

ORIGINAL

21-5832

No. _____

Supreme Court U.S.
FILED
AUG 27 2021

OFFICE OF THE CLERK

IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Leslie Willis, 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.

SUPREME COURT OF THE UNITED STATES

Leslie Willis — PETITIONER
(Your Name)

VS.

Hon. Judge O'Toole et al.
— 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):

Third Circuit Court of Appeals; Supreme Court 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)

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>none</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

RECEIVED

SEP 28 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

— Petitioner requests a waiver of the 3 (or
Ten) copies. Petitioner does not print and mail
his forms, 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
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

None N/A N/A \$ N/A
None 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.

Home N/A
Value SEE Docket # 20-876

Other real estate In Litigation
Value SEE Docket # 20-876

Motor Vehicle #1 Stolen/over
Year, make & model 10 years N/A
Value N/A

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

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**

\$ N/A \$ N/A
\$ 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**

John Smith 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)

Are real estate taxes included?

Yes

No

Yes

No

Is property insurance included?

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

	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)	\$ <u>0</u>	\$ <u>1</u>
(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>

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

(Specify): Not Required To File Taxes

Installment payments

Motor Vehicle

Credit card(s)

Department store(s)

Other: N/A

Alimony, maintenance, and support paid to others

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

Other (specify): N/A

Total monthly expenses:

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

Food* \$ 10.00

Laundry/laundry \$ 5.00
(per wash)

\$ 16.35/mo.

* varies Total @ \$50 per month

Transportation (not including motor vehicle payments)

Recreation, entertainment, newspapers, magazines, etc.

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

Homeowner's or renter's

Life

Health

Motor Vehicle

Other: N/A

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

(Specify): Not Required To File Taxes

Installment payments

Motor Vehicle

Credit card(s)

Department store(s)

Other: N/A

Alimony, maintenance, and support paid to others

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

Other (specify): N/A

Total monthly expenses:

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 in Court Trust Fund Underclosed

In Litigation and Withheld (SEE: District Court WPA Case No. 20-1833, Econ. #23)

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

And S.C.T.

Docket # 20-8716

Executed on: September 12, 2021

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.

SEE: District Court Docket
20-1833
Exch/34-29
20-1833 (Exch.)

Pending Disclosure of Trust Fund. Exch/34-29
20-1833 (Exch.)

Yes No

If yes, describe on an attached sheet.

Yes No

If yes, how much? N/A

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

N/A

Leah M. Miller
(Signature)