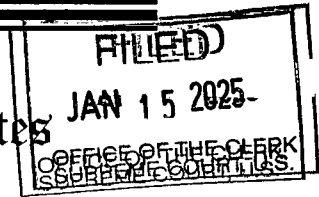


24-6819

No. _____

ORIGINAL

In the
Supreme Court of the United States



Kenneth Daywitt, Steven Hogs, Michael
Whipple, Russell Hatton, Peter Lonergan,
Petitioners,

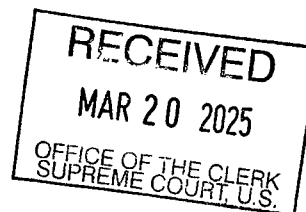
v.

JODI HARPSTEAD, ET AL.,
Respondents.

On Petition for Writ of Certiorari to the
United States Court of Appeals
for the Eighth Circuit

MOTION TO PROCEED IN FORMA PAUPERIS

Kenneth Daywitt
100 Freeman Drive
St. Peter, MN 56082
Petitioners Propria Persona



The undersigned declares that he is a pauper and received IFP status in both the Minnesota District Court and the Eighth Circuit Court of Appeals.

Further that your petitioner's financial situation has not changed as evidenced by the attached Application to Proceed in Supreme Court Without Prepaying Fees or Cost.

Dated: February 20, 2025

A handwritten signature in black ink, appearing to read 'K. Daywitt', is written over a horizontal line.

Kenneth Daywitt
Appearing Pro se
100 Freeman Drive
St. Peter, MN 56082

UNITED STATES SUPREME COURT

For the
United States of America

Kenneth Daywitt,
Plaintiff/Petitioner

v.

Jodi Harpstead et.al.
Defendant/Respondent

Case No. _____
Court of Appeals No. 24-1138
D.C. No. 20-cv-1743 (NEB/ECW)

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COST (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: _____

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: _____

2-20-25

- 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 income Amount during the past 12 months		Income 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	\$500	\$0	\$500	\$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 payment)	\$0	\$0	\$0	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$128.00	\$0	\$128.00	\$0
Other (specify):	\$0	\$0	\$0	\$0
Total monthly income:	\$628.00	\$ 0.00	\$628.00	\$ 0.00

2. List your 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			\$
			\$

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			\$
			\$
			\$



4. How much cash do you and your spouse have? \$500.00

Below, State any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
MSOP Social Welfare	Social Welfare	\$500	\$0
		\$	\$
		\$	\$

If you are a prisoner, you must have an authorized prison official complete the Certificate of Authorized Prison Official provided on Page 6 of this application. The certificate must be filed with this application.

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

Assets owned by you or your spouse	
Home (Value)	\$0
Other real estate (Value)	\$0
Motor Vehicle #1 (Value)	\$0
Make and year:	
Model:	
Registration#:	
Motor Vehicle #2 (Value)	\$0
Make and year:	
Model:	
Registration#:	
Other assets (Value)	\$0
Other assets (Value)	\$0

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	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
N/A		

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, semiannually, or annually to show the Monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> 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	\$0	\$
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$0	\$
Home maintenance <i>(repairs and upkeep)</i>	\$0	\$
Food	\$450	\$
Clothing Laundry and dry-cleaning	\$30	\$
Medical and dental expenses	\$0	\$
Transportation <i>(not including motor vehicle payments)</i>	\$0	\$
Recreation, entertainment, newspaper, magazines, etc.	\$25	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$0	\$
Life:	\$0	\$
Health:	\$0	\$
Motor vehicle:	\$0	\$
Other:	\$0	\$
Taxes <i>(not deducted from wages or included in mortgage payments)(specify):</i>	\$0	\$
Installment payments		
Motor vehicle:	\$0	\$
Credit Cards <i>(name):</i>	\$0	\$
Department store <i>(name):</i>	\$0	\$
Other:	\$0	\$
Alimony, maintenance, and support paid to others	\$0	\$

Regular expenses for operation of business, profession, or farm <i>(attach detailed statement)</i>	\$0	\$
Other <i>(specify)</i> :	\$0	\$
Total monthly expenses:	\$395.00	\$

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 spent – or will you be spending – any money for expenses or attorney fees in conjunction with this lawsuit? ☒ Yes ☐ No

If yes, how much? \$2,500.00

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

I currently live in an institution where I am civilly committed and required to pay for my own clothing, substitute food, laundry supplies, etc. I am given a monthly stipend from my family plus, a minimal amount of money in the form of General Assistance for which I am required to survive on from month to month to pay for the necessary items needed to live.

