

No. 23-7842

IN THE  
SUPREME COURT OF THE UNITED STATES

Lateshia Patillo — PETITIONER  
(Your Name)

Supreme Court, U.S.  
FILED

APR 23 2024

OFFICE OF THE CLERK

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 to be <sup>executed</sup>  
The District Court of <sup>January 25th,</sup>  
<sup>2024</sup>

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 Patillo

(Signature)

RECEIVED

APR 29 2024

OFFICE OF THE CLERK  
SUPREME COURT U.S.

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

I, Lateshia Pctillo, 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>NA</u>	\$ _____	\$ <u>NA</u>
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>5980.00</u>	\$ <u>4100</u>	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>17,352.00</u>		\$ <u>15,634</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): <u>NA</u>	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>23,332</u>		\$ <u>116.34</u>	\$ _____

*\*suffering lost adverse impact - protected person*

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

**Caregiver - Parent (children dependent)**

Employer	Address	Dates of Employment	Gross monthly pay
		Leaving (each - household daughter who is immunocompromised and disabled)	\$ (1)
			\$ 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.)

**NA not married**

Employer	Address	Dates of Employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 20.00  
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
cheching	\$ 0.00	\$
banking	\$ 0.00	\$
	\$	\$

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

<input checked="" type="checkbox"/> Home Value <u>283,000</u>	<input type="checkbox"/> Other real estate Value _____
<input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model <u>2017 Nissan Rogue</u> Value <u>\$17,000</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>Nissan Versa (handicap disabled)</u> Value <u>\$9,000</u>
<input type="checkbox"/> Other assets Description <u>NA</u> Value _____	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 100.00	\$ _____
Insurance (not deducted from wages or included in mortgage payments)	\$ 2	\$ _____
Homeowner's or renter's	\$ 2	\$ monthly for classes
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)	\$ _____	\$ _____
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ 252.00	\$ _____
Credit card(s)	\$ 150.00	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <i>(Loans to offset costs experienced during legal proceedings)</i>	\$ 139.00	\$ _____
Alimony, maintenance, and support paid to others	\$ 0	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	<b>\$ 1266.00</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.

*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

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

*unable to afford*

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 household 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 Patrus  
(Signature)