

No: **25-5474** **ORIGINAL**

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED
AUG 20 2025
OFFICE OF THE CLERK

Jacob I. Severson

Petitioner

v.

Dr. Shabnum Gupta, Sanford Health Network

North, and Sanford Medical Center Fargo

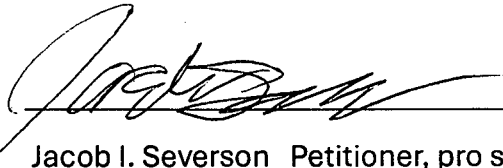
Respondents

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".

The Petitioner has not previously been granted leave to proceed in "forma pauperis" In any other Court.

The Petitioner's Affidavit or declaration in support of this Motion is attached hereto.



August 19, 2025

Jacob I. Severson Petitioner, pro se

1202 S University

PO Box 9173

Fargo, ND 58106

701-238-1695

Jakeingamar@Gmail.com

RECEIVED
AUG 26 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, JACOB SEVERSON, 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.

| Income source | Average monthly amount during the past 12 months | | Amount expected next month | |
|--|---|----------------|-------------------------------|----------------|
| | You | Spouse | You | Spouse |
| Employment | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Self-employment | \$ <u>201.46</u> | \$ <u>N/A</u> | \$ <u>200⁰⁰</u> | \$ <u>N/A</u> |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Interest and dividends | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Gifts | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Alimony | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Child Support | \$ <u>N/A</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Unemployment payments | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Other (specify): _____ | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Total monthly income: | \$ <u>201.46</u> | \$ <u>0.00</u> | \$ <u>200⁰⁰</u> | \$ <u>0.00</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 | | | \$ |
| | | | \$ |
| | | | \$ |

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 |
|----------|---------|---------------------|-------------------|
| N/A | | | \$ |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$ 50⁰⁰
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 |
|---|---------------------------|------------------------|
| Checking | \$ <u>85⁰⁰</u> | \$ <u>N/A</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 N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value _____

☐ Motor Vehicle #2
Year, make & model N/A
Value _____

☒ Other assets
Description 2 GUITARS
Value 300⁰⁰

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

0

\$ 0

\$ N/A

\$ _____

\$ _____

\$ _____

\$ _____

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

NO ONE

NO CHILDREN

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)

\$ 0

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

I LIVE WITH MY FATHER
AND HE PAYS FOR MY EXPENSES

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

\$ 0

\$ N/A

Home maintenance (repairs and upkeep)

\$ 0

\$ N/A

Food

\$ 0

\$ N/A

Clothing

\$ 0

\$ N/A

Laundry and dry-cleaning

\$ 0

\$ N/A

Medical and dental expenses

\$ 0

\$ N/A

| | You | Your spouse |
|---|------------------------------|-------------|
| Transportation (not including motor vehicle payments) | \$ 150 ⁰⁰ | \$ N/A |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 50 ⁰⁰ | \$ N/A |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ 0 | \$ N/A |
| Life | \$ 0 | \$ N/A |
| Health | \$ 0 | \$ N/A |
| Motor Vehicle | \$ 0 | \$ N/A |
| Other: | \$ 0 | \$ N/A |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): | \$ 0 | \$ N/A |
| Installment payments | | |
| Motor Vehicle | \$ 0 | \$ N/A |
| Credit card(s) | \$ 700 ⁰⁰ a month | \$ N/A |
| Department store(s) | \$ 0 | \$ N/A |
| Other: | \$ 0 | \$ N/A |
| Alimony, maintenance, and support paid to others | \$ N/A | \$ N/A |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0 | \$ N/A |
| Other (specify): | \$ 0 | \$ N/A |
| Total monthly expenses: | \$ 200 ⁰⁰ | \$ 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 ☒ No

If yes, how much? _____

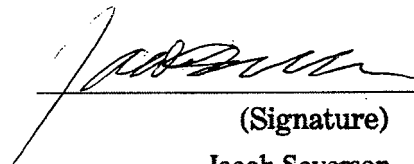
If yes, state the person's name, address, and telephone number:

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

SINCE MY PENIS GOT MUTILATED ON 12-15-21, MY LIFE HAS TAKEN A STEEP DOWN TURN, SO I HAVEN'T BEEN ABLE TO WORK MUCH, SO MY FATHER TAKES CARE OF ME. DECEMBER 15, 2021 WAS TRULY LIFE ALTERING!

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

Executed on: AUGUST 20, 2025


(Signature)

Jacob Severson
PO Box 9173
Fargo ND 58106