

22-7199

No.

ORIGINAL

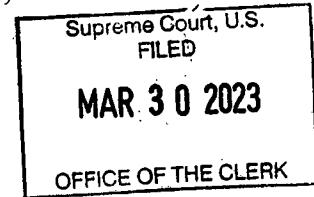
IN THE
SUPREME COURT OF THE UNITED STATES

IN THE MATTER OF: WILLIAM PAUL BURCH,
DEBTOR

WILLIAM PAUL BURCH,
APPELLANT

v.

NATIONSTAR MORTGAGE HOLDING, INC
RESPONDENT



MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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*

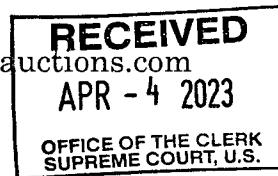
Burch has been diagnosed with liver cancer which, along with the inflation rate and his unemployed son living with him, is entire income is in jeopardy. Should Burch die his wife will lose her social security income but retain his and his VA disability income.

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.



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 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Self-employment | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Income from real property (such as rental income) | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 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) | \$ 1562 | \$ 1136 | \$ 1562 | \$ 1136 |
| Disability (such as social security, insurance payments) | \$ 166 | \$ 0 | \$ 166 | \$ 0 |
| Unemployment payments | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Public-assistance (such as welfare) | \$ 0 | \$ 50 | \$ 0 | \$ 50 |
| Other (specify): _____ | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Total monthly income: | \$ 1728 | \$ 1186 | \$ 1728 | \$ 1186 |

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 | \$ 26 | \$ |
| Checking | \$ 0 | \$ 15 |
| | \$ | \$ |

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

Home Value House under litigation
 Possible Forclosure

Other real estate
Value

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

Motor Vehicle #2 Year, make & model 2016 Kia Soul
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 |

| | You | Your spouse |
|--|------------|--------------------|
| Transportation (not including motor vehicle payments) | \$ 40 | \$ 40 |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 27 | \$ 0 |

Insurance (not deducted from wages or included in mortgage payments)

| | | |
|-------------------------|--------|--------|
| Homeowner's or renter's | \$ 0 | \$ 0 |
| Life | \$ 0 | \$ 0 |
| Health | \$ 20 | \$ 160 |
| Motor Vehicle | \$ 216 | \$ 0 |
| Other: _____ | \$ 0 | \$ 0 |

Taxes (not deducted from wages or included in mortgage payments)

| | | |
|------------------|------|------|
| (specify): _____ | \$ 0 | \$ 0 |
|------------------|------|------|

Installment payments

| | | |
|---------------------|--------|--------|
| Motor Vehicle | \$ 422 | \$ 0 |
| Credit card(s) | \$ 58 | \$ 144 |
| Department store(s) | \$ 0 | \$ 0 |
| Other: _____ | \$ 0 | \$ 0 |

| | | |
|--|------|------|
| Alimony, maintenance, and support paid to others | \$ 0 | \$ 0 |
|--|------|------|

| | | |
|---|------|------|
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0 | \$ 0 |
|---|------|------|

| | | |
|--|-------|-------|
| Other (specify): Post Office, Hair Cut _____ | \$ 60 | \$ 15 |
|--|-------|-------|

| | | |
|--------------------------------|----------------|----------------|
| Total monthly expenses: | \$ 1697 | \$ 1136 |
|--------------------------------|----------------|----------------|

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:

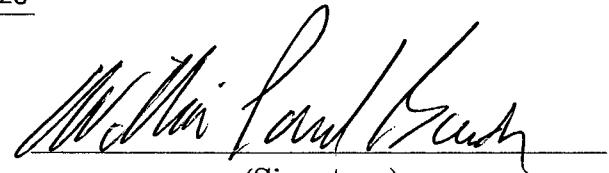
12. Provide any other information that will help explain why you cannot pay the costs of this case.

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, 2023


(Signature)

**Department of
Veterans Affairs**

Memorandum

Date: February 27, 2022

From: Martin Mathew Agustine, 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.



Martin Mathew Agustine, M.D, Ph.D