12. Identify the city and state of your legal residence.
St. Peter, Minnesota

Your daytime phone number: None

Your age: 42 Your years of schooling: 12+

The following Certificate of Authorized Prison Official must be completed and filed with a prisoner's Application to Proceed without Prepayment of Fees and Affidavit for all incarcerated applicants. *See* 28 U.S.C. § 1915(a)(2) (a prisoner who applies to proceed without prepayment of fees must provide a certified copy of the trust fund account statement "obtained from the appropriate official of each prison at which the prisoner is or was confined"). The information provided below will be used by the Court in determining the proper initial partial filing fee as defined under 28 U.S.C. § 1915(b).

CERTIFICATE of AUTHORIZED PRISION OFFICIAL

I, _____, certify that the incarcerated applicant
 _____ (name of applicant) has the sum of \$ _____ on account to
 his/her credit at _____ (name of institution). I further certify that the
 applicant named herein has the following securities to his/her credit:

I further certify that in the 6-month period immediately preceding the filing of the complaint/petition/motion or notice of appeal, the average monthly deposits to the applicant's trust fund prison account was

\$ _____, and the average monthly balance in the prisoner's account was
 \$ _____.

 DATE

 SIGNATURE OF AUTHORIZED OFFICIAL

No. _____

In the
Supreme Court of the United States

Kenneth Daywitt, Steven Hogs, Michael
Whipple, Russell Hatton, Peter Lonergan,
Petitioners,

v.

JODI HARPSTEAD, ET AL.,
Respondents.

On Petition for Writ of Certiorari to the
United States Court of Appeals
for the Eighth Circuit

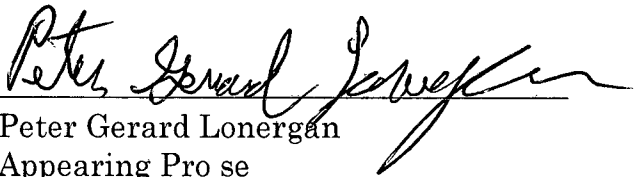
MOTION TO PROCEED IN FORMA PAUPERIS

Peter Lonergan
1111 Highway 73
Moose Lake, MN 55767
Petitioner Propria Persona

The undersigned declares that he is a pauper and received IFP status in both the Minnesota District Court and Eighth Circuit Court of Appeals.

Further that your petitioner's financial situation has not changed as evidenced by the attached Application to Proceed in Supreme Court Without Prepaying Fees or Cost.

Dated: January 14, 2025

A handwritten signature in cursive script, reading "Peter Gerard Lonergan", written over a horizontal line.

Peter Gerard Lonergan
Appearing Pro se
1111 Highway 73
Moose Lake, MN 55767

UNITED STATES SUPREME COURT

For the
United States of America

Peter Gerard Lonergan, et. al.,)
Plaintiff/Petitioner)
v.)
Jodi Harpstead, et. al.,)
Defendant/Respondent)

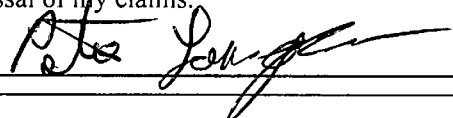
Case No. _____
Court of Appeals No. 24-1138
D.C. No. 20-cv-1743 (NEB/ECW)

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COST
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:



Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: January 14, 2025

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 income Amount during the past 12 months		Income amount expected Next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$

Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payment)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$ 128.00	\$	\$ 128.00	\$
Other (specify): Vocational Payments	\$ 108.50	\$	\$ 108.50	\$
Total monthly income:	\$ 236.50	\$ 0.00	\$ 236.50	\$ 0.00

2. List your 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
None			&
			&

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
None			&
			&
			&

4. How much cash do you and your spouse have? \$ 0.00

Below, State any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
MSOP Trust Account	Facility Trust Account	\$ 49.02	&
Affinity Plus Federal Credit Union	Checking	\$ 25.87	&
Affinity Plus Federal Credit Union	Savings	\$ 53.94	&

If you are a prisoner, you must have an authorized prison official complete the Certificate of Authorized Prison Official provided on Page 6 of this application. The certificate must be filed with this application.

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

Assets owned by you or your spouse	
Home (Value)	\$ 0.00
Other real estate (Value)	\$ 0.00
Motor Vehicle #1 (Value)	\$ 0.00
Make and year:	None
Model:	
Registration#:	
Motor Vehicle #2 (Value)	\$ 0.00
Make and year:	None
Model:	
Registration#:	
Other assets (Value) None	\$ 0.00
Other assets (Value)- None	\$ 0.00 \$

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
None	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
None		

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, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> 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 <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$	\$
Home maintenance <i>(repairs and upkeep)</i>	\$	\$
Food	\$ 130.00	\$
Clothing Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation <i>(not including motor vehicle payments)</i>	\$	\$
Recreation, entertainment, newspaper, magazines, etc.	\$ 3.00	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments)(specify):</i>	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit Cards <i>(name):</i>	\$	\$
Department store <i>(name):</i>	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

Regular expenses for operation of business, profession, or farm <i>(attach detailed statement)</i>	\$	\$
Other <i>(specify)</i> :	\$	\$
Total monthly expenses:	\$ 133.00	\$

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 spent – or will you be spending – any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

12. Identify the city and state of your legal residence. Moose Lake, Minnesota

Your daytime phone number: None

Your age: 63 Your years of schooling: 12

3+

The following Certificate of Authorized Prison Official must be completed and filed with a prisoner's Application to Proceed without Prepayment of Fees and Affidavit for all incarcerated applicants. See 28 U.S.C. § 1915(a)(2) (a prisoner who applies to proceed without prepayment of fees must provide a certified copy of the trust fund account statement "obtained from the appropriate official of each prison at which the prisoner is or was confined"). The information provided below will be used by the Court in determining the proper initial partial filing fee as defined under 28 U.S.C. § 1915(b).

CERTIFICATE of AUTHORIZED PRISION OFFICIAL

I, _____, certify that the incarcerated applicant

_____ (name of applicant) has the sum of \$ _____ on account to

his/her credit at _____ (name of institution). I further certify that the

applicant named herein has the following securities to his/her credit:

I further certify that in the 6-month period immediately the preceding the filing of the complaint/petition/motion or notice of appeal, the average monthly deposits to the applicant's trust fund prison account was

\$ _____, and the average monthly balance in the prisoner's account was

\$ _____.

DATE

SIGNATURE OF AUTHORIZED OFFICIAL

No. _____

In the
Supreme Court of the United States

Kenneth Daywitt, Steven Hogs, Michael
Whipple, Russell Hatton, Peter Lonergan,
Petitioners,

v.

JODI HARPSTEAD, ET AL.,
Respondents.

On Petition for Writ of Certiorari to the
United States Court of Appeals
for the Eighth Circuit

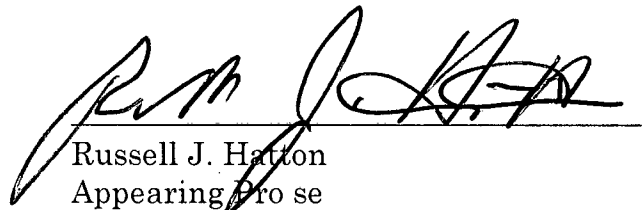
MOTION TO PROCEED IN FORMA PAUPERIS

Russell Hatton
1111 Highway 73
Moose Lake, MN 55767
Petitioner Propria Persona

The undersigned declares that he is a pauper and received IFP status in both the Minnesota District Court and Eighth Circuit Court of Appeals.

