25-6162

| No | |
|--|---------------------------------------|
| · | • |
| · | · · |
| IN THE | |
| SUPREME COURT OF THE UNITED STATES | |
| | |
| TERRELL LOBLEY — PETITIONER | <i>y</i> |
| (Your Name) | FILED |
| VS. | OCT 0 2 2025 |
| v 5. DON HARRIS, WARDEN FORT DODGE CORRECTIONAL FACILITY | OFFICE OF THE CLE SUPREME COURT, U |
| — RESPONDENT(S) | |
| MODION FOR LEAVE DO DROCEED IN ECRMA DALLO | EDIC |
| MOTION FOR LEAVE TO PROCEED IN FORMA PAUPI | EKIS |
| The petitioner asks leave to file the attached petition for a wr without prepayment of costs and to proceed <i>in forma pauperis</i> . | it of certiorari |
| Please check the appropriate boxes: | I |
| A Petitioner has previously been granted leave to proceed in form the following court(s): | ma pauperis in |
| United States District Court for the Southern District of Iowa: | . •• |
| United States Court of Appeals for the Eighth Circuit | |
| \square Petitioner has not previously been granted leave to proceedings in any other court. | eed in forma |
| \square Petitioner's affidavit or declaration in support of this motion is a | ttached hereto. |
| ☐ Petitioner's affidavit or declaration is not attached because the ppointed counsel in the current proceeding, and: | he court below |
| ☐ The appointment was made under the following provision of l | law: |
| | , or |
| \Box a copy of the order of appointment is appended. | / / h |
| /andl (| Lastra |
| (Signat | oure) |

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

| | I, TERRELL LOBLEY | , 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 re | dress. |

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.

| | verage monthly and ne past 12 months | monthly amount during 12 months | | ected |
|--|---|------------------------------------|-----------------|-------------|
| | You | Spouse | You | Spouse |
| Employment | \$ <u>0</u> | <u>\$ 0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Self-employment | \$ <u>0</u> | <u>\$</u> 0 | \$ <u>0</u> | \$ |
| Income from real property (such as rental income) | y <u>\$</u> 0 | \$0 | \$ <u>0</u> | \$ <u>0</u> |
| Interest and dividends | \$ <u></u> 0 | <u>\$</u> 0 | \$ <u>0</u> | \$_0 |
| Gifts | \$ <u>0</u> | <u> </u> | \$ <u>0</u> | \$ <u>0</u> |
| Alimony | \$ <u>0</u> | \$ 0 | \$ <u></u> | \$_0 |
| Child Support | \$ <u>0</u> | <u> </u> | \$ <u>0</u> | \$ |
| Retirement (such as socional security, pensions, annuities, insurance) | al \$ <u>0</u> | <u>\$</u> 0 | \$ <u>0</u> | \$ <u>0</u> |
| Disability (such as social security, insurance paym | \$ <u>0</u> nents) | \$ <u></u> 0 | <u>\$</u> 0 | \$0 |
| Unemployment payments | \$ <u>0</u> | <u>\$</u> 0 | \$ <u>0</u> | \$ <u>0</u> |
| Public-assistance (such as welfare) | \$ <u></u> 0 | <u>\$</u> 0 | \$ <u>0</u> | \$ <u>0</u> |
| Other (specify): N/A | \$ | \$ | . \$ | \$ |
| Total monthly inc | ome: \$ <u>0</u> | \$ <u>_</u> 0 | \$ ⁰ | \$ <u>0</u> |

| Employer | Address | Dates of Employment | Gross monthly pay |
|--|---|---|------------------------------|
| N/a | N/A | N/a | \$ |
| | | | \$ <u>0</u> |
| | *************************************** | | \$ <u>·</u> |
| 3. List your spo (Gross month) | use's employment histo y pay is before taxes or | ry for the past two years other deductions.) | s, most recent employer fire |
| Employer _{N/A} | Address | Dates of Employment | Gross monthly pay |
| | | | |
| | | | \$ \$ |
| | | | |
| | | SI AMOUNT VOU have | Amount your enduce has |
| N/A . | | <u> </u> | Amount your spouse has \$0 |
| N/A . | | \$ <u>0</u> | \$ <u>0</u> \$ |
| N/A . | | \$ <u> </u> | \$ <u>0</u> \$ |
| 5. List the assets | | \$0 \$\$ \$\$ | \$ <u>0</u> \$ |
| 5. List the assets | s, and their values, whi | \$0 \$ \$sich you own or your spous | \$ 0 |
| 5. List the assets | s, and their values, whi | \$0 \$ \$ \$ Sich you own or your spous | \$ 0 |
| 5. List the assets and ordinary h Home Value Motor Vehicle | s, and their values, whings. | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | \$ o |
| 5. List the assets and ordinary h Home Value Motor Vehicle | s, and their values, whi cousehold furnishings. | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | \$ o |
| 5. List the assets and ordinary h Home Value Motor Vehicle | s, and their values, whi nousehold furnishings. #1 model | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | \$ 0 |
| 5. List the assets and ordinary h Home Value Motor Vehicle Year, make & 1 | s, and their values, whi nousehold furnishings. #1 model | \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ 0 |
| 5. List the assets and ordinary had an arrival with the second ordinary had been assets. 5. List the assets and ordinary had assets. | s, and their values, whi lousehold furnishings. #1 model | \$\frac{0}{\text{\$\sigma}}\$\$ \$\text{\$\sigma}\$\$ \$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}\$}}}\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\ | \$ 0 |
| S. List the assets and ordinary had be an and ordinary had be a set an | s, and their values, whi nousehold furnishings. #1 model | \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ 0 |

