

24-6946

No. _____

ORIGINAL

FILED
FEB 25 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Logan Djak
(Your Name)

— PETITIONER

VS.

Stacey Horstman, et al. — 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 payment of costs~~ and to proceed *in forma pauperis*. (Plaintiff can pay the filing fee but asks to proceed *in forma pauperis* because their ~~hospitalization~~ Please check the appropriate boxes: requires excuse from the 40 copies requirement.)

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

United States District Court for the Central District of Illinois
(Djak v. Horstman, CA1L 21-3151, Doc. 7, p. 4 91)

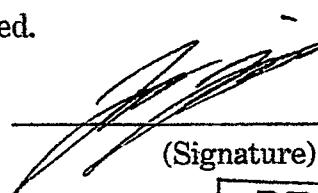
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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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MAR - 4 2025

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

I, Logan Djak, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my ~~respite~~ ^{respite} 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	\$ NA	\$ 0	\$ NA
Self-employment	\$ 0	\$ NA	\$ 0	\$ NA
Income from real property (such as rental income)	\$ 0	\$ NA	\$ 0	\$ NA
Interest and dividends	\$ ~5	\$ NA	\$ ~1	\$ NA
Gifts	\$ 0	\$ NA	\$ 0	\$ NA
Alimony	\$ 0	\$ NA	\$ 0	\$ NA
Child Support	\$ 0	\$ NA	\$ 0	\$ NA
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ NA	\$ 0	\$ NA
Disability (such as social security, insurance payments)	\$ 0	\$ NA	\$ 0	\$ NA
Unemployment payments	\$ 0	\$ NA	\$ 0	\$ NA
Public-assistance (such as welfare)	\$ 0	\$ NA	\$ 0	\$ NA
Other (specify): Logan Djak	\$ 4500	\$ NA	\$ 0	\$ NA
Settlement in Logan Djak v. Prophoff, SDIL 18-2003				
Total monthly income:	\$ ~4505	\$ NA	\$ ~1	\$ NA

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
None	NA	None	\$ 0
None	NA	None	\$ 0
None	NA	None	\$ 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
NA	NA	NA	\$ NA
NA	NA	NA	\$ NA
NA	NA	NA	\$ NA

4. How much cash do you and your spouse have? \$ ~25,000

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
Trust Fund	\$ ~25,000	\$ NA
NA	\$ 0	\$ NA
NA	\$ 0	\$ NA

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

Home
Value \$0

Other real estate
Value \$0

Motor Vehicle #1
Year, make & model NA
Value \$0

Motor Vehicle #2
Year, make & model NA
Value \$0

Other assets
Description NA
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
None	\$ 0	\$ NA
None	\$ 0	\$ NA
None	\$ 0	\$ NA

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
NA	NA	NA
NA	NA	NA
NA	NA	NA

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)	\$ 0	\$ NA
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ NA
Home maintenance (repairs and upkeep)	\$ 0	\$ NA
Food	\$ 1000	\$ NA
Clothing	\$ 100	\$ NA
Laundry and dry-cleaning	\$ 0	\$ NA
Medical and dental expenses	\$ 0	\$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ NA
Life	\$ 0	\$ NA
Health	\$ 0	\$ NA
Motor Vehicle	\$ 0	\$ NA
Other: NA	\$ 0	\$ NA
Taxes (not deducted from wages or included in mortgage payments)		
(specify): NA	\$ 0	\$ NA
Installment payments		
Motor Vehicle	\$ 0	\$ NA
Credit card(s)	\$ 0	\$ NA
Department store(s)	\$ 0	\$ NA
Other: NA	\$ 0	\$ NA
Alimony, maintenance, and support paid to others	\$ 0	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ NA
Other (specify): Legal fees	\$ 4000	\$ NA
Total monthly expenses:	\$ 5100	\$ NA

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.

All income was from a one-time settlement. No future income is expected.

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? NA

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

NA

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? Unknown

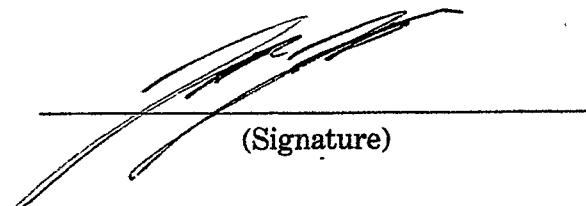
If yes, state the person's name, address, and telephone number:

M. Bauer
1393 5th St.
Carrollton, IL 62016
217.404.5181

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

I can easily pay the filing fee but need to proceed in forma pauperis for waivers of the 40 copies requirement because I'm hospitalized. It's extremely difficult to obtain copy service, legal documents are regularly stolen when submitted for copy service, and my mail is being stolen very often.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: March 21, 2025


(Signature)