Further that your petitioner's financial situation has not changed as evidenced by the attached Application to Proceed in Supreme Court Without Prepaying Fees or Cost.

Dated: January 14, 2025

A handwritten signature in black ink, appearing to read "Russell J. Hatton", is written over a horizontal line.

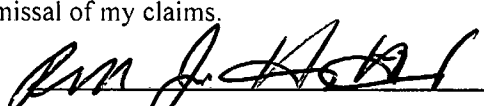
Russell J. Hatton
Appearing Pro se
1111 Highway 73
Moose Lake, MN 55767

UNITED STATES SUPREME COURT

For the
United States of America

<u>Russell Hatton, et. al.,</u>)	
Plaintiff/Petitioner)	Case No. _____
v.)	Court of Appeals No. 24-1138
<u>Jodi Harpstead, et. al.,</u>)	D.C. No. 20-cv-1743 (NEB/ECW)
Defendant/Respondent)	

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COST
(Long Form)

Affidavit in Support of the Application	Instructions
<p>I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.</p> <p>Signed: </p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Date: <u>January 14, 2025</u></p>

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 income Amount during the past 12 months		Income amount expected Next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$

Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payment)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$ 128.00	\$	\$ 128.00	\$
Other (specify): Vocational Payments	\$ 127.00	\$	\$ 127.00	\$
Total monthly income:	\$ 255.00	\$ 0.00	\$ 255.00	\$ 0.00

2. List your 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	0
			&

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	0
			&
			&

4. How much cash do you and your spouse have? \$ 0.00

Below, State any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
MSOP Trust Account	Facility Trust Account	\$ 245.33	&
	Checking	\$	&
	Savings	\$	&

If you are a prisoner, you must have an authorized prison official complete the Certificate of Authorized Prison Official provided on Page 6 of this application. The certificate must be filed with this application.

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

Assets owned by you or your spouse

Home <i>(Value)</i>	\$0
Other real estate <i>(Value)</i>	\$0
Motor Vehicle #1 <i>(Value)</i>	\$0
Make and year:	N/A
Model:	
Registration#:	
Motor Vehicle #2 <i>(Value)</i>	\$0
Make and year:	N/A
Model:	
Registration#:	
Other assets <i>(Value)</i>	\$0
Other assets <i>(Value)</i>	\$0

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	\$0	\$0
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
N/A	N/A	N/A

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, semiannually, or annually to show the monthly rate.

	You	Your spouse
--	------------	--------------------

Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> 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 <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$	\$
Home maintenance <i>(repairs and upkeep)</i>	\$	\$
Food	\$ 85	\$
Clothing Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation <i>(not including motor vehicle payments)</i>	\$	\$
Recreation, entertainment, newspaper, magazines, etc.	\$ 175	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments)(specify):</i>	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit Cards <i>(name):</i>	\$	\$
Department store <i>(name):</i>	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

Regular expenses for operation of business, profession, or farm <i>(attach detailed statement)</i>	\$	\$
Other <i>(specify)</i> :	\$	\$
Total monthly expenses:	\$ 260	\$

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 spent – or will you be spending – any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

12. Identify the city and state of your legal residence. Moose Lake, Minnesota

Your daytime phone number: None

Your age: 44 Your years of schooling: 10
3+

The following Certificate of Authorized Prison Official must be completed and filed with a prisoner's Application to Proceed without Prepayment of Fees and Affidavit for all incarcerated applicants: See 28 U.S.C. § 1915(a)(2) (a prisoner who applies to proceed without prepayment of fees must provide a certified copy of the trust fund account statement "obtained from the appropriate official of each prison at which the prisoner is or was confined"). The information provided below will be used by the Court in determining the proper initial partial filing fee as defined under 28 U.S.C. § 1915(b).

