

24-6754

ORIGINAL

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES
OCTOBER TERM 2024

FILED
FEB 11 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Ryan C. Edner
Petitioner,
v.
State of Minnesota, et al.
Respondent(s).

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

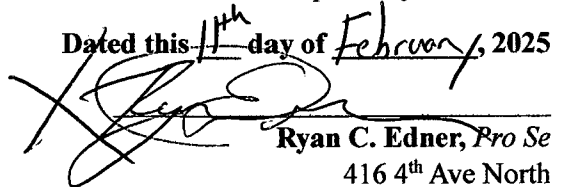
Petitioner asks leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has been granted leave to proceed in forma pauperis in the United States Court of Appeals for the Eighth Circuit, the U.S. District Court for the District of Minnesota, and Redwood County District Court.

Petitioner's affidavit in support of this motion is attached hereto.

Respectfully Submitted,

Dated this 11th day of February, 2025



Ryan C. Edner, *Pro Se*
416 4th Ave North
Wahpeton, ND 58075-4404

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MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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

Please check to appropriate boxes:



Petitioner has previously been granted leave to proceed in forma pauperis in the following Courts:

Redwood County, US District of Minnesota, 8th Cir App 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.



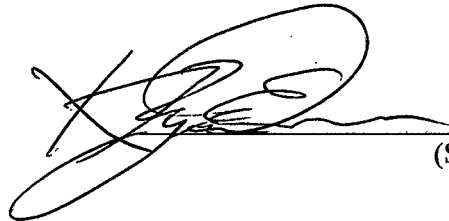
Petitioner's affidavit or declaration is **not** attached because the court below appointed council in the current proceeding, and:



The appointment was made under the following of law: _____



A copy of the order of appointment appended.



(Signature)

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

I, Ryan C. Edner, 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	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

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
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
N/A	N/A	N/A	\$ N/A
			\$
			\$

4. How much cash do you and your spouse have? \$ 0
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
N/A	\$ N/A	\$ 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 N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value _____

☐ Motor Vehicle #2
Year, make & model N/A
Value _____

☐ Other assets
Description N/A
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
<u>N/A</u>	<u>N/A</u>	<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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>Ø</u>	\$ <u>Ø</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>Ø</u>	\$ <u>Ø</u>
Home maintenance (repairs and upkeep)	\$ <u>Ø</u>	\$ <u>Ø</u>
Food	\$ <u>Ø</u>	\$ <u>Ø</u>
Clothing	\$ <u>Ø</u>	\$ <u>Ø</u>
Laundry and dry-cleaning	\$ <u>Ø</u>	\$ <u>Ø</u>
Medical and dental expenses	\$ <u>Ø</u>	\$ <u>Ø</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

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? 0

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? 0

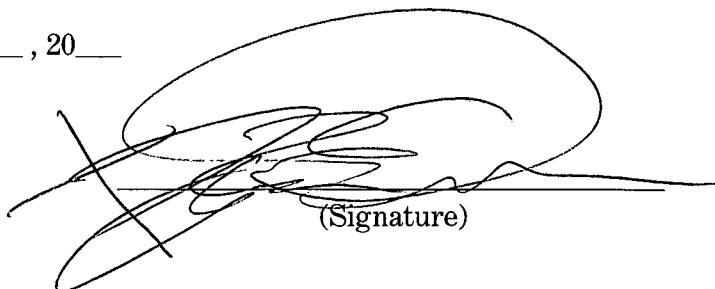
If yes, state the person's name, address, and telephone number:

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

CAPITULATED ATTACHED

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

Executed on: 2/26/25, 20


(Signature)

Affidavit in Support of Motion to Proceed In Forma Pauperis

I, **Ryan Christopher Edner**, being duly sworn under penalty of perjury, state the following:

1. Identity of Affiant

I am the Petitioner in this matter and appear pro se. My case stems from a nearly decade-long prosecution—dismissed by the State of Minnesota on August 29, 2024—that was built upon fraudulent and unsubstantiated claims. I am now seeking review before the Supreme Court of the United States.

2. Severe Health Conditions

I suffer from **Multiple Sclerosis (MS)** and **Crohn's Disease**, both of which require continuous and costly medical treatment. These debilitating autoimmune disorders have significantly restricted my ability to maintain consistent employment or generate steady income. As a direct result, my available resources have been severely diminished.

3. Ongoing Financial Hardship

My financial situation is grave. I rely almost entirely on charitable assistance and the generosity of others who understand the severity of my health problems. Without this support, I would be unable to afford basic living expenses or attend vital medical appointments. I am presently unable to contribute financially to any court fees or related costs.

4. Impact of Protracted Prosecution

For nearly ten years, I have been embroiled in a prosecution that I assert is both **malicious** and **unfounded**, premised on a concealed misrepresentation of fact by the State - whom has since admitted to a nonexistent chemical analysis of "plant material" by the Bureau of Criminal Apprehension (BCA) in April of 2016. Defending myself against these allegations has exhausted what little financial resources I once had. The legal battles, coupled with my serious health challenges, have left me in a state of financial insolvency.

5. Necessity for In Forma Pauperis Status

I am now before this Honorable Court seeking a Writ of Certiorari. Without being granted leave to proceed **In Forma Pauperis**, I cannot continue to seek redress for the alleged due process violations and misconduct that lie at the heart of my petition. The inability to pay standard filing and procedural fees stands as an insurmountable barrier to the pursuit of justice in this matter.

I declare under penalty of perjury that all statements contained herein are true and correct to the best of my knowledge, information, and belief.

WHEREFORE, based on the foregoing, I respectfully request that this Court grant my Motion to Proceed In Forma Pauperis, allowing me to prosecute this petition without the prepayment of fees, costs, or security, and to obtain the necessary relief without subjecting me to further financial and medical duress.

Dated this 25th day of February, 2025


Ryan C. Edner, Pro Se

416 4th Ave North

Wahpeton, ND 58075-4404