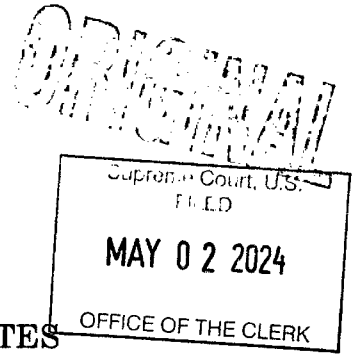


No. 23-7392



IN THE  
SUPREME COURT OF THE UNITED STATES

Elaine Mickman — PETITIONER  
(Your Name)

VS.

Philadelphia Professional Collections — RESPONDENT(S)  
and White & Williams LLP

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):

US. District Court and Third Circuit Court

☐ 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.

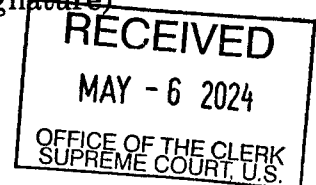
☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

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

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

☐ a copy of the order of appointment is appended.

Elaine Mickman  
(Signature)



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

I, Elaine Mickman, 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>0.00</u>	\$ <u>NA</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0.00</u>	\$ <u>      </u>	\$ <u>0.00</u>	\$ <u>      </u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>      </u>	\$ <u>0.00</u>	\$ <u>      </u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>      </u>	\$ <u>0.00</u>	\$ <u>      </u>
Gifts	\$ <u>0.00</u>	\$ <u>      </u>	\$ <u>0.00</u>	\$ <u>      </u>
Alimony	\$ <u>0.00</u>	\$ <u>      </u>	\$ <u>0.00</u>	\$ <u>      </u>
Child Support	\$ <u>0.00</u>	\$ <u>      </u>	\$ <u>0.00</u>	\$ <u>      </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>      </u>	\$ <u>0.00</u>	\$ <u>      </u>
Disability (such as social security, insurance payments)	\$ <u>see SSI</u>	\$ <u>      </u>	\$ <u>see SSI</u>	\$ <u>      </u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>      </u>	\$ <u>0.00</u>	\$ <u>      </u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>      </u>	\$ <u>0.00</u>	\$ <u>      </u>
Other (specify): <u>SSI</u>	\$ <u>11,414.</u>	\$ <u>N/A</u>	\$ <u>965.<sup>70</sup>/<sub>100</sub></u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>965.<sup>70</sup>/<sub>100</sub></u>	\$ <u>0.00</u>	\$ <u>9.05</u>	\$ <u>NA</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
N/A			\$
			\$
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 12.00  
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
checking	\$ <u>12.00</u>	\$ <u>N/A</u>
	\$	\$
	\$	\$

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

☐ Home  
Value ? in foreclosure

☐ Other real estate  
Value NONE

☐ Motor Vehicle #1  
Year, make & model N/A  
Value \_\_\_\_\_

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

☐ 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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

Amount owed to you

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Amount owed to your spouse

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

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

NONE  
\_\_\_\_\_  
\_\_\_\_\_

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)

\$ 932/month

\$ N/A

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ VARIES

\$ \_\_\_\_\_

Home maintenance (repairs and upkeep)

\$ N/A

\$ \_\_\_\_\_

Food

\$ SNAP

\$ \_\_\_\_\_

Clothing

\$ N/A

\$ \_\_\_\_\_

Laundry and dry-cleaning

\$ N/A

\$ \_\_\_\_\_

Medical and dental expenses

\$ Medicaid

\$ \_\_\_\_\_

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NONE</u>	\$ <u></u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>373./month</u>	\$ <u></u>
Life	\$ <u>NONE</u>	\$ <u></u>
Health	\$ <u>MEDICAID</u>	\$ <u></u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u></u>
Other: _____	\$ <u>/</u>	\$ <u></u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>/</u>	\$ <u></u>
Installment payments		
Motor Vehicle	\$ <u>/</u>	\$ <u></u>
Credit card(s)	\$ <u>/</u>	\$ <u></u>
Department store(s)	\$ <u>/</u>	\$ <u></u>
Other: _____	\$ <u>/</u>	\$ <u></u>
Alimony, maintenance, and support paid to others	\$ <u>/</u>	\$ <u></u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>/</u>	\$ <u></u>
Other (specify): _____	\$ <u>/</u>	\$ <u></u>
<b>Total monthly expenses:</b>	\$ <u>/</u>	\$ <u></u>

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 am a medically disabled senior dependent on SSI and public assistance. See SSI document attached.*

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

Executed on: \_\_\_\_\_

*May 2*, 20*24*

*Elaine Muckron*

(Signature)

SOCIAL SECURITY  
SUITE 120  
1700 MARKLEY STREET  
NORRISTOWN PA 19401

Social Security Administration  
**Supplemental Security Income**  
Notice of Change in Payment

Date: November 26, 2023  
BNC#: 23S1660E64596 DI



0355365 00355365 1 AV 0.498 CN6LNA T1115 P20  
COLA MO4 11/19 227 23S1660E64596  
ELAINE G MICKMAN  
1619 GERSON DR  
NARBERTH PA 19072-1231

0401574U12648 CN6LNA 0355365 0000000000



We plan to increase your monthly Supplemental Security Income (SSI) payment from \$914.00 to \$943.00 beginning January 2024. The amount will change because of a rise in the cost of living. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

**When You Will Receive Your Payments**

Your bank or other financial institution will receive your monthly payment of \$943.00 around January 1, 2024, and on the first of each month after that.

See Next Page