

No. 24-6055

ORIGINAL

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OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

SANDRA LEE BART — PETITIONER, PRO SE

(Your Name)

VS.

UNITED STATES OF AMERICA — 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):

U.S. DISTRICT COURT FOR THE DISTRICT OF MINNESOTA, U.S. EIGHTH CIRCUIT COURT OF APPEALS, U.S. SUPREME 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:

N/A The appointment was made under the following provision of law: _____, or _____

N/A a copy of the order of appointment is appended.

November 25, 2024
(DATE)

Sandra Lee Bart
(Signature)

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

I, Sander Lee Burt, 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	\$ 330.00	\$ N/A	\$ SAME	\$ N/A
Self-employment	\$ -0-	\$ "	\$ -0-	\$ "
Income from real property (such as rental income)	\$ 1012.00	\$ "	\$ SAME	\$ "
Interest and dividends	\$ 124.89	\$ "	\$ SAME	\$ "
Gifts	\$ -0-	\$ "	\$ -0-	\$ "
Alimony	\$ -0-	\$ "	\$ -0-	\$ "
Child Support	\$ -0-	\$ "	\$ -0-	\$ "
Retirement (such as social security, pensions, annuities, insurance)	\$ 1232.90	\$ "	\$ SAME	\$ "
Disability (such as social security, insurance payments)	\$ -0-	\$ "	\$ -0-	\$ "
Unemployment payments	\$ -0-	\$ "	\$ -0-	\$ "
Public-assistance (such as welfare)	\$ -0-	\$ "	\$ -0-	\$ "
Other (specify):	\$ -0-	\$ "	\$ -0-	\$ "
Total monthly income:	\$ 2699.79	\$ "	\$ SAME	\$ "

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
HORIZON LTVW MGMT, INC	6254 GALE DR. SEVEN HILLS, OH 44124	2022-2024	\$ 330.00
			\$
			\$
			\$

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.) N/A

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

4. How much cash do you and your spouse have? \$ 100.00

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
FLAGSTAR - CHECKING	\$ 553.43	\$ N/A
DOLLAR BANK - "	\$ 59.06	\$ N/A
FIRST FED. OF LAKESIDE - SAVINGS	\$ 1431.03	\$ N/A

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

Home

Value \$ 209,000.00

Other real estate

Value ROADIAN RD. \$ 138,100.
KLEBER CT. \$ 144,100.

Motor Vehicle #1

Year, make & model 1996 FORD F-150
Value \$ 500.00

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	Amount owed to you	Amount owed to your spouse
<u>N/A</u>	\$ <u>-0-</u>	\$ <u>-0-</u>
<u>N/A</u>	\$ <u>-0-</u>	\$ <u>-0-</u>
<u>N/A</u>	\$ <u>-0-</u>	\$ <u>-0-</u>

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
<u>N/A</u>	<u>-</u>	<u>-</u>
<u>11</u>	<u>-</u>	<u>-</u>
<u>11</u>	<u>-</u>	<u>-</u>

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>695.34</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>346.19</u>	\$ <u>-</u>
Home maintenance (repairs and upkeep) <i>Need but (HOLDING OFF ON REPAIRS)</i>	\$ <u>-</u>	\$ <u>-</u>
Food	\$ <u>450.00</u>	\$ <u>-</u>
<i>GARNISHMENT & FORFEITURE TO COURT</i>	\$ <u>189.53</u>	\$ <u>-</u>
Clothing	\$ <u>-</u>	\$ <u>-</u>
Laundry and dry-cleaning	\$ <u>8.00</u>	\$ <u>-</u>
Medical and dental expenses <i>Prescriptions & EYE</i>	\$ <u>155.00</u>	\$ <u>-</u>

	You	^{NONE} Your spouse
Transportation (not including motor vehicle payments)	\$ <u>—o—</u>	\$ <u>—</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>—o—</u>	\$ <u>—</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>141.75</u>	\$ <u>—</u>
Life	\$ <u>—</u>	\$ <u>—</u>
Health <u>Medicare, Supplemental, Pres. Drug</u>	\$ <u>599.87</u>	\$ <u>—</u>
Motor Vehicle	\$ <u>—</u>	\$ <u>—</u>
Other: _____	\$ <u>—</u>	\$ <u>—</u>
Taxes (not deducted from wages or included in mortgage payments)		
<u>HOME PROPERTY TAX</u> (specify): <u>CITY TAX</u>	\$ <u>428.70</u>	\$ <u>—</u>
Installment payments		
Motor Vehicle	\$ <u>—o—</u>	\$ <u>—</u>
Credit card(s)	\$ <u>300.00</u>	\$ <u>—</u>
Department store(s)	\$ <u>—o—</u>	\$ <u>—</u>
Other: _____	\$ <u>—o—</u>	\$ <u>—</u>
Alimony, maintenance, and support paid to others	\$ <u>—o—</u>	\$ <u>—</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>—</u>	\$ <u>—</u>
Other (specify): <u>ACCOUNTANT FOR TAXES</u>	\$ <u>98.58</u>	\$ <u>—</u>
Total monthly expenses:	\$ <u>3432.98</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.

Need Home REPAIRS & DENTURES
Need Rental REPAIRS.

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 HAD MAJOR HEALTH ISSUES DURING THE LAST 8 MONTHS (HEART ATTACK, CANCER SURGERIES, C-DIFF, CORTIS, CATARACT SURGERIES, & DIAGNOSED WITH MACULAR DEGENERATION). RENTAL PROPERTIES HAVE HAD MAJOR EXPENSES (FURNACE, ROOFS, ETC).

I HAVE NOT BEEN TO A BEAUTY SHOP, BOUGHT CLOTHES, NO RECREATION. LIVING FRUGALLY & TRYING TO MEET MY BILLS. FAMILY DRIVES ME TO MEDICAL APPTS. & DOES YARDWORK.

I declare under penalty of perjury that the foregoing is true and correct to best of my knowledge.

Executed on: November 25, 2024

Sandra Lee Sait
(Signature)