

ORIGINAL

24-7525

No. _____

Supreme Court, U.S.
FILED

JUN 12 2025

OFFICE OF THE CLERK

DEATH PENALTY TRIAL

IN THE

SUPREME COURT OF THE UNITED STATES

LARRY MARK QUAY — PETITIONER
(Your Name)

VS.

STATE OF IDAHO RESPONDENT(S)

RECEIVED

JUN 24 2025

OFFICE OF THE CLERK
SUPREME COURT, U.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):

BOB COUNTY / IDAHO IDAHO SUPREME COURT
U.S. DISTRICT COURT / IDAHO NANTACANCAH

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

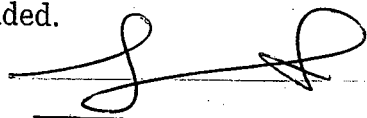
☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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)

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
<u>Q</u>	<u>Q</u>	<u>Q</u>	\$ <u>Q</u>
<u>Q</u>	<u>Q</u>	<u>Q</u>	\$ <u>Q</u>
<u>Q</u>	<u>Q</u>	<u>Q</u>	\$ <u>Q</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.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>Q</u>	<u>Q</u>	<u>Q</u>	\$ <u>Q</u>
<u>Q</u>	<u>Q</u>	<u>Q</u>	\$ <u>Q</u>
<u>Q</u>	<u>Q</u>	<u>Q</u>	\$ <u>Q</u>

4. How much cash do you and your spouse have? \$ Q
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
<u>Q</u>	\$ <u>Q</u>	\$ <u>Q</u>
<u>Q</u>	\$ <u>Q</u>	\$ <u>Q</u>
<u>Q</u>	\$ <u>Q</u>	\$ <u>Q</u>

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

☐ Home
Value Q

☐ Other real estate
Value Q

☐ Motor Vehicle #1
Year, make & model Q
Value Q

☐ Motor Vehicle #2
Year, make & model Q
Value Q

☐ Other assets
Description Q
Value Q

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

\$
\$
\$

\$
\$
\$

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

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)

\$

\$

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$

\$

Home maintenance (repairs and upkeep)

\$

\$

Food

\$

\$

Clothing

\$

\$

Laundry and dry-cleaning

\$

\$

Medical and dental expenses

\$

\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</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 ☒ No If yes, describe on an attached sheet.

S

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? *S*

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

S

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? *S*

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

S

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

I HAVE NO MONEY OR ITEMS
OF VALUE

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

Executed on: 12 June, 2025

[Signature]

(Signature)

Daily Transaction Summary: June 12, 2024 - June 12, 2025

Page 1

Offender Information

Offender Number: 0018114	Institution: II	Living Unit: 9	Primary Balance: \$0.00
Offender Name: SIVAK, LACEY MARK	Housing Facility: 9	Cell: 45	Available Balance: \$0.00
Account Status: Open	Tier: B	Bed: A	

Primary Trust Transactions

Date	Transaction Type	Payer / Paid To	Ref / Voucher Number	Deposit	Expense	Balance	Loc Code
06/12/2024						\$0.00	
10/24/2024 05:40:12 AM	Keefe	L. Ruggieri	23595617R	\$27.00		\$27.00	DOC
10/24/2024 09:37:23 AM	Federal Court Filing Fee	IDAHO, U.S. DISTRICT COURT			(\$5.40)	\$21.60	DOC
10/25/2024 05:40:06 AM	Keefe	L. Ruggieri	23596960R	\$7.00		\$28.60	DOC
10/28/2024 09:30:54 PM	Commissary Sale	Commissary Sales			(\$26.58)	\$2.02	II
11/04/2024 09:30:50 PM	Commissary Sale	Commissary Sales			(\$1.91)	\$0.11	II
11/10/2024 09:30:39 PM	Commissary Sale	Commissary Sales			(\$0.11)	\$0.00	II
06/12/2025				\$34.00	(\$34.00)	\$0.00	

Interest Bearing Savings

Date	Deposit	Expense	Balance	Loc Code
06/12/2024			\$0.00	
No Activity				
06/12/2025	\$0.00	\$0.00	\$0.00	

Savings

Date	Deposit	Expense	Balance	Loc Code
06/12/2024			\$0.00	
No Activity				
06/12/2025	\$0.00	\$0.00	\$0.00	

I hereby certify that these records are true and correct copies of official records or reports or entries therein of the Idaho Department of Correction.

Dated: 06/12/2025

Signature: *[Handwritten Signature]* 320509