

22-5631
No. _____

ORIGINAL

Supreme Court, U.S.
FILED

AUG 30 2022

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

Lorraine Kade Welsh — PETITIONER
(Your Name)

VS.

Marsha Malone 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):

Cause No. 21-5477 Lorraine Kade Welsh vs. Correct Care Recovery Solutions in the United States Supreme Court 1402 Sust. 438

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: _____

a copy of the order of appointment is appended.

RECEIVED
AUG 30 2022
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Lorraine Kade Welsh
(Signature)

**Affidavit In Support For Motion To Proceed
In Forma Pauperis 28 U.S.C. § 1746**

I, Lonnie Kade Welsh do hereby swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under United States laws that I have not had any major changes in my income since I was afforded to proceed in forma pauperis in the cause No. No. 21-5471 Lonnie Kade Welsh v. Correct Care Recovery Solutions in The SUPREME COURT OF THE UNITED STATES 142 S. Ct. 438; 211 L Ed 2d 258 (2021) and the answers there are still true and correct except for the place of confinement being the Texas Civil Commitment Cent at 2600 Littlefield, Tx 79339. Similarly, I do swear or affirm under the penalty of perjury and the laws of the United States that the accompanying Application to Appeal In Forma Pauperis to this Court is true and correct.

These statements are affirmed under the penalty of perjury as required by 28 U.S.C. § 1746.

Executed on the 18th day of August 2022

Signature of Declarant Lonnie Kade Welsh
Lonnie Kade Welsh
2600 South Sunset Avenue
Littlefield, Tx 79339

Application to Appeal In Forma Pauperis
In The United States Supreme Court

Welsh v. McNamee Appeal No. _____

District Court or Agency No. _____

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Timothy Welsh

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 8-19-22

My issues on appeal are: (required):

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>0</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Self-employment	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Income from real property (such as rental income)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

2. List your 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	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -

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	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -

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.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>N/A</u>	<u>-</u>	\$ <u>-</u>	\$ <u>-</u>
<u>-</u>	<u>-</u>	\$ <u>-</u>	\$ <u>-</u>
<u>-</u>	<u>-</u>	\$ <u>-</u>	\$ <u>-</u>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>0</u>
<u>-</u>	<u>-</u>	Make and year: <u>-</u>
		Model: <u>-</u>
		Registration #: <u>-</u>

Motor vehicle #2	Other assets	Other assets
(Value) \$ <u>0</u>	(Value) \$ <u>-</u>	(Value) \$ <u>-</u>
Make and year: <u>-</u>	<u>-</u>	<u>-</u>
Model: <u>-</u>	<u>-</u>	<u>-</u>
Registration #: <u>-</u>	<u>-</u>	<u>-</u>

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	\$ —	\$ —
—	\$ —	\$ —
—	\$ —	\$ —
—	\$ —	\$ —

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

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
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, semiannually, or annually to show the monthly rate.

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

Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>—</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>—</u>	\$ <u>—</u>
<u>Insurance (not deducted from wages or included in mortgage payments)</u>		
Homeowner's or renter's:	\$ <u>0</u>	\$ <u>0</u>
Life:	\$ <u>—</u>	\$ <u>—</u>
Health:	\$ <u>—</u>	\$ <u>—</u>
Motor vehicle:	\$ <u>—</u>	\$ <u>—</u>
Other:	\$ <u>—</u>	\$ <u>—</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>0</u>	\$ <u>0</u>
<u>Installment payments</u>		
Motor Vehicle:	\$ <u>0</u>	\$ <u>0</u>
Credit card (name):	\$ <u>—</u>	\$ <u>—</u>
Department store (name):	\$ <u>—</u>	\$ <u>—</u>
Other:	\$ <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):	\$ <u>—</u>	\$ <u>—</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</u>

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? Yes No

If yes, how much? \$ —