

CASE No: 24-6665

~~ORIGINAL~~

IN THE SUPREME COURT OF UNITED STATES

Supreme Court, U.S.
FILED

DEC - 9 2024

CRAIG STINGLEY

OFFICE OF THE CLERK

PROSE PETITIONER,

Vs.

**VISION WORKS, INC ET.AL
(WISCONSIN LEGISLATURE UNCONSTITUTIONAL STATE LAW)**

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): USDC Case No. 21-C-1360 and USBC Chpt. 13 Case No. 22-21462-GMH

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.

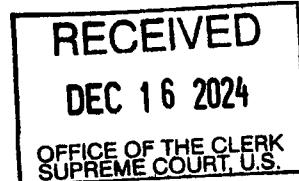
Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and:

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, Craig Stingley, 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. (*Petitioner Not Married*)

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>500</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>330</u>	\$ _____	\$ <u>N/A</u>	\$ _____
Income from real property (such as rent income)	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>	\$ _____
Interest and Dividends	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>	\$ _____
Gifts	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>	\$ _____
Alimony	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>	\$ _____
Child Support	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>	\$ _____
Unemployment (payments public assistance, welfare)	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>	\$ _____
Other (specify):	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>	\$ _____
Total Monthly	\$ <u>830</u>	\$ _____	\$ <u>N/A</u>	\$ _____

Income: Petitioner earned \$8,000 from (Nov. 2023 thru Aug. 2024) as "Caregiver" for Mother (87) who has Dementia and has been an "In-Home Hospice" patient since May 2024. Petitioner has not had any income outside of this time period and does not receive unemployment or social security benefits.

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) (Note : Petitioner was employed as Caregiver for Mother a Dementia Patient)

Employer	Address	Dates of Employment	Gross monthly pay
<u>GT Independence</u>	<u>215 Broadus St Sturgis, MI 49091</u>	<u>Jun. 2020 – Feb. 2024</u>	<u>\$ 845.00</u>
<u>HLHH</u>	<u>7607 W Townsend St Milw., WI 53222</u>	<u>Jun. 2020 – Feb. 2024</u>	<u>\$ 1,316.00</u>

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.) Note : ("Petitioner Not Married")

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>			<u>\$</u>

4. How much cash do you and your spouse have? \$ 400 ("Petitioner Not Married")

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

	You	Spouse
<u>Checking</u>	<u>\$ 160</u>	<u>\$</u>
<u>Savings</u>	<u>\$ 130</u>	<u>\$</u>
	<u>\$</u>	<u>\$</u>

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

Home

Other real estate : undeveloped Ark. Land
Heirs Property (3 Generations 43 people)
Value \$ 23,000.00 (\$534 Heirs Unit Value)

Motor Vehicle #1

Year, Make & Model 2005 Cadillac CTS

Value \$ 1,500

Motor Vehicle #2

Year, Make & Model 2000 Ford F150

Value \$ 500 (Needs Major Repairs)

Other assets

Description N/A

Value N/A

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 (<i>"Petitioner Not Married"</i>)
	\$ <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"). (*"Petitioner Not Married"*)

Name	Relationship	Age
<u>N/A</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. (*"Petitioner Not Married"*)

	You	Your spouse
Rent Payment (lot rented for mobile home)	\$ <u>750.00</u> <small>(caregiver services Petitioner provides)</small>	\$ <u>N/A</u>

Are real estate taxes included? Yes No X N/A

Is property insurance included? Yes No X N/A

Utilities (electricity, heating fuel, (Note : All utilities Paid by landlord)
water, sewer, and telephone) \$ 75 / Mo. (Cell Ph. Family Plan Paid)
(by Petitioner's Moms Income)

Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>100.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>30.00</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>50.00</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other:	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	\$ <u>N/A</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other:	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify):	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>970.00</u>	\$ <u>N/A</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

Note : Petitioner was deprived from obtaining an Attorney as a result of the Unconstitutional Wisconsin Medical Malpractice Non-Economic Damages CAP Law

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 X 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. *Petitioner has been unemployed since August 2017 a result of "Vision Loss Injuries" sustain due to Medical Malpractice Negligence. Petitioner is a Tort Personal Injury Victim, who was deprived from obtaining Jurist Legal Counsel, prior to the Statute of Limitation Expiring, predicated on the fact that the majority of Personal Injury Attorneys are "Not Litigating" Medical Malpractice Lawsuit any longer because the CAP does "Not Provide Adequate Compensation" to cover expenses associated with Medical Malpractice Litigation, constituting a State Law that Abridges and Deprives Equal Protection and Due Process for Tort Personal Injury Victims of Medical Malpractice Negligence. Petitioner has been classified as a liability risk in the manufacturing industry where he worked for over 25 years as a Skilled Tradesman, Manufacturing Engineer, CAD Drafter, etc...*

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

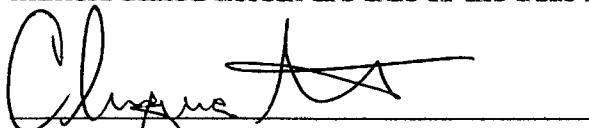
Executed on this 19th day of November, 2024


(Petitioner's Signature)

NOTARY ACKNOWLEDGEMENT

STATE OF WISCONSIN, COUNTY OF MILWAUKEE, ss:

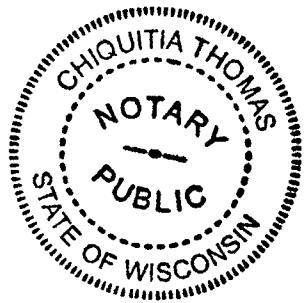
This Affidavit was acknowledged before me on this 19 day of Nov, 2024, by ProSe Petitioner, Craig L. Stingley, who being first duly sworn on oath according to law, deposes and states that he has read the foregoing Affidavit subscribed by him, and that the matters stated herein are true to the best of his information, knowledge and belief.



Notary Public

Local Officer

Title (and Rank)



My commission expires April 15, 2025