

No. 22-5383

Supreme Court, U.S.  
FILED

FEB 12 2020

OFFICE OF THE CLERK

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IN THE  
SUPREME COURT OF THE UNITED STATES  
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LYNN GIOVANNI - PETITIONER

(Your Name)

Vs.

STATE OF NEW JERSEY - 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*.

[X] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

New Jersey Superior Court, Law Division, Union County

New Jersey Superior Court, Appellate Division

New Jersey Supreme Court

[ ] 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:

Lynn Giovanni  
(Signature)

ORIGINAL

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SUPREME COURT, U.S.

# AFFIDAVIT OR DECLARATION

## IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, Lynn Giovanni, 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 therefore; 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, bi-weekly, 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 AMOUNT DURING THE PAST 12 MONTHS		AMOUNT EXPECTED NEXT MONTH	
	You	Spouse	You	Spouse
Employment ( <u>Prison</u> )	\$ <u>95.<sup>00</sup></u>	\$ _____	\$ <u>160.<sup>00</sup></u>	\$ _____
Self-Employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real Property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as Social security, insurance Payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____	\$ _____
 <b>Total Monthly Income</b>	 \$ <u>95.<sup>00</sup></u>	 \$ _____	 \$ <u>160.<sup>00</sup></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
EMCF Prnson	Clinton, NJ		\$
			\$
			\$

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
			\$
			\$
			\$

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. 0

Financial institution	Type of account	Amount you have	Amount your spouse has
			\$
			\$
			\$

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 Value 0	<input type="checkbox"/> Other real estate Value 0
<input type="checkbox"/> Motor Vehicle #1 Year, make & model 0	<input type="checkbox"/> Motor Vehicle #2 Year, make & model 0
<input type="checkbox"/> Other assets Description 0	
Value 0	

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>0</u>	\$ <u>0</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>—</u>	\$ <u>—</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>—</u>	\$ _____
Homes maintenance (repairs and upkeep)	\$ <u>—</u>	\$ _____
Food	\$ <u>180.00</u>	\$ _____
Clothing	\$ <u>—</u>	\$ _____
Laundry and dry-cleaning	\$ <u>—</u>	\$ _____
Medical and dental expenses	\$ <u>5.00</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>—</u>	\$ <u>          </u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>—</u>	\$ <u>          </u>
Insurance (not deducted from wages or included in mortgage payments) <i>φ</i>		
Homeowner's or renter's	\$ <u>          </u>	\$ <u>          </u>
Life	\$ <u>          </u>	\$ <u>          </u>
Health	\$ <u>          </u>	\$ <u>          </u>
Motor Vehicle	\$ <u>          </u>	\$ <u>          </u>
Other: <u>                                </u>	\$ <u>          </u>	\$ <u>          </u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>                                </u>	\$ <u>          </u>	\$ <u>          </u>
Installment payments		
Motor Vehicle	\$ <u>—</u>	\$ <u>          </u>
Credit card (s)	\$ <u>—</u>	\$ <u>          </u>
Department store(s)	\$ <u>—</u>	\$ <u>          </u>
Other: <i>10% Surcharge on all purchased</i>	\$ <u>          </u>	\$ <u>          </u>
Alimony, maintenance, and support paid to others	\$ <u>—</u>	\$ <u>          </u>
Regular expenses for operation of business, profession, Or farm (attach detailed statement)	\$ <u>—</u>	\$ <u>          </u>
Other (specify): <i>Phone</i>	\$ <u>(varies)</u>	\$ <u>          </u>
<b>Total Monthly Expenses:</b> <i>185.<sup>00</sup></i>	\$ <u>185.<sup>00</sup></u>	\$ <u>          </u>

9. Do you expect any changes to your monthly income or expenses or in your assets and 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? \$ \_\_\_\_\_

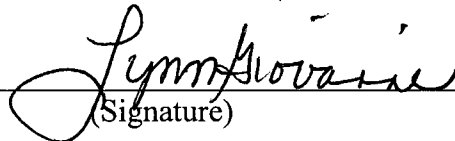
If yes, state the person's name, address and telephone number:

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

*In Prison I make little money, + my expenses are more than what I earn.*

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

Executed on: July 5, 2022

  
(Signature)