

ORIGINAL

21-5832

No.

Supreme Court, U.S.
FILED

AUG 27 2021

OFFICE OF THE CLERK

SUPREME COURT OF THE UNITED STATES

IN THE

(Your Name)

Leslie Willis

PETITIONER

VS.

Hon. Judge O'Toole et al.

RESPONDENTS

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):

Third Circuit Court of Appeals; Supreme Court U.S.;
District Court Western District of Pennsylvania

☐ 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.

Leslie Willis
(Signature)

JW

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

I, Leslie Willis, am the petitioner in the above-captioned 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
Employment	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>none</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>

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Petitioner Requests a Waiver of the 3 (or 7) copies. Petitioner does not have funds, at this time, to print and mail

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
NONE	N/A	N/A	\$ 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.) Single.

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

4. How much cash do you and your spouse have? \$ 500
Below, state any money you or your spouse have in bank accounts or in any other financial institution. Single.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
NONE	\$ N/A	\$ N/A

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

<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Other real estate
Value N/A	Value SEE DOCKET # 20-8176
<input checked="" type="checkbox"/> Motor Vehicle #1 Stolen, over 10 years old	<input type="checkbox"/> Motor Vehicle #2
Year, make & model	Year, make & model N/A
Value	Value

☐ Other assets
Description All assets are in litigation, none available.
Value SEE DOCKET # 20-8176 S.C.T.

SEE: District Court Docket # 20-1833

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	\$ N/A	\$ N/A

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
NONE	N/A	N/A

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. Single.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food (Varies)	\$ 5-20	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 5	\$
Medical and dental expenses	\$ 0	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>1</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>1</u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ <u>1</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>1</u>
Life	\$ <u>0</u>	\$ <u>1</u>
Health	\$ <u>0</u>	\$ <u>1</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>1</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>1</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): <u>Not Required To File TAXES</u>	\$ <u>0</u>	\$ <u>1</u>
Installment payments	\$ <u>0</u>	\$ <u>1</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>1</u>
Credit card(s)	\$ <u>0</u>	\$ <u>1</u>
Department store(s)	\$ <u>0</u>	\$ <u>1</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>1</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>1</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>1</u>
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>1</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>1</u>

Storage Unit (3x4) \$21.35- Paid w/ borrowed funds

Food* 20.00

Laundry/misc (e.g. toothpaste) 5.00

646.35/mo.

*Varies Total @ \$50 per month

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.

Pending Disclosure of Trust Fund. (SEE: District Court WD PA Case NO. 20-1833 (2021))

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? N/A Pending Disclosure of Trust Fund

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

N/A

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? N/A

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

N/A

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

Assets (incl. Trust Fund Undisclosed)
In litigation and withheld (SEE: District Court WD PA Case NO. 20-1833, ECF No. 27)
I declare under penalty of perjury that the foregoing is true and correct. AND S.C.T. Docket # 20-816
Executed on: September 17, 2021

Leanne Miller
(Signature)

9/18/2021 Leanne Miller