CERTIFICATE of AUTHORIZED PRISION OFFICIAL

I, _____, certify that the incarcerated applicant

_____ (name of applicant) has the sum of \$ _____ on account to

his/her credit at _____ (name of institution). I further certify that the

applicant named herein has the following securities to his/her credit:

I further certify that in the 6-month period immediately the preceding the filing of the complaint/petition/motion or notice of appeal, the average monthly deposits to the applicant's trust fund prison account was

\$ _____, and the average monthly balance in the prisoner's account was

\$ _____.

DATE

SIGNATURE OF AUTHORIZED OFFICIAL

No. _____

In the
Supreme Court of the United States

Kenneth Daywitt, Steven Hogs, Michael
Whipple, Russell Hatton, Peter Lonergan,
Petitioners,

v.

JODI HARPSTEAD, ET AL.,
Respondents.

On Petition for Writ of Certiorari to the
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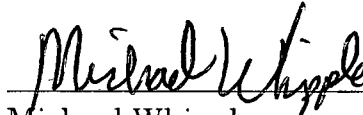
MOTION TO PROCEED IN FORMA PAUPERIS

Michael Whipple
1111 Highway 73
Moose Lake, MN 55767
Petitioner Propria Persona

The undersigned declares that he is a pauper and received IFP status in both the Minnesota District Court and Eighth Circuit Court of Appeals.

Further that your petitioner's financial situation has not changed as evidenced by the attached Application to Proceed in Supreme Court Without Prepaying Fees or Cost.

Dated: January 14, 2025



Michael Whipple
Appearing Pro se
1111 Highway 73
Moose Lake, MN 55767

UNITED STATES SUPREME COURT

For the
United States of America

Michael Whipple, et. al.,)
Plaintiff/Petitioner) Case No. _____
v.) Court of Appeals No. 24-1138
Jodi Harpstead, et. al.,) D.C. No. 20-cv-1743 (NEB/ECW)
Defendant/Respondent)

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COST
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Michael Whipple**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: January 14, 2025

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 income Amount during the past 12 months		Income amount expected Next month	
	You	Spouse	You	Spouse
Employment	\$00	\$	\$	\$
Self-employment	\$00	\$	\$	\$
Income from real property (such as rental income)	\$00	\$	\$	\$
Interest and dividends	\$00	\$	\$	\$
Gifts	\$00	\$	\$	\$
Alimony	\$00	\$	\$	\$
Child support	\$00	\$	\$	\$

Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payment)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$ 125.00	\$	\$ 125.00	\$
Other (specify): Voc. Work Assignment	\$ 54.25	\$	\$ 54.25	\$
Total monthly income:	\$ 179.25	\$ 0.00	\$ 179.25	\$ 0.00

2. List your 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
None	n/a	n/a	\$ 0.00
			\$ 0.00

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)

Employer	Address	Dates of employment	Gross monthly pay
None	n/a	n/a	\$ 0.00
			\$ 0.00
			\$ 0.00

4. How much cash do you and your spouse have? \$ 0.00

Below, State any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
MSOP Trust Account	Facility Trust Account	\$ 175.00	&
		&	&
		&	&

If you are a prisoner, you must have an authorized prison official complete the Certificate of Authorized Prison Official provided on Page 6 of this application. The certificate must be filed with this application.

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

Assets owned by you or your spouse	
Home <i>(Value)</i>	\$00
Other real estate <i>(Value)</i>	\$00
Motor Vehicle #1 <i>(Value)</i>	\$00
Make and year:	
Model:	
Registration#:	
Motor Vehicle #2 <i>(Value)</i>	\$00
Make and year:	
Model:	
Registration#:	
Other assets <i>(Value)</i>	\$00
Other assets <i>(Value)</i>	\$00

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
00	\$	\$
00	\$	\$
00	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
00		

