

SEP 26 2022

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22-5806

No. _____

In the United States Supreme Court

JESSICA LYNNE GOULD,

Petitioner

v.

ISAIAH BEN JOHNSON,

Respondent

On Petition for a Writ of Certiorari

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

ORIGINAL

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SUPREME COURT, U.S.

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The Petitioner, Jessica Lynne Gould, respectfully requests that this Honorable Court grant her leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner is unable to retain counsel or pay for costs attendant to the proceedings before this Honorable Court. Petitioner has previously been granted leave to proceed *in forma pauperis* in the following courts:

Circuit Court – 16th Circuit Court, Jackson County, MO

Appellate Court – Missouri Western District Court of Appeals

Petitioner's affidavit or declaration in support of this motion is attached hereto. WHEREFORE, the Petitioner, Jessica Lynne Gould, respectfully requests that she be granted leave to proceed in forma pauperis.

Respectfully submitted,

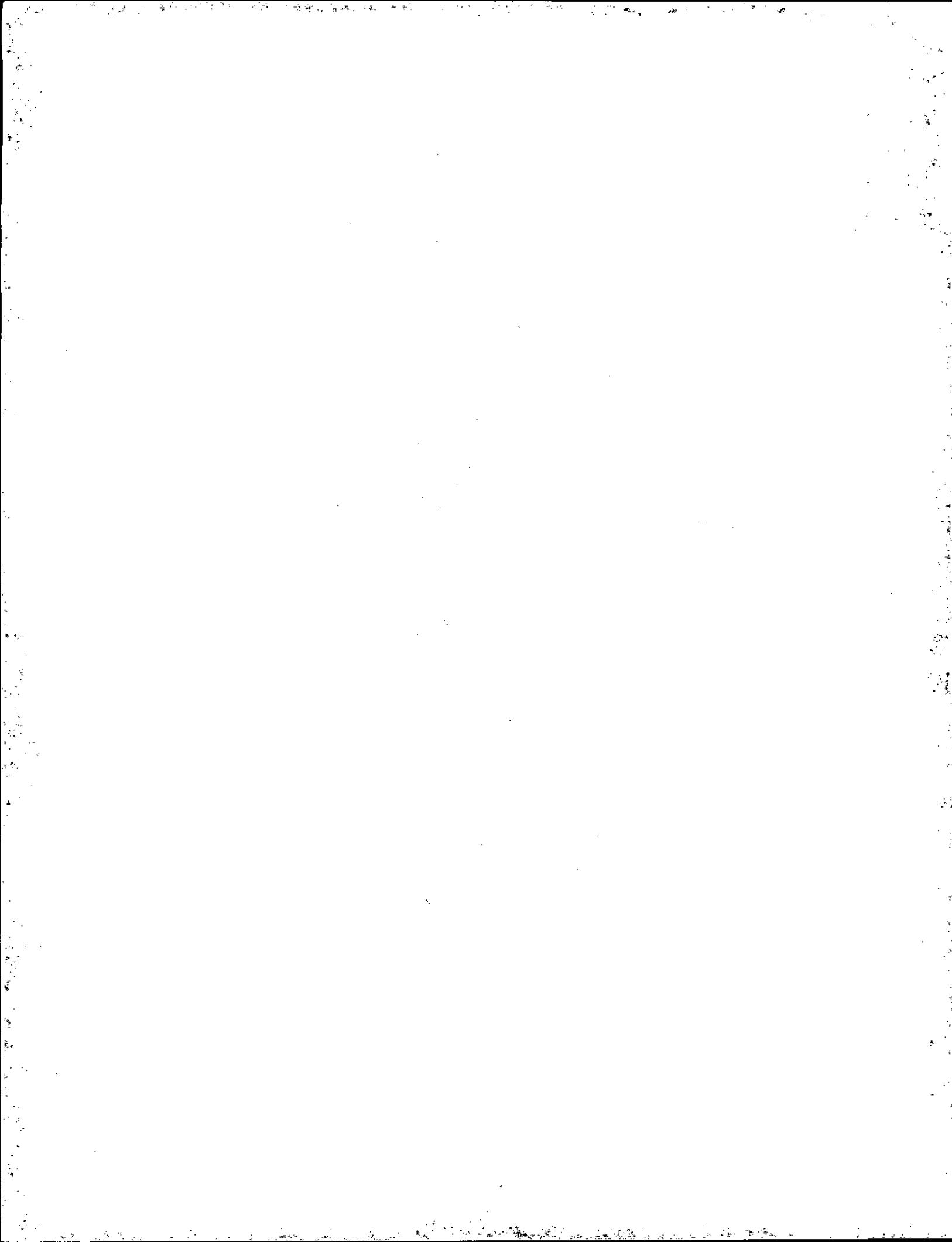
/s/ Jessica L. Gould
JESSICA LYNNE GOULD
Petitioner *pro se*
2887 State Hwy V.
Seymour, MO 65746
816.209.0243
jessicalynnejecker@outlook.com

