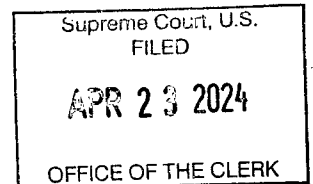


No. 23-7842

IN THE  
SUPREME COURT OF THE UNITED STATES

Lateshia Patton — PETITIONER  
(Your Name)

Superior Court of Iowa,  
For the County of Scott — 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):

The Supreme Court of Iowa - Filing fee waived in order on  
The District Court of executed January 25th, 2024

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

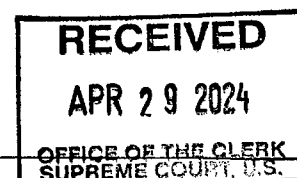
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Lateshia Patton  
(Signature)



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

I, Lateshia Pettillo, 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 <u>NA</u>	You	Spouse <u>NA</u>
Employment	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>5980.00</u>	\$ _____	\$ <u>400</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>17,352.00</u>	\$ _____	\$ <u>6560.34</u>	\$ _____
			<u>*suffering lost adverse impact - protected persons</u>	
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): <u>NA</u>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ <u>23,332</u>	\$ _____	\$ <u>116.34</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**

Learning Coach - home school NA NA \$0

daughter who is immune compromised and disabled

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**

NA not married NA NA \$0

4. How much cash do you and your spouse have? \$0.00
- 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
<u>checking</u>	<u>\$0.00</u>	<u>\$0.00</u>
<u>savings</u>	<u>\$0.00</u>	<u>\$0.00</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 \$223,000

☐ Other real estate  
Value \_\_\_\_\_

☒ Motor Vehicle #1  
Year, make & model 2017 Nissan  
Value \$17,000 Rogue

☐ Motor Vehicle #2 Nissan  
Year, make & model Versa  
Value \$9,000 disabled

☐ Other assets  
Description NA  
Value \_\_\_\_\_

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>100.00</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)	<i>home-schooled supplement</i> <i>field trips</i> <i>monthly for children</i>	
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ <u>252.00</u>	\$ _____
Credit card(s)	\$ <u>150.00</u>	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <u>Loan to offset costs experienced during legal proceedings &amp; hardship from judicial proceedings</u>	\$ <u>139.00</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ <u>1206.00</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.

as Attached Signed Statement

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

unable to afford

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.

Decrease of income and house hold is immuno comprised  
and full time caregiver.

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

Executed on: April 23rd, 2024

Patricia Pater  
(Signature)