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, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> 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 <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$00	\$
Home maintenance <i>(repairs and upkeep)</i>	\$00	\$
Food	\$ 80.00	\$
Clothing Laundry and dry-cleaning	\$00	\$
Medical and dental expenses	\$ 00	\$
Transportation <i>(not including motor vehicle payments)</i>	\$ 00	\$
Recreation, entertainment, newspaper, magazines, etc.	\$00	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$00	\$
Life:	\$00	\$
Health:	\$00	\$
Motor vehicle:	\$00	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments)(specify):</i>	\$	\$
Installment payments		
Motor vehicle:	\$00	\$
Credit Cards <i>(name):</i>	\$00	\$
Department store <i>(name):</i>	\$00	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$00	\$

Regular expenses for operation of business, profession, or farm <i>(attach detailed statement)</i>	\$00	\$
Other <i>(specify)</i> :	\$	\$
Total monthly expenses:	\$ 80.00	\$

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 spent – or will you be spending – any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

12. Identify the city and state of your legal residence.

Your daytime phone number: None

Your age: 65 Your years of schooling: 11

The following Certificate of Authorized Prison Official must be completed and filed with a prisoner's Application to Proceed without Prepayment of Fees and Affidavit for all incarcerated applicants. See 28 U.S.C. § 1915(a)(2) (a prisoner who applies to proceed without prepayment of fees must provide a certified copy of the trust fund account statement "obtained from the appropriate official of each prison at which the prisoner is or was confined"). The information provided below will be used by the Court in determining the proper initial partial filing fee as defined under 28 U.S.C. § 1915(b).

CERTIFICATE of AUTHORIZED PRISON OFFICIAL

I, _____, certify that the incarcerated applicant

_____ (name of applicant) has the sum of \$ _____ on account to

his/her credit at _____ (name of institution). I further certify that the

applicant named herein has the following securities to his/her credit:

I further certify that in the 6-month period immediately the preceding the filing of the complaint/petition/motion or notice of appeal, the average monthly deposits to the applicant's trust fund prison account was

\$ _____, and the average monthly balance in the prisoner's account was

\$ _____.

DATE

SIGNATURE OF AUTHORIZED OFFICIAL

No. _____

In the
Supreme Court of the United States

Kenneth Daywitt, Steven Hogs, Michael
Whipple, Russell Hatton, Peter Lonergan,
Petitioners,

v.

JODI HARPSTEAD, ET AL.,
Respondents.

On Petition for Writ of Certiorari to the
United States Court of Appeals
for the Eighth Circuit

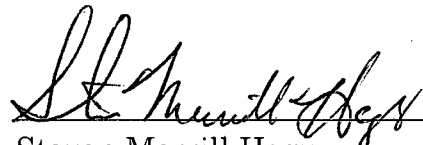
MOTION TO PROCEED IN FORMA PAUPERIS

Steven Hogs
1111 Highway 73
Moose Lake, MN 55767
Petitioner Propria Persona

The undersigned declares that he is a pauper and received IFP status in both the Minnesota District Court and Eighth Circuit Court of Appeals.

Further that your petitioner's financial situation has not changed as evidenced by the attached Application to Proceed in Supreme Court Without Prepaying Fees or Cost.

Dated: January 14, 2025


Steven Merrill Hoge
Appearing Pro se
1111 Highway 73
Moose Lake, MN 55767

UNITED STATES SUPREME COURT

For the
United States of America

Steven Merrill Hopy, et. al.,)

Plaintiff/Petitioner)

v.)

