

No. \_\_\_\_\_

App No. A 981

IN THE  
SUPREME COURT OF THE UNITED STATES

Respondent, Appellant

Meghan Kelly

(Your Name)

— PETITIONER

Pennsylvania Disciplinary VS.

Counsel, 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): DE District Court No 21-1490, District Court Eastern District of PA No 22-45, 3rd Cir. Court of Appeals No 21-3198 and No. 22-3712, DE Supreme Court No 119-2021.

Delaware

☐ 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: \_\_\_\_\_

\_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

Meghan Kelly  
(Signature)

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

I, \_\_\_\_\_, 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.

- 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	\$ 600	\$ 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): <u>DE Stimulus \$300 Delaware</u>	\$ 25	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	\$ 625	\$ 0	\$ 0	\$ 0

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
N/A	N/A	N/A	\$ 0
			\$
			\$

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	N/A	N/A	\$ 0
			\$
			\$

4. How much cash do you and your spouse have? \$ After mailing less than \$500.00  
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
N/A	\$ 0	\$ 0
	\$	\$
	\$	\$

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

☐ Home Value N/A

☐ Other real estate Value N/A

☒ Motor Vehicle #1  
Year, make & model 2014 Toyota Corolla  
Value \$5,000 unknown, broken door

☐ Motor Vehicle #2 N/A  
Year, make & model  
Value

☐ Other assets N/A  
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

N/A  
N/A  
N/A

\$ N/A  
\$ N/A  
\$ N/A

\$ N/A  
\$ N/A  
\$ N/A

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  
N/A  
N/A  
N/A

Relationship  
N/A  
N/A  
N/A

Age  
N/A  
N/A  
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, or annually to show the monthly rate.

Rent or home-mortgage payment  
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☒ No  
Is property insurance included? ☐ Yes ☒ No

You

Your spouse

\$ N/A

\$ N/A

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ N/A

\$ N/A

Home maintenance (repairs and upkeep)

\$ 40.00

\$ N/A

Food

\$ 0

\$ N/A

Clothing

\$ 20.00

\$ N/A

Laundry and dry-cleaning

\$ 30.00

\$ N/A

Medical and dental expenses

\$ 40.00

\$ N/A



	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 100	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 20	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$ N/A
Life	\$ N/A	\$ N/A
Health	\$ N/A	\$ N/A
Motor Vehicle	\$ 70.00	\$ N/A
Other: _____	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ N/A	\$ N/A
Installment payments		
Motor Vehicle	\$ N/A	\$ N/A
Credit card(s)	\$ N/A	\$ N/A
Department store(s)	\$ N/A	\$ N/A
Other: _____	\$ N/A	\$ N/A
Alimony, maintenance, and support paid to others		
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify): <u>payback 600 monthly gift to parent 3</u>	\$ 900	\$ N/A
<u>when employed, ink, paper, stamps, computers, office supplies, soap, printer</u>	\$ 1,200	\$ N/A
<b>Total monthly expenses:</b>	\$ 1,200	\$ N/A

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? N/A

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? N/A

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.

Please see the attached motion. I am unemployed. My parents may not be able to help me as much. Going into debt is against my religious beliefs. I am eligible for food stamps. The PA ODC prevents me from returning to work at my former law firm even if the order is overturned.

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

Executed on: May, 28, 2023

  
(Signature)



# Food Benefit Time Limit Rules Restart July 2023

State of Delaware  
Division of Social Services



May 11, 2023

Your Case #:

3004754334

Questions? Contact:

A. MAINTENANCE811

POOL# 811

34314 PYLE CENTER RD

PYLE SSC UNIT 1

FRANKFORD DE 19945

(302) 732-1720

Fax: (302) 732-1721

To: MEGHAN M KELLY  
34012 SHAWNEE DR  
DAGSBORO DE 19939-4125



## En Español

Si usted no entiende este aviso o necesita que se lo traduzcan, favor de Llamar al Departamento de Relaciones con el cliente al 1-800-372-2022.

## Bằng Tiếng Việt

Nếu quý vị không hiểu được thông báo này hoặc cần được phiên dịch, xin gọi cho Ban Liên Hệ Khách Hàng tại số 1-800-372-2022.

The Food Benefit Time Limit Rules stopped during the COVID-19 public health emergency. The Food Benefit Time Limit Rules will restart soon because the Federal public health emergency is ending in May 2023.

Beginning July 1, 2023, you must follow the Food Benefit Time Limit Rules in this letter to continue to receive Food Benefits. Please continue reading for more information.

### Who must follow the Food Benefit Time Limit Rules?

You must follow the Food Benefit Time Limit Rules because:

- You are age 18-49,
- You don't have any dependents, and
- You are able to work.

This is often called an Able-Bodied Adult Without Dependents (ABAWD).



### What are the Food Benefit Time Limit Rules?

You can only get Food Benefits for **3 months in 3 years** if you do not follow the Food Benefit Time Limit Rules. This is because you are considered an ABAWD. You can get Food Benefits for longer than 3 months if you follow the rules in the box below.

#### **FOOD BENEFIT TIME LIMIT RULES**

**Beginning July 1, 2023, you must follow these rules to keep getting Food Benefits.**

- 1. Spend at least 80 hours each month doing one or a combination of these activities:**
  - Working (work can be for pay, for goods or services, unpaid, or as a volunteer)
  - Participating in the DSS SNAP Employment and Training (E&T) program
  - Participating in an approved job training or work program
- OR**
- 2. Participate in workfare for the number of hours assigned to you each month**

**If you do not follow these rules, your Food Benefits may decrease or stop.**

- You must start following the Food Benefit Time Limit Rules on July 1, 2023.
- You can get 3 months of Food Benefits when you are not working or participating in an employment or training activity. We will send you a letter when you have used your 3 months of Food Benefits.
- After 3 months, you cannot get Food Benefits unless you start following these Food Benefit Time Limit Rules or have an exemption reason. You must begin working or participating in an employment or training activity to get Food Benefits again.
- These rules are also known as the ABAWD Work Requirements.

### What are exemptions from the Food Benefit Time Limit Rules?

You do not have to follow the Food Benefit Time Limit Rules if you have at least one of these exemption reasons:

- You are younger than age 18;
- You are age 50 or older;
- You are not able to work because of a physical or mental health reason;
- You are pregnant;
- You are living with someone in your house who is younger than age 18;
- You are taking care of a child younger than age 6 or someone who needs help caring for themselves;
- You are already working at least 30 hours a week;
- You are already earning \$217.50 or more per week in wages;
- You are receiving unemployment benefits, or you applied for unemployment benefits;
- You are going to school, college, or a training program at least half time;
- You are meeting the work rules for Temporary Assistance for Needy Families (TANF); OR
- You are participating in a drug or alcohol addiction treatment program.