

CASE No : 24 - 6665

ORIGINAL

IN THE SUPREME COURT OF UNITED STATES

FILED  
U.S. SUPREME COURT

DEC - 9 2024

OFFICE OF THE CLERK

CRAIG STINGLEY

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)

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OFFICE OF THE CLERK  
SUPREME COURT, U.S.

**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 rental 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<br>(such as social security, pensions, annuities, insurance) | \$ <u>N/A</u>                                    | \$ _____      | \$ <u>N/A</u>              | \$ _____      |
| Disability<br>(such as social security, insurance payments)             | \$ <u>N/A</u>                                    | \$ _____      | \$ <u>N/A</u>              | \$ _____      |
| Unemployment<br>(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</u><br><u>Sturgis, MI 49091</u>   | <u>Jun. 2020 – Feb. 2024</u> | <u>\$ 845.00</u>   |
| <u>HLHH</u>            | <u>7607 W Townsend St</u><br><u>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> | <u></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>     | <u>\$</u> |

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

|                  |  |
|------------------|--|
| <u>Home</u>      | <u>X</u> Other real estate : undeveloped Ark. Land<br>Heirs Property (3 Generations 43 people) |
| Value <u>N/A</u> | Value <u>\$ 23,000.00 (\$534 Heirs Unit Value)</u>   |

|   |   |
|---|---|
| <u>X</u> Motor Vehicle #1                   | <u>X</u> Motor Vehicle #2                 |
| Year, Make & Model <u>2005 Cadillac CTS</u> | Year, Make & Model <u>2000 Ford F150</u>  |
| Value <u>\$ 1,500</u>                       | Value <u>\$ 500 (Needs Major Repairs)</u> |

Other assets

|                        |
|------------------------|
| Description <u>N/A</u> |
| Value <u>N/A</u>       |

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<br><u>("Petitioner Not Married")</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"). ("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<br>(lot rented for mobile home) | Rent paid from Moms S.S. income for<br>\$ 750.00 (caregiver services Petitioner provides ) | \$ <u>N/A</u> |

Are real estate taxes included? ☐ Yes ☐ No ☒ N/A

Is property insurance included? ☐ Yes ☐ No ☒ N/A

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

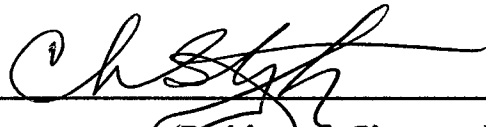
If yes, how much?

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.

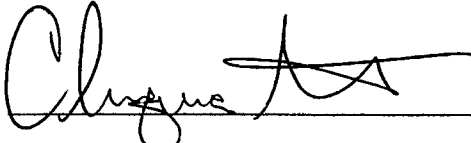
Executed on this   19th   day of   November  ,   2024  

  
(Petitioner's Signature)

#### NOTARY ACKNOWLEDGEMENT

STATE OF WISCONSIN, COUNTY OF MILWAUKEE, ss:

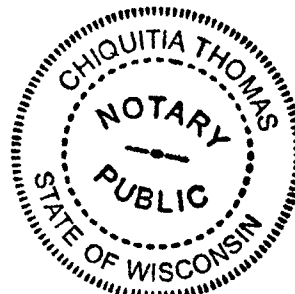
This Affidavit was acknowledged before me on this   19   day of   Nov  ,   2024   by ProSe Petitioner, Craig L. Stingley, who being first duly sworn on oath according to law, deposes and states that he has read the foregoing Affidavit subscribed by him, and that the matters stated herein are true to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



Notary Public

Loan Officer

Title (and Rank)



My commission expires   April 15, 2025