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SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S. FILED

JUN 20 2025

OFFICE OF THE CLERK

Dan Larkin Bozeman II - PETITIONER (Your Name)

VS.

James Schiebner - 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 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):

United States District Court, Eastern District Of Michigan; United States Court Of Appeals For The Sixth Circuit.

☐ 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:______

 \square a copy of the order of appointment is appended.

(Signature)

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JUL - 2 2025

OFFICE OF THE CLERK SUPREME COURT, U.S.

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

I, <u>Dan L. Bozeman II.</u>, 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.

	ome source Average monthly amount during the past 12 months		Amount expected next month	
•	You	Spouse	You	Spouse
Employment	\$ 15.03	\$ <u>N/A</u>	\$43.00-015.1	2 \$ <u>N/A</u>
Self-employment	\$ <i>O</i>	\$ <u>V/4</u>	\$ <i>O</i>	\$_ N/A _
Income from real property (such as rental income)	\$Q	\$_ N /A	\$	\$_N/A_
Interest and dividends	\$ <u> </u>	\$ <u>N/A</u>	\$O	\$ <u>N/A</u>
Gifts	\$ 41.62	\$_N/A	\$ <u>V/A</u>	\$ <u>N/A</u>
Alimony	\$ <u> </u>	\$_N/A_	\$ <u> </u>	\$ <u>N/A</u>
Child Support	\$ <u>Q</u>	\$ <u>N/A</u>	\$ <u> </u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$O	\$ <u>N/A</u>	\$ <i>O</i>	\$_ <i>N/A</i>
Disability (such as social security, insurance payments	\$ <u>O</u>	\$ <u>N/A</u>	\$_ <i>O</i>	\$ N/A
Unemployment payments	\$ <u> </u>	\$_N/A	\$O	\$_ <i>N/A</i> _
Public-assistance (such as welfare)	\$	\$ <u>N/A</u>	\$	\$ N/A
Other (specify):	\$ O	\$ <u>N/A</u>	\$ <u> </u>	\$_ <i>N/A</i> _
Total monthly income	\$ 15,03	\$_ <i>N</i> /A	\$_N/A_	\$ N/A

2. List your employment is before taxes or o		wo years, most recent i	irst. (Gross monthly pay
Employer	Address	Dates of	Gross monthly pay
MDOC Porter	0400 S. Sheridan Dr. <u>Musikegan, MT 49</u> 442 — N/A	Employment 11/4/22~ pveSed	\$13-00-\$15.12 \$ N/A
N/A	N/A	N/A	\$N/A
	employment history for y is before taxes or other		ost recent employer first.
Employer	Address	Dates of	Gross monthly pay
NI/A	N/A	Employment N <i>/A</i>	¢ N//4
N/A	N/A	N/A	\$ N/A
N/A	N/A	NA	\$ N/A
Below, state any n institution. Type of account (e.g., MDOC Trust Account N/A	checking or savings) ***********************************	Amount you have An \$	nount your spouse has N/A N/A N/A N/A N/A N/A N/A N/
and ordinary house		. • • •	
☐ Home		☐ Other real estate	
Value		Value <u>N/A</u>	<u> </u>
☐ Motor Vehicle #1 Year, make & mode Value		□ Motor Vehicle #2 Year, make & mod Value N/A	
☐ Other assets Description Value//A	the state of the s		

Person owing you or your spouse money	Amount owed to	you Amou	Amount owed to your spouse		
N/A	\$ <i>N/A</i>	\$1	V/A		
N/A	\$N/A	\$[\$N/A		
N/A	\$N/A		N/A		
	rely on you or your spous "J.S." instead of "John Sn		minor children, list initial		
Name	Relationsh	ip	Age		
hone	<i>N/A</i>		N/A		
none	N/A		N/A		
None	N/A		N/A		
annually to show the n	nonthly rate.	hat are made weekly			
annually to show the need or home-mortgage pendingly lot rented for modern areal estate taxes include lot.	payment bile home)		ow separately the amount y, biweekly, quarterly, of Your spouse \$\$		
annually to show the name of the control of the con	payment bile home) cluded? Vyes \(\square\) No cluded? \(\square\) Yes \(\square\) No ing fuel,		y, biweekly, quarterly, o		
	payment bile home) cluded? Vyes \(\square\) No cluded? \(\square\) Yes \(\square\) No ing fuel, one)	You \$O \$O	y, biweekly, quarterly, o		
annually to show the name of the control of the con	payment bile home) cluded? Vyes \(\square\) No cluded? \(\square\) Yes \(\square\) No ing fuel, one)	You \$ <i>Q</i> \$ Q	y, biweekly, quarterly, o		
annually to show the name of the control of the con	payment bile home) cluded? Vyes \(\square\) No cluded? \(\square\) Yes \(\square\) No ing fuel, one)	You \$ \$ \$ \$	Your spouse \$_N/A \$_N/A \$_N/A \$_N/A		
annually to show the name of the control of the con	payment bile home) cluded? Vyes \(\subseteq \text{No} \) ocluded? \(\subseteq \text{Yes} \subseteq \text{No} \) one) and upkeep)	You \$ \$ \$ \$	Your spouse \$_N/A \$_N/A \$_N/A \$_N/A		

	You	Your spouse
Transportation (not including motor vehicle payments)	\$O	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$O	\$_N/A
Insurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$ <u>O</u>	\$_N/A
Life	\$	\$_N/A
Health	\$	\$_N/A
Motor Vehicle	\$ <u>O</u>	\$_ <i>N//</i> 4
Other: N/A	\$	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage	payments)	
(specify):	\$ <u> </u>	\$_N/A
Installment payments		
Motor Vehicle	\$Q	\$ N/A
Credit card(s)	\$ <u> </u>	\$_N/A
Department store(s)	\$O	\$ N/A
Other:	\$	\$_N/A
Alimony, maintenance, and support paid to others	\$O	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	s N/A
Other (specify):	\$	\$_N/A
Total monthly expenses:	\$ 32.08	s N/A

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? 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 Yes
If yes, how much? approximately \$ 102.14 for copies and legal mailing fees.
If yes, state the person's name, address, and telephone number: law library 3 MCF Postage.
12. Provide any other information that will help explain why you cannot pay the costs of this case. My monthly income is usually between \$13.84-\$15.32; and tooth paste, deoderan and Soop cost roughly \$11 monthly.
I declare under penalty of perjury that the foregoing is true and correct. Executed on: June, 10 th , 2025
, 20 <u>20</u>

Dan Bogenar 11 (Signature)