

24-7367

No.

FILED

APR - 2 2025

OFFICE OF THE CLERK  
SUPREME COURT U.S.

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES OF AMERICA

**Timothy D. Leners; Pro-Se / In Propria Persona Petitioner**

vs.

**State of Wyoming; Wyoming Attorney General, Respondent**

**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*.

[ ☒ ]

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

**United States of America 10<sup>th</sup> Circuit Court of Appeals**

As granted in 2024 by the U.S. Dist. Court, District of Wyoming for said appeal

**Plus Prior Courts:** (USDC, Dist. Wyo.), (Wyo. Sup. Ct.), (1<sup>st</sup> Dist. Ct., Laramie Co. Wy.)

[ ☐ ]

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.

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

Executed on: **March 5, 2025**

(Signature)

Name)

Timothy D. Leners

Honorable United States Marine Corps Sgt.; 100% V.A. dis./ret.

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

I **Timothy Leners** am the petitioner in the above titled 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 amount, that is before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected in the next months	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from rental or Real property	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and Dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (Soc. Sec., Pensions, Annuities, Insur.)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (Social Sec., Ins. Payments)	\$ <u>0</u>	\$ <u>3782</u>	\$ <u>0</u>	\$ <u>3482</u>
Unemployment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public Assistance (welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total Monthly Income:</b>	\$ <u>0</u>	\$ <u>3782</u>	\$ <u>0</u>	\$ <u>3482</u>

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 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? \$0.00

Below state any money you or your spouse have in bank accounts or financial institutions.

Financial Institution	Account Type	Amount you have	Spouse Amount
Fremont Nat. Bank	Checking	\$0.00	\$92.00

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

☒ Home      ☐ Other real estate  
 Value \$ 164,000      Value N / A

☒ Motor vehicle #1      ☐ Motor vehicle #2  
 Value \$ 4,500      Value N / A

☐ Other assets (describe) 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
<u>N / A</u>	\$ <u>N / A</u>	\$ <u>N / A</u>
<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>

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

Name	Relationship	Age
<u>Nathan Leners</u>	<u>Son</u>	<u>19</u>
<u>Charlotte Leners</u>	<u>Daughter</u>	<u>20</u>
<u>S. L.</u>	<u>Daughter</u>	<u>16</u>
<u>H. L.</u>	<u>Son</u>	<u>15</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>N / A</u>	\$ <u>1,150</u>
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)	\$ <u>N / A</u>	\$ <u>364</u>
Home maintenance (repairs and upkeep)	\$ <u>N / A</u>	\$ <u>20</u>
Food	\$ <u>N / A</u>	\$ <u>940</u>
Clothing	\$ <u>10</u>	\$ <u>150</u>
Laundry and dry-cleaning	\$ <u>N / A</u>	\$ <u>30</u>
Medical and dental expenses	\$ <u>30</u>	\$ <u>220</u>

	<b>You</b>	<b>Your spouse</b>
Transportation (not motor vehicle payments)	\$ <u>N / A</u>	\$ <u>300</u>
Recreation / entertainment / papers / mags.	\$ <u>10</u>	\$ <u>90</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>253</u>
Other: _____	\$ <u>N / A</u>	\$ <u>N / A</u>

Taxes (not deducted from wages or incl. in mortg.)

Specify: \_\_\_\_\_ \$ N / A      \$ N / A

Installment Payments:

Motor Vehicle	\$ <u>N / A</u>	\$ <u>611</u>
Credit Cards	\$ <u>N / A</u>	\$ <u>550</u>
Department Stores	\$ <u>N / A</u>	\$ <u>N / A</u>
Other: _____	\$ <u>N / A</u>	\$ <u>N / A</u>

Alimony, maintenance and support 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): <b>PRISON LEGAL COPIES, POSTAGE, PHONE,</b> <b>HYG., HEART PILLS, FOOD, ETC.</b>	\$ <u>115</u>	\$ <u>20</u>

**Total Monthly Expenses:**      \$ 165      \$ 4,698 (in red)

 **OUR FAMILY RUNS NEGATIVE EVERY MONTH & MY POOR MOTHER IN LAW PAYS THE REST, WHICH IS BEYOND WRONG AND SAD DUE TO MY ILLEGAL CONVICTION**



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

DESCRIBE: *My wife's disability will be reduced when a child passes 17*

10. Have you paid, or will you be paying any attorney 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 attorney name and address and telephone number:

N / A

11. Have you paid, or will you be paying anyone other than an attorney (such as a paralegal or typist) any money for services in connection with this case, including completing this form?

☐ Yes

☒ No

If yes, how much?

N / A

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

N / A

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

**I am a United States of America Official "V.A. / D.O.D. 100% total and permanently disabled Marine Corps Veteran" for service earned injuries of PTSD, major depressive disorder, spinal fusion, 3 heart attacks tinnitus, 30% hearing loss.**

**I HAVE ZERO INCOME and my family of 5, lives only on a very small – reduced disability payment. My wife of 30+ years is a stay at home mother for our four young school kids and she cannot work due to injuries AND all money we are in "the red" with every single month – my poor mother in law pays ☹.**

**The only money I get is "gift money" from my family which I must spend on 'legal expenses' (such as this Writ), copies, postage, phone, medications hygiene, and some minor foods that every human being needs to live.**

**All disability my dear wife gets goes to take care of her and our four young school kids, and our home is falling apart after 7+ years of me being illegally stolen from them for a 'crime' I never committed.**

**TO BE CRYSTAL CLEAR – OUR HOME AND SINGLE CAR IS FALLING APART AND THEY LIVE BELOW POVERTY – ALL BECAUSE I LEGALLY DEFENDED MY LIFE WITH MY LEGALLY CARRIED AND LICENSED SMALL ARM – IN MY OWN HOME / UNDER AUDIO RECORDED – DEATH THREAT SCREAMING ATTACK FROM **TWO LIFELONG CRIMINAL ASSAILANTS SCREAMING AS THEY BEAT ME TO DEATH:** "I'm gonna F\*cking kill you and hide your body where I know trapping places and they will never find you!!!" **AND AS I CRIED OUT ON AUDIO:** "No! No! Stop! I don't want to fight!!"**

I declare under penalty of perjury that the forgoing is true and correct / Executed: **March 5<sup>th</sup>, 2025**

Signature

(Name)

Timothy D. Leners

Honorable United States Marine Corps Sgt.; 100% V.A. dis./ret.