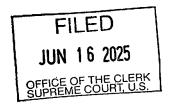
25, -5173

No. _____



IN THE
SUPREME COURT OF THE UNITED STATES
DOUGLAS DEAN WELSH — PETITIONER (Your Name)
VS.
MARK GARMAN —— 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 <i>in forma pauperis</i> .
Please check the appropriate boxes:
XXXPetitioner has previously been granted leave to proceed in forma pauperis in the following court(s):
COMMON PLEAS COURT OF COLUMBIA COUNTY PENNSYLVANIA, SUPERIOR
COURT OF PENNSYLVANIA, FOR THE MIDDLE DISTRICT, AND SUPREME COURT OF PENNSYLVANIA FOR THE MIDDLE DISTRICT.
Petitioner has not previously been granted leave to proceed in forma pauperis in any other court.
XXXPetitioner'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.
Donlar De malch

(Signature) ECFIVED

JUL 16 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>DOUGLAS DEAN WELSH</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.

	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$_0	\$	\$ <u> </u>	\$ <u></u>
Self-employment	\$0	\$_0	\$_0	\$ <u> </u>
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$ <u> </u>	\$	\$ <u></u>	\$ <u></u>
Gifts	<i>o</i> \$	\$ b	\$ <u> </u>	\$
Alimony	\$_0	\$ <u> </u>	\$0	\$_0
Child Support	\$	\$ <u></u>	\$	\$ <u> </u>
Retirement (such as social security, pensions, annuities, insurance)	\$_0	\$ <u> </u>	\$	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ 0 .	\$	\$	\$_0
Unemployment payments	\$_0	\$ <u> </u>	\$0	\$ <u> </u>
Public-assistance (such as welfare)	\$_0	\$	\$	\$_0
Other (specify): N/A	\$_0	\$0	\$0	\$_0
Total monthly income:	\$ <u> </u>	\$D	\$ D	\$ D

Employer	Address	Dates of	Gross monthly pay
N/A	N/A	Employment N/A	s 0
	V		\$ \$
3. List your spouse (Gross monthly p	e's employment histo ay is before taxes or	ry for the past two years	, most recent employer fir
Employer	Address	Dates of	Gross monthly pay
N/A	N/A	Employment N/A	\$ _0
			\$
			\$
institution.	do you and your spou money you or your		unts or in any other finance
4. How much cash of Below, state any institution.			
4. How much cash of Below, state any institution.	do you and your spou money you or your n Type of accoun		unts or in any other finance Amount your spouse has \$ \$ \$
 4. How much cash of Below, state any institution. Financial institution N/A 5. List the assets, a 	do you and your spou money you or your Type of accoun	t Amount you have \$\$ \$\$	
 4. How much cash of Below, state any institution. Financial institution N/A 5. List the assets, a 	n Type of accoun	t Amount you have \$\$ \$\$	Amount your spouse has \$ \$ \$ se owns. Do not list clothi
 4. How much cash of Below, state any institution. Financial institution N/A 5. List the assets, a and ordinary hou 	n Type of accounny/A and their values, while sehold furnishings.	t Amount you have \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount your spouse has \$0 \$\$ \$\$ \$se owns. Do not list clothing the
 4. How much cash of Below, state any institution. Financial institution. 5. List the assets, a and ordinary hou □ Home	n Type of accoun N/A and their values, while sehold furnishings.	t Amount you have \$_0 \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$ Ch you own or your spous Other real estate Value	Amount your spouse has \$0 \$\$ \$s se owns. Do not list clothing the
 4. How much cash of Below, state any institution. Financial institution. 5. List the assets, a and ordinary hou □ Home Value	n Type of accoun N/A and their values, whisehold furnishings.	t Amount you have \$_0 \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$ Ch you own or your spous Other real estate Value	Amount your spouse has \$ \$ \$ se owns. Do not list clothing the

6. State every person, bu amount owed.	siness, or organization of	owing you or your	spouse money, and the
Person owing you or	Amount owed to y	ou Amount	owed to your spouse
your spouse money N/A	s 0	\$ 0	
	\$	• • • • • • • • • • • • • • • • • • •	
	Ψ	Ψ	
	Ψ	Ψ	
7. State the persons who r	ely on you or your spous Relationshi j		Age
N/A	N/A	N/A	
8. Estimate the average me paid by your spouse. annually to show the mo	Adjust any payments the	nd your family. Show at are made weekly,	v separately the amounts biweekly, quarterly, or Your spouse
Rent or home-mortgage pa (include lot rented for mob		_{\$} 0	s ⁰
Are real estate taxes included in the second	uded? XXX		Ψ
Utilities (electricity, heatin water, sewer, and telephon		s 0	<u>\$</u> 0
Home maintenance (repairs		\$0	\$ <u>0</u>
Food		\$ 80.00	\$ D
Clothing		\$10.00	\$ D
Laundry and dry-cleaning		<u>\$</u> 0	\$O
Medical and dental expense	ae	_{\$} 0	ę O

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ <u> </u>
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in morta	gage payments)	
Homeowner's or renter's	\$_0	\$_0
Life	\$	\$_0
Health	\$ 0	\$_0
Motor Vehicle	<u>\$</u> 0	\$ 0
Other: N/A	\$	\$ <u></u> 0
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify): N/A	\$_0	\$ <u> </u>
Installment payments		
Motor Vehicle	<u>\$0</u>	<u>\$0</u>
Credit card(s)	\$	\$0
Department store(s)	\$_0	\$_0
Other: N/A	\$	\$0
Alimony, maintenance, and support paid to others	\$0	\$_0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$0
Other (specify)!/A	\$0	\$_0
Total monthly expenses:	\$ 90.00	\$

· Y 7

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 XXX 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 XXX No
If yes, how much?
If yes, state the attorney's name, 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 a typist) any money for services in connection with this case, including the completion of this form?
☐ Yes XXX No
If yes, how much?
If yes, state the person's name, 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 declare under penalty of perjury that the foregoing is true and correct.
Executed on:
Vorde Down Well

(Signature)