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

I, Jessica L. Gould, 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>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Self-employment | \$ <u>950</u> | \$ <u>1100</u> | \$ <u>875</u> | \$ <u>900</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> </u> | \$ <u> </u> | \$ <u> </u> | \$ <u> </u> |
| Total monthly income: | \$ <u>950</u> | \$ <u>1100</u> | \$ <u>875</u> | \$ <u>900</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 |
|----------------------|----------------|----------------------------|--------------------------|
| <u>Self Employed</u> | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |

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 |
|----------------------|----------------|----------------------------|--------------------------|
| <u>Self Employed</u> | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |

4. How much cash do you and your spouse have? \$ 162.00

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 |
|--|------------------------|---------------------------------------|
| <u>Checking</u> | \$27.18 | \$ shared account, same balance as me |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |

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

Home
Value _____

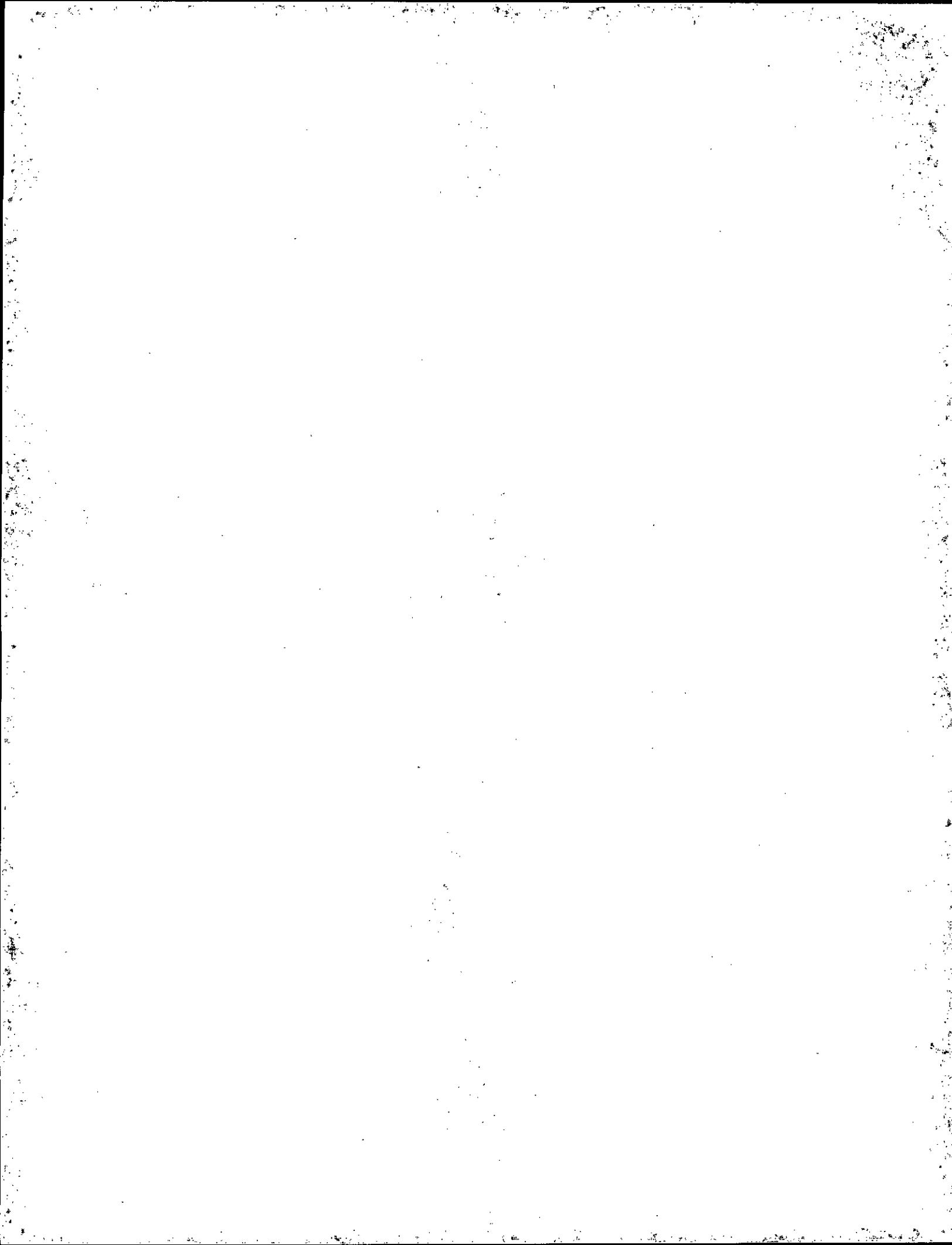
Other real estate
Value _____

Motor Vehicle #1
Year, make & model 2005 Saturn Vue
Value unknown, doesn't run

Motor Vehicle #2 2000 Blue Bird
Year, make & model School Bus
Value \$3,000

Other assets
Description 1999 Ford F350
Value Unknown, doesn't run

Farm Animals
\$5,000



6. State every person, business, or organization owing you or your spouse money, and the amount owed.

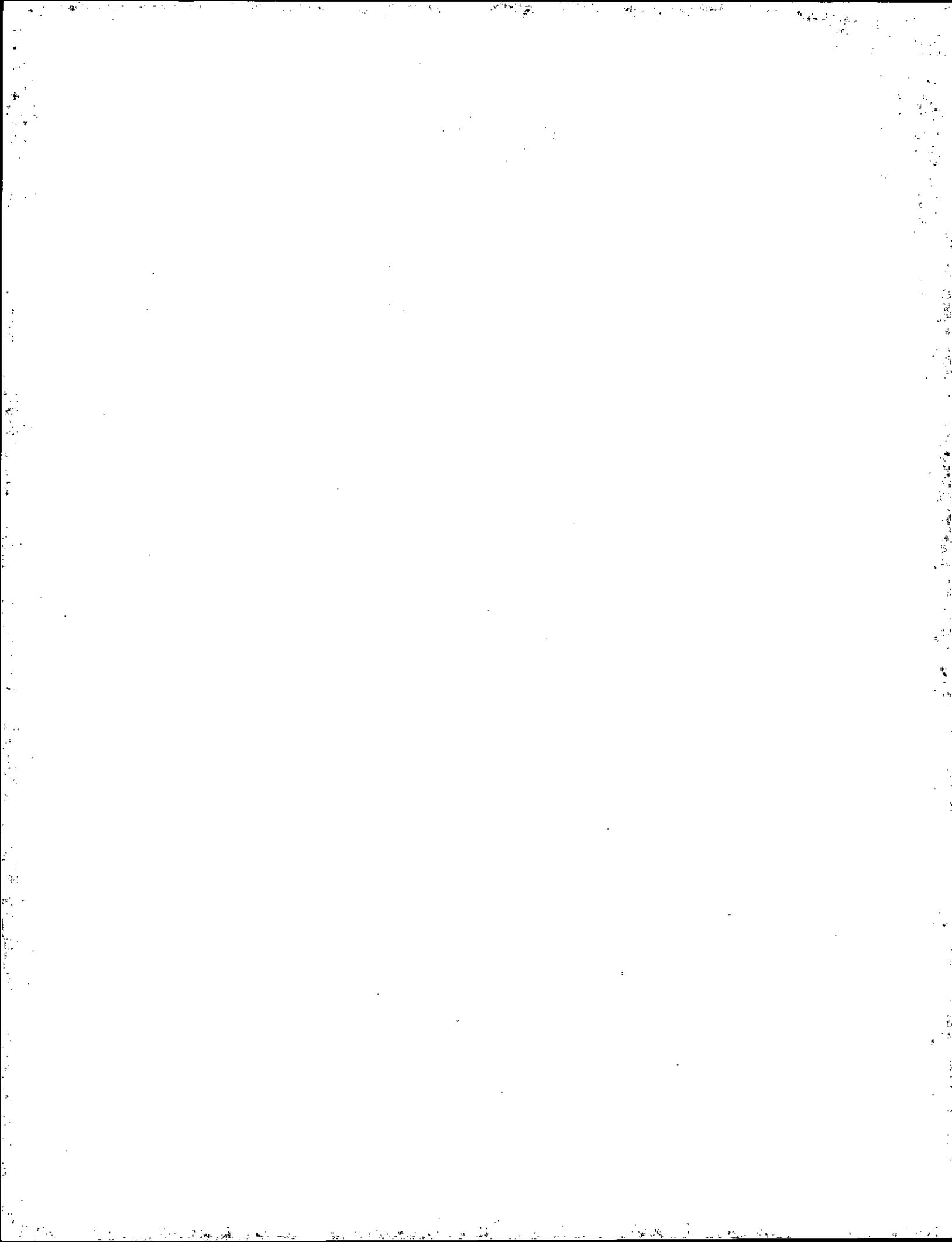
| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|--|-----------------------------|-----------------------------------|
| <u>Isaiah Johnson</u> | \$ <u>TBD roughly \$13k</u> | \$ <u>N/A</u> |
| <u> </u> | \$ <u> </u> | \$ <u> </u> |
| <u> </u> | \$ <u> </u> | \$ <u> </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").

