

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

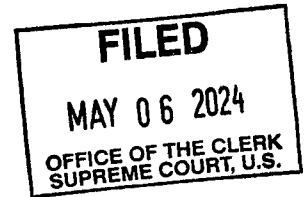
23-7761

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

EDDIE HATCH-MICHELLE DAVIS-HATCH — PETITIONER  
(Your Name)



VS.

THE CITY OF MILWAUKEE 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):  
\_\_\_\_\_  
\_\_\_\_\_

☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

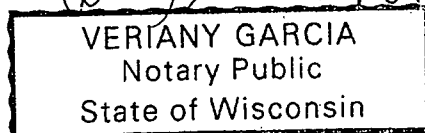
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

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

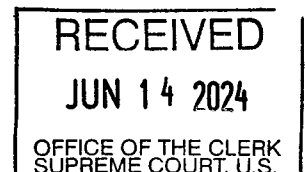
☐ The appointment was made under the following provision of law: \_\_\_\_\_  
\_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

*WJG* exp-0409-27



*[Signature]*  
(Signature)



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

EDDIE HATCH/MICHELLE DAVIS-HATCH  
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 the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 5,120.00	\$ 1,400.00	\$ 5,120.00	\$ 1,200.00
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ 6,320.00	\$ _____	\$ _____	\$ _____

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
ST.LUKES MEDICAL CENTER	2900 W. OHKLAHOMA	10-14-19-PRESENT	\$ 5,120.00
			\$
			\$

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
TRINITY/SO	87TH CAPITAL DR.	15 YEARS	\$ 1,400.00
			\$
			\$

4. How much cash do you and your spouse have? \$ 250.00

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 AND SAVINGS	\$ 100.00	\$ -200.00
	\$	\$
	\$	\$

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

☒ Home  
Value 127,000.00

☐ Other real estate  
Value NONE

☐ Motor Vehicle #1  
Year, make & model GMC ARCADIA 2023  
Value 70,000.00

☐ Motor Vehicle #2  
Year, make & model NONE  
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	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
LKM	DAUGHTER	20
SFLDM	GRAND DAUGHTER	1 YR
EAMH	SON	12
ECMH	SON	14

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)	\$ 1,450.00	\$ COMBINED
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 1,200.00	\$ COMBINED TOTALS
Home maintenance (repairs and upkeep)	\$ 500.00	\$ 500.00
Food	\$ 750.00	\$ 750.00
Clothing	\$ 100.00	\$ 100.00
Laundry and dry-cleaning	\$ 200.00	\$ 200.00
Medical and dental expenses	\$ 750.00	\$ 750.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>100.00</u>	\$ <u>250.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>100.00</u>	\$ <u>100.00</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>250.00</u>	\$ <u>250.00</u>
Life	\$ <u>250.00</u>	\$ <u>250.00</u>
Health	\$ <u>575.00</u>	\$ <u>575.00</u>
Motor Vehicle	\$ <u>275.00</u>	\$ <u>275.00</u>
Other: <u>NONE</u>	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ <u>1,300.00</u>	\$ <u>1,300.00</u>
Credit card(s)	\$ <u>200.0</u>	\$ <u>200.00</u>
Department store(s)	\$ <u>500.00</u>	\$ <u>500.00</u>
Other: <u>EMERGENCY SAVINGS</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
Alimony, maintenance, and support paid to others	\$ <u>NONE</u>	\$ <u>NONE</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>200.00</u>	\$ <u>200.00</u>
Other (specify): <u>NONE</u>	\$ _____	\$ _____
<b>Total monthly expenses:</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? \$650 plus

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

Steve Porter Madison, WI \$250.00 608-662-2285

Trautmann Martin Law Office PLLC, Minneapolis, MN 612-644-3837 \$400.00

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

\$3,700.00 court fee's

If yes, how much? Postage/process servers supplies \$4,800.00+ Travel (3) to 7th Circuit of Appeal

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

Accurate Process Service, LLC P.O. Box 1414-Milwaukee,WI, 53201 414-423-4341


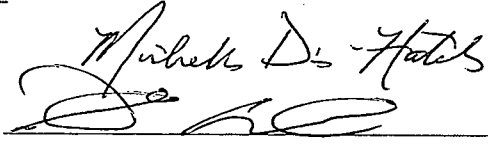
Curtis Process Servers, LLC- P.O.Box 13221 Milwaukee,WI, 53213 414-578-9345

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

Our main source of income is (revenue) was our investment in our family business. The remaining legal work required takes time, gas, printing and binding and the continued liquidation of business overhead, etc.

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

Executed on: June 10, 2024

  
  
EX-204.09-27 (Signature)  
**VERIANY GARCIA**  
Notary Public  
State of Wisconsin