25-5882 ONIGINAL

	FILED
IN THE	SEP 2 4 2025
	OFFICE OF THE CLERK
SUPREME COURT OF THE UNITED STATES	
Michael Broomer — PETITIONER (Your Name)	
VS.	•
Warden Emig - RESPONDENT	(S)
MOTION FOR LEAVE TO PROCEED IN FORMA PAU	PERIS
The petitioner asks leave to file the attached petition for a without prepayment of costs and to proceed in forma pauperis.	writ of certiorari
Please check the appropriate boxes:	
Delaware State (ourt, Delaware Superior (ourt District	
t- 1	
Velaware,	
Petitioner has not previously been granted leave to previously been granted leave to previously in any other court.	roceed in forma
Petitioner's affidavit or declaration in support of this motion i	s attached hereto.
☐ Petitioner's affidavit or declaration is not attached because appointed counsel in the current proceeding, and:	the court below
☐ The appointment was made under the following provision of	of law:, or
□ a copy of the order of appointment is appended.	
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AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Michael Broomer, 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.

	ge monthly amo st 12 months	ount during	Amount expe	cted
	You	Spouse	You	Spouse
Employment	\$	\$ NA-	\$ <u>D</u>	\$ NA
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$O	\$	\$ <i>O</i>	\$
Gifts	\$~360	\$	\$ 300	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 300	\$	\$	\$

	1181 Paddock Ro	Employment ~ 202'S March	A
. List your spouse's (Gross monthly pa	s employment histor y is before taxes or o	y for the past two years other deductions.)	, most recent employer fir
Employer V ∤A	Address	Dates of Employment	S \$ \$
institution.	checking or savings) Amount you have\$	Amount your spouse has \$ \$
		Addition of the second of the	
. List the assets, ar and ordinary house	nd their values, whic ehold furnishings.	h you own or your spous	e owns. Do not list cloth
and ordinary house	nd their values, whic ehold furnishings.	h you own or your spous ☐ Other real esta	
. List the assets, ar and ordinary house Home Value	ehold furnishings.		te
and ordinary house Home Value Motor Vehicle #1	ehold furnishings. ele	☐ Other real esta Value ☐ Motor Vehicle #	#2 model

6. State every person, bu amount owed.	siness, or organization o	owing you	or your spo	ouse money, and the
Person owing you or your spouse money	Amount owed to y	ou	Amount or	wed to your spouse
N/A	\$		\$	·
	\$		\$	
	\$		\$	
7. State the persons who re instead of names (e.g. "J.	ely on you or your spouse S." instead of "John Smit	for support h").	. For mino	r children, list initials
Name	Relationship		Α	ge
<u>M.B</u>	Son		12	
N.B		·	12	
K.M	Sor		9	
Rent or home-mortgage pa (include lot rented for mob Are real estate taxes included in the second se	ile home) ided?	You \$)	Your spouso \$
Utilities (electricity, heating water, sewer, and telephone	g fuel, e)	\$ <u>~20</u>	· ·	\$
Home maintenance (repairs	and upkeep)	\$ <u>_</u>)	\$
Food	,	s_~Z	80	\$
Clothing		\$_~	LO	\$
Laundry and dry-cleaning		\$()	\$
Medical and dental expense	es	\$	<u> </u>	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mort	gage payments)	V
Homeowner's or renter's	\$	\$
Life	\$O	\$
Health	\$	\$
Motor Vehicle	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify):	\$	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$ <u> </u>	.\$
Department store(s)	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$ 500	\$

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
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.
Im incarcerated
I declare under penalty of perjury that the foregoing is true and correct.
Executed on: $8-18-25$, $20\overline{25}$
R/B
(Signature)