

No.

24-5046

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Kyle Greene — PETITIONER
(Your Name)

FILED
MAY 02 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

VS.

MCSS, MCC, MCA — 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):

Minnesota Court of Appeals.
Appellate Court file No. A17-1094 see attached

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.

Kyle Greene

(Signature)

RECEIVED
JUL 10 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Kyle Greene, 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	\$ —	\$ —	\$ —	\$ —
Self-employment	\$ —	\$ 1350	\$ —	\$ 1900
Income from real property (such as rental income)	\$ —	\$ —	\$ —	\$ —
Interest and dividends	\$ —	\$ —	\$ —	\$ —
Gifts	\$ —	\$ —	\$ —	\$ —
Alimony	\$ —	\$ —	\$ —	\$ —
Child Support	\$ —	\$ 0-100 ^{1/2}	\$ —	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ —	\$ —	\$ —	\$ —
Disability (such as social security, insurance payments)	\$ —	\$ 1784	\$ —	\$ 1786
Unemployment payments	\$ —	\$ —	\$ —	\$ —
Public-assistance (such as welfare)	\$ —	\$ —	\$ —	\$ —
Other (specify): _____	\$ —	\$ —	\$ —	\$ —
Total monthly income:	\$ 0	\$ 3236	\$ 0	\$ 3686

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
ACCRA	MN	5/2022 - 7/2023	\$ 2700 +/ -
			\$
			\$

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
Disabled	n/a	n/a	\$ n/a
n/a			\$
			\$

4. How much cash do you and your spouse have? \$ 47.00

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	\$ n/a	\$ -365.79
Checking	\$	\$ -13,88
	\$	\$

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

Home Value 312,500 Other real estate Value _____

Motor Vehicle #1 Year, make & model 10' Dodge Caravan Motor Vehicle #2 Year, make & model _____
Value 3000 Value _____

Other assets Description _____
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
n/a	\$ n/a	\$ n/a
	\$ _____	\$ _____
	\$ _____	\$ _____

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
TB	Son	17
AG	daughter	12
SG	daughter	9
JG	Son	5

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)	\$ —	\$ 1200
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ —	\$ 1000
Home maintenance (repairs and upkeep)	\$ —	\$ 500
Food	\$ —	\$ 1200
Clothing	\$ —	\$ 150
Laundry and dry-cleaning	\$ —	\$ 30
Medical and dental expenses	\$ —	\$ 30

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>—</u>	\$ <u>250</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>—</u>	\$ <u>50</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>—</u>	\$ <u>550</u>
Life	\$ <u>—</u>	\$ <u>—</u>
Health	\$ <u>—</u>	\$ <u>—</u>
Motor Vehicle	\$ <u>—</u>	\$ <u>180</u>
Other: _____	\$ <u>—</u>	\$ <u>—</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>—</u>	\$ <u>216</u>
Installment payments		
Motor Vehicle	\$ <u>—</u>	\$ <u>580</u>
Credit card(s)	\$ <u>—</u>	\$ <u>—</u>
Department store(s)	\$ <u>—</u>	\$ <u>—</u>
Other: <u>Home choice</u>	\$ <u>—</u>	\$ <u>250</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>100</u>
Other (specify): <u>Bank Loan</u>	\$ <u>—</u>	\$ <u>365</u>
Total monthly expenses:	\$ <u>—</u>	\$ <u>1645</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? n/a

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

n/a

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? n/a

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

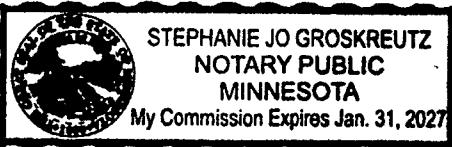
n/a

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

I have not been able to work or provide for my disabled wife and family due to respondents actions which have directly affected my ability to seek gainful employment.

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

Executed on: July 3, 2024, 2024


STEPHANIE JO GROSKREUTZ
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2027


(Signature)

Stephanie Jo GROSKREUTZ
NOTARY



**OFFICE OF THE
MINNESOTA APPELLATE PUBLIC DEFENDER**

Cathryn Middlebrook
Chief Appellate Public Defender

540 Fairview Avenue North
Suite 300
St. Paul, MN 55104
651-201-6700 FAX: 651-643-2148

Benjamin J. Butler
Sharon E. Jacks
Rachael F. Bond
Managing Attorneys

Our File No. 17AM000754

August 30, 2017

Kyle Greene
52508 U.S. Hwy 12
Grove City MN 56243

OFFICE OF
APPELLATE COURTS
SEP 11 2017
FILED

Re: Eligibility for Office of the Minnesota Appellate Public Defender to pay
for transcript costs associated with appeal in Kandiyohi County D. C.
File No. 34-VB-17-410 – Appellate Court File No. A17-1094

Dear Mr. Greene:

Our office previously received financial eligibility forms completed by you in reference to the above-entitled case. Based on your application and the additional information contained in your letter dated August 29, 2017, you have been determined to be financially eligible for appellate public defender assistance in paying for costs associated with your pro se appeal.

