

No. 22-5386

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

PAMELA BOND — PETITIONER  
(Your Name)

VS.

McKEAN COUNTY RESPONDENT(S)

Supreme Court, U.S.  
FILED

JUN - 9 2022

OFFICE OF THE CLERK

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):

SCOTUS-PAMELA BOND V. SSA, PAMELA BOND V. US DEPT OF EDUC, PAMELA BOND V. MICHAEL BOND WITH ANTHONY BARTLETT, USAE-SECOND CIRCUIT  
☐ Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court. PAMELA BOND V. CT BOARD OF NURSING, USAE, FIRST CIRCUIT PAMELA BOND V

☒ Petitioner's affidavit or declaration in support of this motion is attached hereto. NEW HAMPSHIRE BOARD OF NURSING

☐ 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.

Pamela Bond

(Signature)

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

I, PAMELA BOND, 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	\$ <u>1,000.00</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)	\$ <u>1,083.00</u>	\$ _____	\$ <u>1,083.00</u>	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>135.00</u>	\$ _____	\$ <u>135.00</u>	\$ _____
Other (specify):	<u>FOOD</u> <u>STAMPS</u>	\$ _____	<u>FOOD</u> <u>STAMPS</u>	\$ _____
<b>Total monthly income:</b>	<b>\$ <u>2,218.00</u></b>	\$ _____	\$ _____	\$ _____

- | Employer         | Address                              | Dates of Employment | Gross monthly pay |
|------------------|--------------------------------------|---------------------|-------------------|
| CLIPBOARD HEALTH | 340 S. LEMON AVE<br>WALNUT, CA 91789 | 8/21 to 4/22        | \$ PER DIEM       |
| BOYADA HOME      | 115 W. 30TH<br>NEW YORK, NY 10001    | 2/21 to 7/21        | \$ PER DIEM       |
| VRIONLINE        | 4 ETHEL ST<br>EDISON, NJ 08817       | 12/20 to 6/21       | \$ PER DIEM       |
| CHRISTIAN MSG    | 17 BANK ST<br>SMITH TOWN, NY 11787   | 9/21 to 5/22        | PER DIEM          |

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

- | Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| CHECKING                                    | \$ —            | \$ —                   |
| SAVINGS                                     | \$ —            | \$ —                   |
| SOCIAL SECURITY                             | \$ —            | \$ —                   |

- ☒ Home  
Value \$3,000.00  
316 DAWSON STREET  
KANE, PA 16735
- ☐ Other real estate  
Value \_\_\_\_\_
- ☐ Motor Vehicle #1  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_
- ☐ Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_
- ☐ Other assets  
Description \_\_\_\_\_  
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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
_____	grandson	16
_____	_____	_____
_____	_____	_____

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)	\$ 0	\$ _____
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ _____
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 135.00	\$ _____
Clothing	\$ 20.00	\$ _____
Laundry and dry-cleaning	\$ 50.00	\$ _____
Medical and dental expenses	\$ 100.00	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>120.00</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ <u>170.00</u>	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ <u>- 0 -</u>	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	<u>UNIFORMS</u> \$ <u>50.00</u>	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</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.

NEW JOB  
FULL TIME NURSING SUPERVISOR

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? YES, IF PETITION ACCEPTED

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

NOT YET KNOWN

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 AM IN A WOMEN'S SHELTER  
BECAUSE SOMEONE IS STALKING  
ME. THEY TRY TO MAKE ME LOSE  
JOBS.

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

Executed on: June 4, 2022

Pamela Bond

(Signature)