

No.

21-6259

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

Shelly Margaret Arndt — PETITIONER  
(Your Name)

Supreme Court, U.S.  
FILED  
OCT 28 2021  
OFFICE OF THE CLERK

VS.

Deborah Jo Wofford — 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):  
\_\_\_\_\_  
\_\_\_\_\_

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.

Shelly Margaret Arndt  
(Signature)

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SUPREME COURT, U.S.

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

I, Shelly Margaret Andt, 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	\$ 52.00	\$ N/A	\$ 52.00	\$ N/A
Self-employment	\$ ⦿	\$ N/A	\$ ⦿	\$ N/A
Income from real property (such as rental income)	\$ ⦿	\$ N/A	\$ ⦿	\$ N/A
Interest and dividends	\$ ⦿	\$ N/A	\$ ⦿	\$ N/A
Gifts	\$ 40.00	\$ N/A	\$ 40.00	\$ N/A
Alimony	\$ ⦿	\$ N/A	\$ ⦿	\$ N/A
Child Support	\$ ⦿	\$ N/A	\$ ⦿	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ ⦿	\$ N/A	\$ ⦿	\$ N/A
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): _____	\$ ⦿	\$ N/A	\$ ⦿	\$ N/A
<b>Total monthly income:</b>	<u>\$ 92.00</u>	<u>\$ N/A</u>	<u>\$ 92.00</u>	<u>\$ N/A</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
WCCW Prison	9101 Biggich Rd NW 914 Harbor Ln. 98332	12/2015-current	\$ 55.00 \$ \$

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

4. How much cash do you and your spouse have? \$ 0

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
Spendable Prison	\$ 10.00 \$ \$	\$ N/A \$ 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  
Value N/A

Other real estate  
Value N/A

Motor Vehicle #1  
Year, make & model N/A  
Value \_\_\_\_\_

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>N/A</u>	\$ <u>N/A</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
<u>N/A</u>	<u>N/A</u>	<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>0</u>	\$ <u>N/A</u>
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)	\$ <u>50</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>80.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>4.00</u>	\$ <u>N/A</u>

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>0</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	<u>\$ 84.50</u>	\$ <u>N/A</u>

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## WASHINGTON CORR CENTER FOR WOMEN

## T R U S T   A C C O U N T   S T A T E M E N T

OTRTASTA

10.2.1.3

DOC#: 0000318981 Name: ARNDT, SHELLY MARGARET

DOB: 02/16/1969

LOCATION: F01-142-MA104U

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
07/30/2021	CRS	CRS SAL ORD #11795210	( 7.64)	2.44
08/04/2021	OTH	OTHER DEPOSITS - ROSALINDA DOUGAN	10.00	12.44
08/06/2021	CRS	CRS SAL ORD #11803585	( 9.54)	2.90
TRANSACTION DESCRIPTIONS --			SAVINGS BALANCE	SUB-ACCOUNT
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
TRANSACTION DESCRIPTIONS --			WORK RELEASE	SUB-ACCOUNT
TRANSACTION DESCRIPTIONS --			SAVINGS	
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
TRANSACTION DESCRIPTIONS --			EDUCATION ACCOUNT	SUB-ACCOUNT
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
TRANSACTION DESCRIPTIONS --			MEDICAL ACCOUNT	SUB-ACCOUNT
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
TRANSACTION DESCRIPTIONS --			POSTAGE ACCOUNT	SUB-ACCOUNT
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
08/04/2021	SPOST	POSTAGE SUBACCOUNT WITHDRAWAL	( 21.90)	40.80
08/05/2021	LMPOST	LEGAL MAIL - POSTAGE SUBACCOUNT - 8/5/21	( 10.95)	29.85
TRANSACTION DESCRIPTIONS --			COMM SERV REV	SUB-ACCOUNT
TRANSACTION DESCRIPTIONS --			FUND ACCOUNT	
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE

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WASHINGTON CORR CENTER FOR WOMEN  
TRUST ACCOUNT STATEMENTOTRTASTA  
10.2.1.3DOC#: 0000318981 Name: ARNDT, SHELLY MARGARET DOB: 02/16/1969  
LOCATION: F01-142-MA104UACCOUNT BALANCES Total: 32.75 CURRENT: 32.75 HOLD: 0.00  
07/09/2021 08/09/2021

SUB ACCOUNT	START BALANCE	END BALANCE
SPENDABLE BAL	29.49	2.90
SAVINGS BALANCE		
WORK RELEASE SAVINGS		
EDUCATION ACCOUNT		
MEDICAL ACCOUNT	0.00	0.00
POSTAGE ACCOUNT	62.70	29.85
COMM SERV REV FUND ACCOUNT		

## DEBTS AND OBLIGATIONS

TYPE	PAYABLE	INFO NUMBER	AMOUNT OWING	AMOUNT PAID	WRITE OFF AMT.
CVCS	CRIME VICTIM COMPENSATION/07112000	06032010	UNLIMITED	243.11	0.00
COI	COST OF INCARCERATION	06032010	UNLIMITED	0.00	0.00
EL	ESCORTED LEAVE	09-2011	UNLIMITED	0.00	0.00
COIS	COST OF INCARCERATION /07112000	06032010	UNLIMITED	954.50	0.00
UPSD	PERSONAL PROPERTY POSTAGE DEBT	04072021	0.00	0.01	0.00
COSMD	COS - MISDEMEANANT DEBT (001)	06262010	0.00	0.00	0.00
COSMD	COS - MISDEMEANANT DEBT (001)	06032010	0.00	820.00	0.00
CVC	CRIME VICTIM COMPENSATION	06032010	UNLIMITED	160.88	0.00
LFO	LEGAL FINANCIAL OBLIGATIONS	20151222	UNLIMITED	1024.31	0.00
COPD	COPY COSTS DEBT	04062017	0.00	0.37	0.00
HYGA	INMATE STORE DEBT	12222015	0.00	1.76	0.00
TVD	TV CABLE FEE DEBT	08132016	0.00	6.28	0.00
SPOS	SAPOS POSTAGE DEBT	12222015	0.00	5.50	0.00

## TRANSACTION DESCRIPTIONS --

## SPENDABLE BAL SUB-ACCOUNT

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
07/09/2021	CRS	CRS SAL ORD #11767512	( 8.91)	20.58
07/10/2021	TV	I05 - TV CABLE FEE	( 0.50)	20.08
07/12/2021	C3_TXN	GPINTERF: Class III Gratuity, TXN_DATE 07/12/2021, NET_AMOUNT 5500	55.00	75.08
07/12/2021	DED	Deductions-CVC-06032010 D D	( 2.75)	72.33
07/12/2021	OTH	OTHER DEPOSITS - WAYNE DOUGAN	25.00	97.33
07/12/2021	DED	Deductions-LFO-20151222 D D	( 5.00)	92.33
07/12/2021	DED	Deductions-CVCS-06032010 D D	( 1.25)	91.08
07/12/2021	DED	Deductions-COIS-06032010 D D	( 5.00)	86.08
07/14/2021	WSC	WISHING STAR CLUB	( 29.25)	56.83
07/16/2021	CRS	CRS SAL ORD #11777117	( 56.45)	0.38
07/16/2021	OTH	OTHER DEPOSITS - ROSALINDA DOUGAN	10.00	10.38
07/19/2021	OTH	OTHER DEPOSITS - ROSALINDA DOUGAN	10.00	20.38
07/23/2021	CRS	CRS SAL ORD #11785885	( 20.30)	0.08
07/28/2021	OTH	OTHER DEPOSITS - ROSALINDA DOUGAN	10.00	10.08

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? \_\_\_\_\_

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 owe LFO's = 4,800.00

I owe Restitution = 750,000.00

The Prison takes 10% for these to pay to the court

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

Executed on: 28 October, 2021

Shelly Margaret Hunt  
(Signature)