.

| 6. State every person, bus amount owed. | iness, or organization o | owing you or | your spouse money, and the |
|--|--------------------------|----------------|-----------------------------------|
| Person owing you or your spouse money | Amount owed to y | ou An | nount owed to your spouse |
| N/A | \$ | \$_ | |
| | \$ | \$ | |
| | \$ | \$ | |
| 7. State the persons who rel instead of names (e.g. "J.S | | | For minor children, list initials |
| Name N/A | Relationship | | Age |
| 8. Estimate the average more | nthly expenses of you an | d your family. | Show separately the amounts |
| paid by your spouse. A annually to show the mor | | at are made w | eekly, biweekly, quarterly, or |
| | | You | Your spouse |
| Rent or home-mortgage pay (include lot rented for mobil | | <u>\$</u> 0 | <u>\$</u> 0 |
| Are real estate taxes included in the second of the second | | e. | |
| Utilities (electricity, heating water, sewer, and telephone | | <u>\$</u> 0 | <u> </u> |
| Home maintenance (repairs | and upkeep) | <u>\$ 0 </u> | <u> </u> |
| Food | | <u>\$_0</u> | \$ <u>0</u> |
| Clothing | | \$ <u></u> 0 | <u>\$</u> 0 |
| Laundry and dry-cleaning | | <u>\$</u> 0 | <u>\$</u> 0 |
| Medical and dental expenses | 5 | \$_0 | <u>\$_</u> 0 |

| | 2 | You | Your spouse |
|---|---|--|--|
| | Transportation (not including motor vehicle payments) | \$_0 | <u>\$</u> 0 |
| | Recreation, entertainment, newspapers, magazines, etc. | \$_0 | <u>\$_0</u> |
| | Insurance (not deducted from wages or included in mortg | gage payments) | |
| | Homeowner's or renter's | \$ <u>0</u> | \$ |
| | Life | \$0 | \$_0 |
| | Health | <u>\$</u> 0 | \$0 |
| | Motor Vehicle | <u>\$_0</u> | <u>\$</u> 0 |
| | Other: N/A | <u>\$</u> 0 | <u>\$_0</u> |
| , | Taxes (not deducted from wages or included in mortgage | payments) | |
| | (specify): N/A | <u>\$</u> | <u>\$ 0 </u> |
| | Installment payments | | |
| | Motor Vehicle | \$0 | <u>\$ 0</u> |
| | Credit card(s) | \$0 | <u>\$_0</u> |
| | Department store(s) | \$0 | <u>\$ 0 </u> |
| | Other: N/A | <u>\$ 0</u> | <u>\$ 0 </u> |
| | Alimony, maintenance, and support paid to others | \$0 | <u>\$</u> 0 |
| | Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>0</u> · | <u>\$ 0 </u> |
| | Other (specify): N/A | <u>\$ 0 </u> | <u>\$ 0</u> |
| | Total monthly expenses: | \$ <u>0</u> | <u>\$ 0</u> |

•

.

| 9. Do you exp | ect any m luring the | ajor changes to y next 12 months? | our monthly | income or | expenses o | r in your ass | ets or |
|---|-----------------------------|---|-----------------------------------|------------------|------------------------------|--------------------------------|------------------------|
| ☐ Yes | ⊠No | If yes, describe | e on an attac | hed sheet. | | | |
| | | | | | | | |
| 10. Have you p | oaid – or w ase, includi | ill you be paying | ; – an attorne on of this form | ey any mon n? | ey for serv | ices in conne | ection |
| If yes, how | much? N/ | A | | | | | |
| If yes, stat | e the attor | ney's name, addr | ess, and telep | phone num | ber: | | |
| | | · | | | | | |
| 11. Have you p a typist) an form? | aid—or wi y money fo | ll you be paying- or services in con | –anyone othe nection with | er than an a | attorney (su including th | ich as a para ie completion | llegal or n of this |
| ☐ Yes | ⋈ No | | | | | | |
| If yes, how | much? | | | | | | |
| | | name, address, ar | · | | annot pay t | he costs of th | nis case |
| l am cur | rently inca | rcerated, and an sidered indigent | n unemploye | | | | |
| I declare under | penalty of | perjury that the | e foregoing is | true and o | correct. | | |
| Executed on: | · |)-1 | , 20_25 | - | | | |
| (idea) | 5 4 | | | Tin | all (Signature) | elly | |
| in the second | , (| | | | (Signat | cure) | |
| | | | | | | | |
| | | | | | | | |