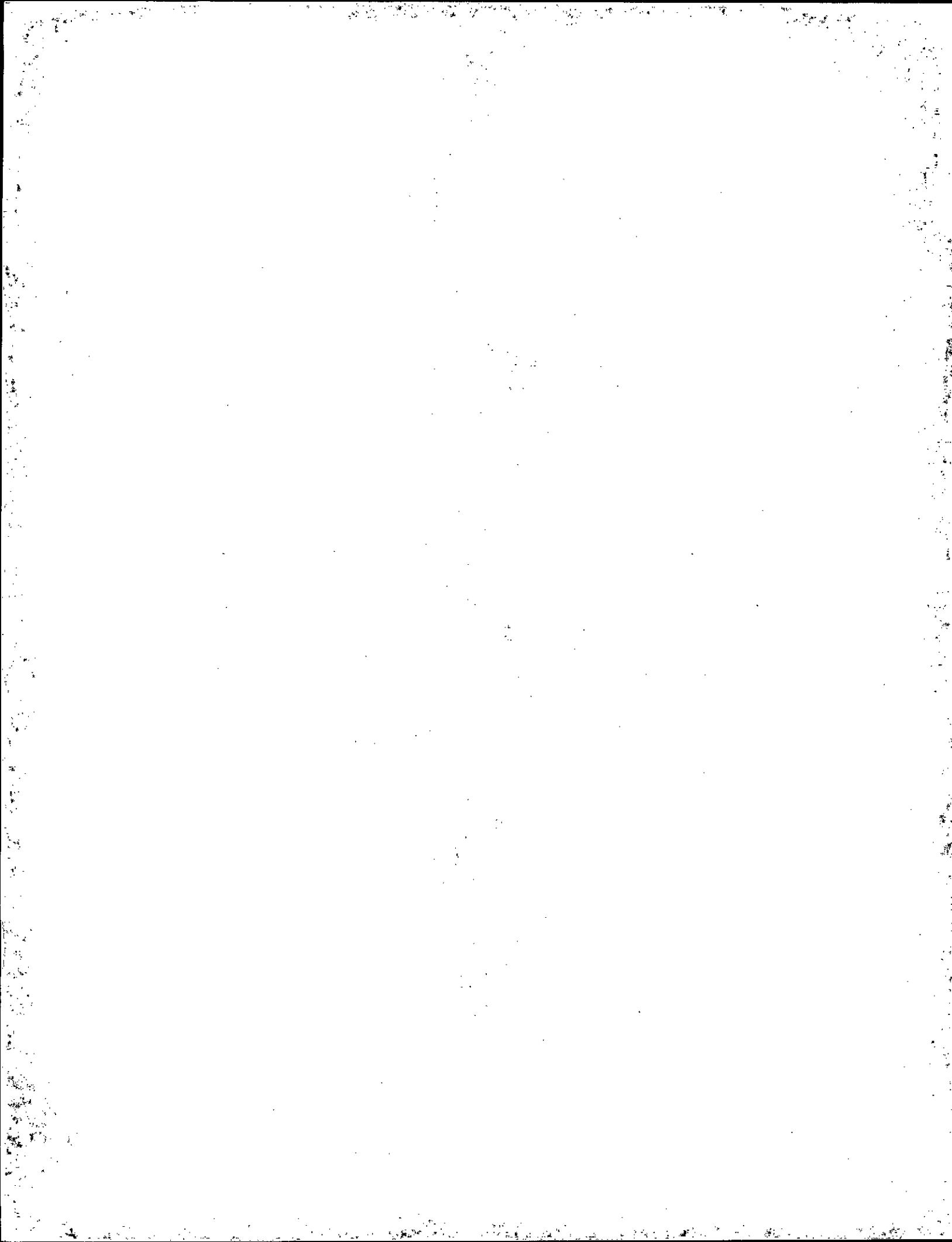
| Name | Relationship | Age |
|------|--------------|-----|
| N.J. | Child | 5 |
| B.G. | Child | 1 |

