

23-5053

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

FILED

MAY 27 2023

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

JoAnn Artis Stevens

— PETITIONER

(Your Name)

VS.

Town of Snow Hill, 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):

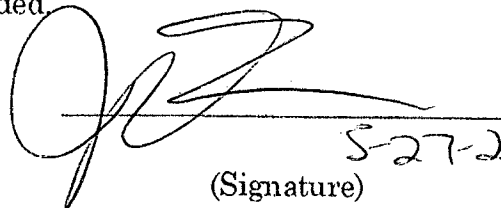
United States District Court for the Eastern District of North Carolina at Greenville

United States Court of Appeals for the Fourth Circuit

The appointment was made under the following provision of law: 3 of \_\_\_\_\_

Federal Rule of Appellate Procedure, or

a copy of the order of appointment is appended

  
(Signature) 5-27-2023

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

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.

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<br>the past 12 months |                    | Amount expected<br>next month |                     |
|--|---|--------------------|-------------------------------|---------------------|
|  | You   | Spouse             | You                           | Spouse              |
| Employment   | \$0_____  | \$0_____           | \$0_____                      | \$0_____            |
| Self-employment  | \$0_____  | \$0_____           | \$0_____                      | \$0_____            |
| Income from real property<br>(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<br>security, pensions, annui-<br>ties, insurance) | \$_____   | \$_____            | \$4500_____                   | \$Deceased__        |
| Disability (such as social secu-<br>rity, insurance payments)                | \$1684_____   | \$3500_____        | \$_____                       | \$Deceased__        |
| Unemployment payments  | \$0_____  | \$0_____           | \$0_____                      | \$Deceased__        |
| Public-assistance<br>(such as welfare)                                       | \$0_____  | \$0_____           | \$0_____                      | \$Deceased__        |
| Other (specify):   | \$0_____  | \$_____            | \$_____                       | \$Deceased__        |
| <b>Total monthly income:</b>   | <b>\$1684_____</b>                                  | <b>\$3500_____</b> | <b>\$4500_____</b>            | <b>\$Deceased__</b> |

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) Not applicable

| Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| _____    | _____   | _____               | \$ _____          |
| _____    | _____   | _____               | \$ _____          |
| _____    | _____   | _____               | \$ _____          |

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.) Not applicable

| Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| _____    | _____   | _____               | \$ _____          |
| _____    | _____   | _____               | \$ _____          |
| _____    | _____   | _____               | \$ _____          |

4. How much cash do you and your spouse have? \$ \_\_\_\_\_  
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                                    | \$ 367          | \$22.54                |
| savings                                     | \$235.71        | \$25.15                |
|   | \$              | \$                     |

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

|               |                   |
|---------------|-------------------|
| Home \$48,000 | Other real estate |
| Value _____   | Value _____       |

|                                     |                          |
|-------------------------------------|--------------------------|
| Motor Vehicle #1                    | Motor Vehicle #2         |
| Year, make & model: 2013 <u>BMW</u> | Year, make & model _____ |
| Value \$8000.00 _____               | Value _____              |

Other assets  
Description \_\_\_\_\_  
Value \_\_\_\_\_

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

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| _____                                 | 0                  |                            |
| _____                                 | \$ _____           | \$Deceased _____           |
| _____                                 | \$ 0 _____         | \$Deceased _____           |
| _____                                 | \$0 _____          | \$Deceased _____           |

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"). Not Applicable

| Name  | Relationship | Age   |
|-------|--------------|-------|
| _____ | _____        | _____ |
| _____ | _____        | _____ |
| _____ | _____        | _____ |

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)         | 480         | Deceased          |
|  | \$ _____    | \$ _____          |
| Are real estate taxes included? Yes <input checked="" type="checkbox"/> No |             |                   |
| Is property insurance included? Yes <input checked="" type="checkbox"/> No |             |                   |
| Utilities (electricity, heating fuel, water, sewer, and telephone)         | 430         | Deceased          |
|  | \$ _____    | \$ _____          |
| Home maintenance (repairs and upkeep)                                      | \$350 _____ | \$ Deceased _____ |
| Food   | \$575 _____ | \$ Deceased _____ |
| Clothing   | \$325 _____ | \$ Deceased _____ |
| Laundry and dry cleaning   | \$100 _____ | \$ Deceased _____ |
| Medical and dental expenses  | \$80 _____  | \$ Deceased _____ |