Jodi Harpstead, et. al.,)

Defendant/Respondent)

Case No. _____

Court of Appeals No. 24-1138

D.C. No. 20-cv-1743 (NEB/ECW)

APPLICATION TO PROCEED IN SUPREME COURT WITHOUT PREPAYING FEES OR COST
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: _____

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: January 14, 2025

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 income Amount during the past 12 months		Income amount expected Next month	
	You	Spouse	You	Spouse
Employment	\$00	\$	\$00	\$
Self-employment	\$00	\$	\$00	\$
Income from real property (such as rental income)	\$00	\$	\$00	\$
Interest and dividends	\$00	\$	\$00	\$
Gifts	\$00	\$	\$00	\$
Alimony	\$00	\$	\$00	\$
Child support	\$00	\$	\$00	\$

Retirement (such as social security, pensions, annuities, insurance)	\$00	\$	\$00	\$
Disability (such as social security, insurance payment)	\$00	\$	\$00	\$
Unemployment payments	\$00	\$	\$00	\$
Public-assistance (such as welfare)	\$ 128.00	\$	\$ 128.00	\$
Other (specify):	\$00	\$	\$00	\$
Total monthly income:	\$ 128.000	\$ 0.00	\$ 128.00	\$ 0.00

2. List your 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			&
			&

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			&
			&
			&

4. How much cash do you and your spouse have? \$15.00

Below, State any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
MSOP Trust Account	Facility Trust Account	\$ 267.21	&
		&	&
		&	&

If you are a prisoner, you must have an authorized prison official complete the Certificate of Authorized Prison Official provided on Page 6 of this application. The certificate must be filed with this application.

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

Assets owned by you or your spouse	
Home <i>(Value)</i>	\$00
Other real estate <i>(Value)</i>	\$00
Motor Vehicle #1 <i>(Value)</i>	\$00
Make and year:	
Model:	
Registration#:	
Motor Vehicle #2 <i>(Value)</i>	\$00
Make and year:	
Model:	
Registration#:	
Other assets <i>(Value)</i>	\$00
Other assets <i>(Value)</i>	\$00

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
NONE	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
NONE		

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, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> 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 <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$00	\$
Home maintenance <i>(repairs and upkeep)</i>	\$00	\$
Food	\$ 40.00	\$
Clothing Laundry and dry-cleaning	\$ 30.00	\$
Medical and dental expenses	\$ 16.00	\$
Transportation <i>(not including motor vehicle payments)</i>	\$	\$
Recreation, entertainment, newspaper, magazines, etc.	\$ 20.00	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i> Homeowner's or renter's: Life: Health: Motor vehicle: Other:		
	\$00	\$
	\$00	\$
	\$00	\$
	\$00	\$
	\$00	\$
Taxes <i>(not deducted from wages or included in mortgage payments)(specify):</i>	\$00	\$
Installment payments Motor vehicle: Credit Cards <i>(name):</i> Department store <i>(name):</i> Other:		
	\$00	\$
	\$00	\$
	\$00	\$
	\$00	\$
Alimony, maintenance, and support paid to others	\$00	\$

Regular expenses for operation of business, profession, or farm <i>(attach detailed statement)</i>	\$00	\$
Other <i>(specify)</i> :	\$00	\$
Total monthly expenses:	\$ 106.00	\$

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 spent – or will you be spending – any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

12. Identify the city and state of your legal residence.

Your daytime phone number: None

Your age: 73 Your years of schooling: 12

The following Certificate of Authorized Prison Official must be completed and filed with a prisoner's Application to Proceed without Prepayment of Fees and Affidavit for all incarcerated applicants. See 28 U.S.C. § 1915(a)(2) (a prisoner who applies to proceed without prepayment of fees must provide a certified copy of the trust fund account statement "obtained from the appropriate official of each prison at which the prisoner is or was confined"). The information provided below will be used by the Court in determining the proper initial partial filing fee as defined under 28 U.S.C. § 1915(b).

CERTIFICATE of AUTHORIZED PRSION OFFICIAL

I, _____, certify that the incarcerated applicant
 _____ (name of applicant) has the sum of \$ _____ on account to
 his/her credit at _____ (name of institution). I further certify that the
 applicant named herein has the following securities to his/her credit:

I further certify that in the 6-month period immediately the preceding the filing of the complaint/petition/motion or notice of appeal, the average monthly deposits to the applicant's trust fund prison account was

\$ _____, and the average monthly balance in the prisoner's account was
 \$ _____.

 DATE

 SIGNATURE OF AUTHORIZED OFFICIAL