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) | \$ 275 | \$ 275 |
| Are real estate taxes included? <input checked="" 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) | \$ 49 | \$ 49 |
| Home maintenance (repairs and upkeep) | \$ 75 | \$ 75 |
| Food | \$ 325 | \$ 325 |
| Clothing | \$ 30 | \$ 20 |
| Laundry and dry-cleaning | \$ 25 | \$ 25 |
| Medical and dental expenses | \$ 0 | \$ 0 |



| | You | Your spouse |
|---|-----------------|--------------------|
| Transportation (not including motor vehicle payments) | \$ 125 | \$ 125 |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 60 | \$ 60 |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ 0 | \$ 0 |
| Life | \$ 0 | \$ 0 |
| Health | \$ 0 | \$ 0 |
| Motor Vehicle | \$ 40.47 | \$ 40.47 |
| Other: _____ | \$ _____ | \$ _____ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ _____ | \$ _____ |
| Installment payments | | |
| Motor Vehicle | \$ 0 | \$ 0 |
| Credit card(s) | \$ 205 | \$ 75 |
| Department store(s) | \$ 0 | \$ 0 |
| Other: _____ | \$ _____ | \$ _____ |
| Alimony, maintenance, and support paid to others | \$ 173 | \$ 0 |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 216.53 | \$ 216.53 |
| Other (specify): _____ | \$ _____ | \$ _____ |
| Total monthly expenses: | \$ 1,599 | \$ 1,211.28 |



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? _____

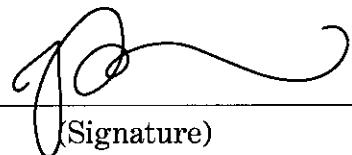
If yes, state the person's name, address, and telephone number:

