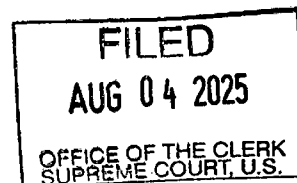


25-5313

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



In Re KEVIN WILLIAM CASSADAY — PETITIONER
(Your Name)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of mandamus 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):

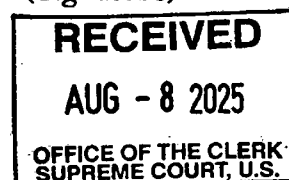
WDMI & EDM I USDC; SIXTH CIRCUIT COURT OF APPEALS

☐ 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.

Kevin Cassaday

(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
NA	NA	NA	\$ 0
NA	NA	NA	\$ 0
NA	NA	NA	\$ 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	\$ 0
NA	NA	NA	\$ 0
NA	NA	NA	\$ 0

4. How much cash do you and your spouse have? \$ 320.00
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
MFCU SAVINGS/CHECKING	\$ 320	\$ NA
MERRIL LYNCH RETIREMENT/STOCKS	\$ 3522	\$ NA
NA	\$ NA	\$ 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 NA

☐ Other real estate
Value NA

☒ Motor Vehicle #1
Year, make & model 2013 RAM 1500
Value 10,000.00

☒ Motor Vehicle #2
Year, make & model 2005 DODGE DAKOTA
Value NONE

☒ Other assets
Description UTILITY TRAILER
Value 1500.00

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
NA	\$ 0	\$ NA
NA	\$ 0	\$ NA
NA	\$ 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)	\$ NA	\$ NA
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 40.00	\$ NA
Home maintenance (repairs and upkeep)	\$ NA	\$ NA
Food	\$ 400.00	\$ NA
Clothing	\$ 0	\$ NA
Laundry and dry-cleaning	\$ 25.00	\$ NA
Medical and dental expenses	\$ 25.00	\$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 200.00	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ 10	\$ NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NA	\$ NA
Life	\$ NA	\$ NA
Health	\$ 300.50	\$ NA
Motor Vehicle	\$ 90.00	\$ NA
Other: _____	\$ NA	\$ NA
Taxes (not deducted from wages or included in mortgage payments)		
(specify): FEDERAL 12.5% _____	\$ 199.00	\$ NA
Installment payments		
Motor Vehicle	\$ 250.00	\$ NA
Credit card(s)	\$ 375.00	\$ NA
Department store(s)	\$ NA	\$ NA
Other: NA _____	\$ NA	\$ NA
Alimony, maintenance, and support paid to others	\$ NA	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ NA	\$ NA
Other (specify): COURT COSTS _____	\$ 50.00	\$ NA
Total monthly expenses:	\$ 1958.00	\$ 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.

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 ☒ No

If yes, how much? _____

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

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

MEANS TESTED INCOME SSDI

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

Executed on: 8-1, 2025



(Signature)