

No. 22-7199

ORIGINAL

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IN THE  
SUPREME COURT OF THE UNITED STATES

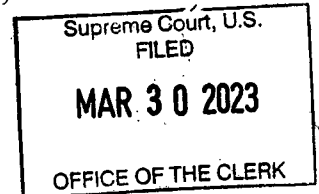
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IN THE MATTER OF: WILLIAM PAUL BURCH,  
DEBTOR

WILLIAM PAUL BURCH,  
APPELLANT

v.

NATIONSTAR MORTGAGE HOLDING, INC  
RESPONDENT



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MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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The petitioner, William Paul Burch (Burch) asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*

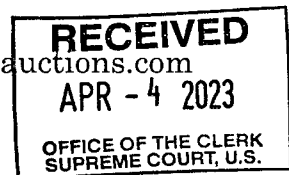
Burch has been diagnosed with liver cancer which, along with the inflation rate and his unemployed son living with him, his entire income is in jeopardy. Should Burch die his wife will lose her social security income but retain his and his VA disability income.

Burch has previously been granted leave to proceed *in forma pauperis* in the following court(s): Texas 95th District Court, and The Tarrant County, Texas Court at Law #1

Burch's affidavit or declaration in support of this motion is attached hereto.

A handwritten signature in black ink, appearing to read "William Paul Burch", written over a horizontal line.

William Paul Burch-Pro se  
5947 Waterford Drive  
Grand Prairie, TX 75052  
(817) 919-4853  
billburch@worldcrestauctions.com  
March 30, 2023



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

I, William Paul Burch, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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>1562</u>	\$ <u>1136</u>	\$ <u>1562</u>	\$ <u>11136</u>
Disability (such as social security, insurance payments)	\$ <u>166</u>	\$ <u>0</u>	\$ <u>166</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>50</u>	\$ <u>0</u>	\$ <u>50</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly income:</b>	\$ <u>1728</u>	\$ <u>1186</u>	\$ <u>1728</u>	\$ <u>1186</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
None			\$
			\$
			\$

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
None			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 5  
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
Checking	\$ <u>26</u>	\$ <u>0</u>
Checking	\$ <u>0</u>	\$ <u>15</u>
	\$	\$

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

☒ Home House under litigation  
Value Possible Forclosure

☐ Other real estate  
Value

☒ Motor Vehicle #1 2023, Chevrolet, Equinox  
Year, make & model  
Value 26,000 -26,00 owed=0 net value

☒ Motor Vehicle #2 2016 Kia Soul  
Year, make & model  
Value 0, Blown engine. Need \$6,000 to repair

☐ Other assets  
Description NONE  
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
NONE	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
William Paul Burch II	Son	42
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	\$ 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)	\$ 414	\$ 187
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 400	\$ 400
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 40	\$ 180

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ <u>40</u>	\$ <u>40</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>27</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>20</u>	\$ <u>160</u>
Motor Vehicle	\$ <u>216</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>422</u>	\$ <u>0</u>
Credit card(s)	\$ <u>58</u>	\$ <u>144</u>
Department store(s)	\$ _____	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>Post Office, Hair Cut</u>	\$ <u>60</u>	\$ <u>15</u>
<b>Total monthly expenses:</b>	<b>\$ <u>1697</u></b>	<b>\$ <u>1136</u></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.

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? \_\_\_\_\_

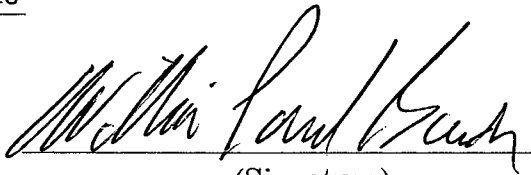
If yes, state the person's name, address, and telephone number:

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

I have liver cancer . Please see the attached letter from Dr. Augustine of the Dept of Veterans Affairs

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

Executed on: \_\_\_\_\_ March 30, 20 23

  
(Signature)

**Department of  
Veterans Affairs**

**Memorandum**

Date: February 27, 202<sup>3</sup>

From: Martin Mathew Augustine, MD

Subj: Request for Additional Research Time

To: William Burch

To whom it may concern,

Mr. Burch was recently referred to my surgical oncology clinic with imaging findings concerning for a liver malignancy. He and I have discussed surgical options to treat this concerning lesion and he has agreed to move forward with surgery. Mr. William Burch will proceed with medical clearance prior to scheduling surgery.

Thank you for your attention regarding this matter.



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Martin Mathew Augustine, M.D, Ph.D