Based on the information this office was provided, we are satisfied that you are personally indigent. Accordingly, pursuant to State v. Pederson, 600 N.W.2d 451 (Minn. 1999), this office will be responsible for payment of the court reporter's bill for preparation of the transcripts. However, this office will not pay at a rate higher than the normal per page rate that is allowed for transcripts ordered by this office.

You should contact this office and let us know what hearings you want transcribed. The defense copy of the transcripts should be sent directly to this office along with the reporter's invoice so the bill can be verified before being processed for payment. We will notify you when we have received the transcripts so that arrangements can be made to have it delivered to you.

Pursuant to the Court of Appeals' Order dated August 4, 2017, please forward a copy of this letter to the Court of Appeals so they are aware of the situation and so you can obtain a waiver of the filing fee.

Sincerely,

Cathryn Middlebrook

Cathryn Middlebrook
Chief Appellate Public Defender

CM:ch

No. 24-5046

ORIGINAL

IN THE

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FILED

MAY 02 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Krystle Greene — PETITIONER
(Your Name)

VS.

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The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

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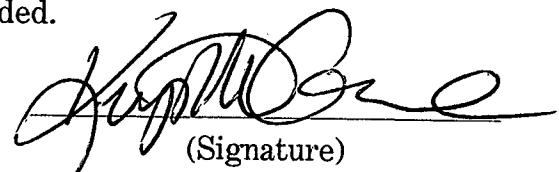
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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.


(Signature)

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

I, Krustle Greene, 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> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Self-employment	\$ <u>1350</u>	\$ <u> </u>	\$ <u>1900</u>	\$ <u> </u>
Income from real property (such as rental income)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Interest and dividends	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Gifts	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Child Support	\$ <u>0-100 +/-</u>	\$ <u> </u>	\$ <u>0</u>	\$ <u> </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ <u>1786</u>	\$ <u> </u>	\$ <u>1786</u>	\$ <u> </u>
Unemployment payments	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Public-assistance (such as welfare)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Other (specify): <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Total monthly income:	\$ <u>3236</u>	\$ <u>0</u>	\$ <u>3686</u>	\$ <u>0</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
DISABLED N/A	N/A	N/A	\$ 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
Accra	MN	5/2022 - 7/2023	\$ 2700 +/-
			\$
			\$

4. How much cash do you and your spouse have? \$ 47.00

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	\$ -365.79	\$ n/a
Checking	\$ -13.88	\$
	\$	\$

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

Home
Value \$312,500

Other real estate
Value _____

Motor Vehicle #1
Year, make & model 19 Dodge Caravan
Value \$3000

Motor Vehicle #2
Year, make & model _____
Value _____

Other assets
Description _____
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
<u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
TB	son	17
AG	daughter	12
SG	daughter	9
JG	son	5

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)	\$ <u>1200</u>	\$ <u>—</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>1000</u>	\$ <u>—</u>
Home maintenance (repairs and upkeep)	\$ <u>500</u>	\$ <u>—</u>
Food	\$ <u>1200</u>	\$ <u>—</u>
Clothing	\$ <u>150</u>	\$ <u>—</u>
Laundry and dry-cleaning	\$ <u>30</u>	\$ <u>—</u>
Medical and dental expenses	\$ <u>30</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? n/a

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

n/a

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? n/a

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

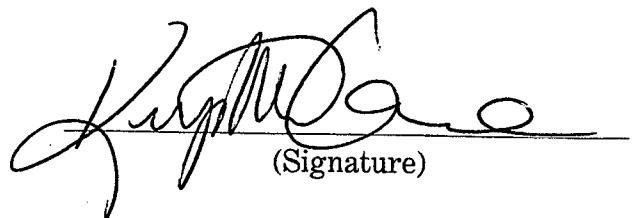
n/a

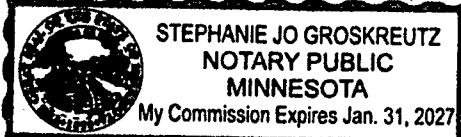
12. Provide any other information that will help explain why you cannot pay the costs of this case.

We are disabled living with a very limited income.

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

Executed on: July 2nd, 2024


(Signature)



Stephanie Jo Groskreutz
Notary

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

*Kyle Richard Greene
Krystle Lynn Greene*

Plaintiff(s),

**CERTIFICATE OF
SERVICE FOR
PERSONAL SERVICE**

vs.

Case No. 22-CV-291

*Meeker County Social Services
Meeker County Court
Minnesota Court of Appeals*

Defendant(s).

I Jason Wagner, state that I am at least 18 years of age having been born on 2/9/1983 and that on 5/26/2022 I served the:

Upon Meeker County Social Services, Meeker County Court and Minnesota Court of Appeals by handing a true and correct copy of the documents to an agent of each entity at 114 North Holcombe Ave, STE 180, Litchfield, MN 55355, 325 N. Sibley Ave. Litchfield, MN 55355, and 305 Minnesota Judicial Center, 25 Rev. Dr. Martin Luther King Jr. Blvd. St. Paul, MN 55155.

Dated: 5/26/2022



Jason Wagner

425 E. First St.

Litchfield, MN 55355