|  | <b>You</b>             | <b>Your spouse</b>     |
|--|------------------------|------------------------|
| Transportation (not including motor vehicle payments)  | \$0_____               | \$Deceased_____        |
| Recreation, entertainment, newspapers, magazines, etc.   | \$375_____             | \$Deceased_____        |
| Insurance (not deducted from wages or included in mortgage payments)                           |                        |                        |
| Homeowner's or renter's  | \$145_____             | \$Deceased_____        |
| Life   | \$125_____             | \$Deceased_____        |
| Health   | \$0_____               | \$Deceased_____        |
| Motor Vehicle  | \$380_____             | \$Deceased_____        |
| Other: _____   | \$_____                | \$Deceased_____        |
| Taxes (not deducted from wages or included in mortgage payments)                               |                        |                        |
| House Taxes per year   | 680                    |                        |
| (specify): _____   | \$_____                | \$Deceased_____        |
| Installment payments   |                        |                        |
| Motor Vehicle  | \$251_____             | \$Deceased_____        |
| Credit card(s)   | \$350_____             | \$Deceased_____        |
| Department store(s)  | \$150_____             | \$Deceased_____        |
| Other: Personal Loans _____  | \$796_____             | \$Deceased_____        |
| Alimony, maintenance, and support paid to others   | \$0_____               | \$Deceased_____        |
| Regular expenses for operation of business, profession,<br>or farm (attach detailed statement) | \$_____                | \$Deceased_____        |
| Other (specify): _____   | \$_____                | \$Deceased_____        |
| <b>Total monthly expenses:</b>   | <b>\$4,912.00_____</b> | <b>\$Deceased_____</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?

X-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    **X** 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    **X** - No

If yes, how much? \_\_\_\_\_

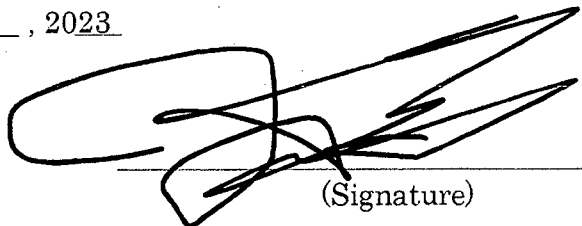
If yes, state the person's name, address, and telephone number:

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

My husband was the primary breadwinner of our home. He passed on March 15, 2023 from an accidental fire. He died at the UNC Burn Center leaving me to pay all the bills we both acquired over the years including assisting our children who have student loans and high rents. We were planning to install a heating unit in our home as ours went out and to also repair the roof on our home this year which needs to be done, with costs estimates of 15,000.00. My husband was a spinal cord injury Veteran and purchased some of the items he needed to prevent total immobility. I travelled to Richmond VA Hospital, Durham Va and Greenville VA, extensively, staying sometimes weeks at the time, which was a cost to me. To acquire a Civil Rights Attorney for my such case is next to impossible and very unaffordable. This case has been pending since 2019 it will be prolonged further in seeking representation as I sought that prior and could not obtain any.

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

Executed on: June 29, \_\_\_\_\_, 2023

A handwritten signature in black ink, consisting of a large, stylized 'S' or 'Z' shape with a horizontal line crossing through it, followed by a vertical line and a small loop.

(Signature)

## ATTACHMENT – CHANGE IN INCOME

XI. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

X-Yes No If yes, describe on an attached sheet


My home was a two-income household and we managed utilizing credit over the years. My husband passed on March 15, 2023 after an extensive bout with spinal cord injury.

He was the sole supporter of our home. Although my income has increased from widow's pension and his retirement, it is not sufficient enough for me to take on any more financial responsibilities.

We have done repairs over the past few years on our home and it still need some major upgrades and repairs. We were making plans to get a new heating and air unit as ours no longer works. Our roof which has been repaired over the years, now need to be replaced. There are other repairs needed as well.

Medically, I do not have dental insurance and recently had to acquire dentures and need other dental work done. I do not have insurance that covers vision and recently had to get new glasses. I remain under doctors care as well.

Thanks, Respectfully, JoAnn Artis Stevens

 6-29-2023