*