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

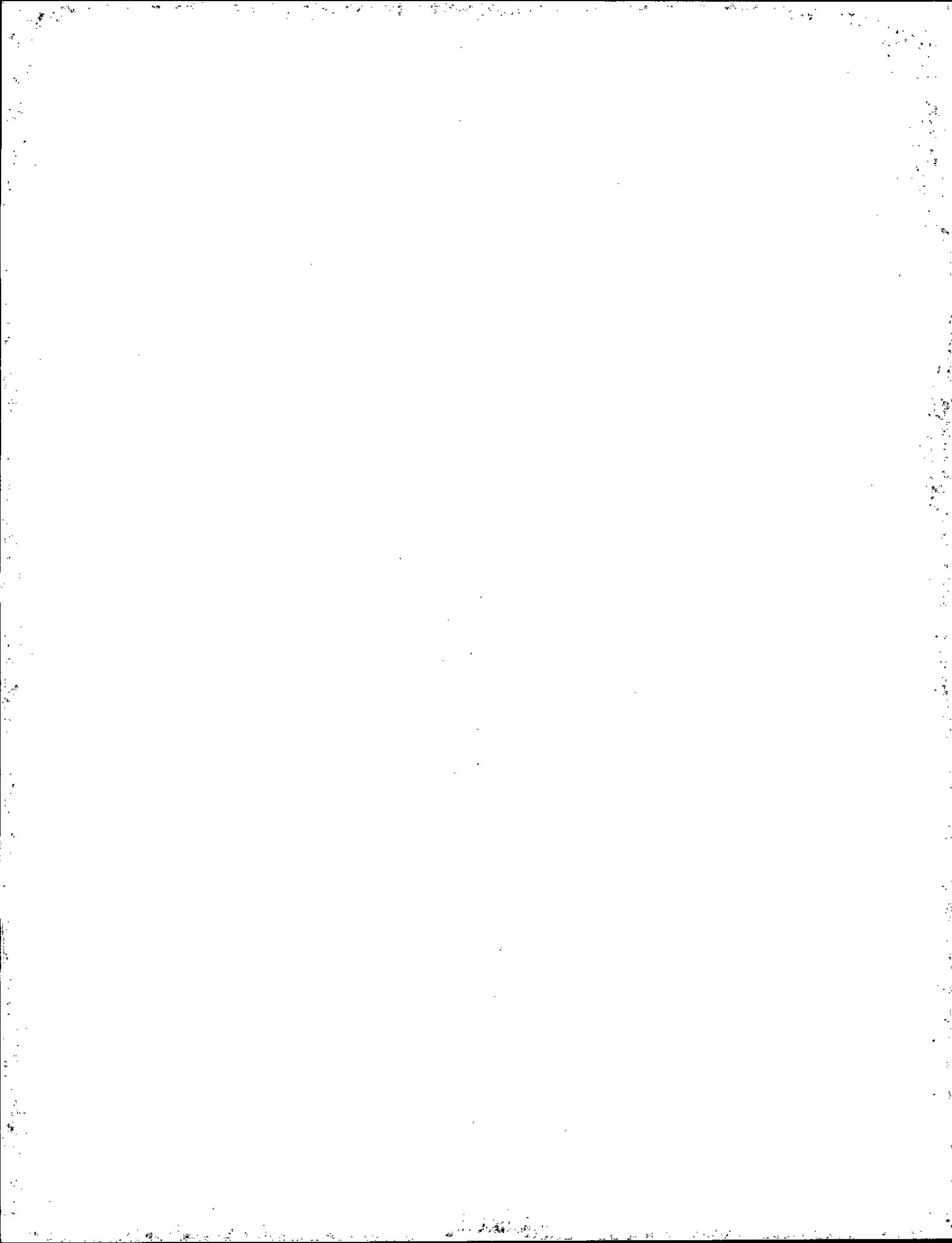
Due to extensive litigation, our ability to work has been limited

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

Executed on: September 26, 2022



(Signature)



Summerside Farms LLC
Expense Statement

| <u>Monthly Expenses</u> | <u>Amount</u> |
|---|---------------|
| Hay/Animal Feed..... | \$137.16 |
| Animal Medicine/Vitamins/Supplements..... | \$19.30 |
| Veterinarian Expenses..... | \$16.66 |
| Fencing/Enclosures & Materials..... | \$60.45 |
| Marketing/Website Maintenance..... | \$54.16 |
| Memberships in Preservation Society/OTSC Association..... | \$2.66 |
| Fuel..... | \$85.00 |
| Halters/Lead Ropes, etc..... | \$10.58 |
| Tools and Equipment..... | \$38.75 |
| Business Insurance..... | \$8.33 |
| TOTAL MONTHLY EXPENSES..... | \$433.05 |

