

25-6365

IN THE SUPREME COURT OF THE UNITED STATES

TIMOTHY ROBERT PROVO, Petitioner,

v.

GEOFFREY W. TENNEY, et al., Respondents.

On Petition for a Writ of Certiorari

to the United States Court of Appeals for the Eighth Circuit

FILED

OCT 08 2025

OFFICE OF THE CLERK
SUPREME COURT U.S.

ORIGINAL

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

(Pursuant to Supreme Court Rule 39)

Petitioner, **Timothy Robert Provo**, respectfully moves for leave to proceed *in forma pauperis* in the above-captioned matter.

1. On **July 9, 2025**, the U.S. District Court for the District of Minnesota granted Petitioner's application to proceed *in forma pauperis on appeal* in Case No. 0:25-cv-02105 (JWB/SGE) (Exhibit A).

On **July 10, 2025**, the District Court transmitted the appeal to the Eighth Circuit noting that the IFP application was "granted" (Exhibit B).

2. Petitioner remains indigent and disabled by a traumatic brain injury. He has no steady income, lives full-time in a motorhome, and cannot pay the filing fee or printing costs required of non-IFP litigants.

RECEIVED

OCT 15 2025

OFFICE OF THE CLERK
SUPREME COURT U.S.

3. This petition raises substantial constitutional and civil-rights questions concerning judicial recusal, ADA retaliation, and access to appellate review.

The appeal below was taken in good faith and this petition is filed in the same good faith.

4. Petitioner therefore requests leave to proceed *in forma pauperis* and to file the accompanying Petition for a Writ of Certiorari without prepayment of fees or costs.

Respectfully submitted,

/s/ Timothy Robert Provo

1567 Plum Creek Drive SE

Cambridge, MN 55008

(320) 333-7478

Pro Se – ADA Protected

Dated: 8, 2025

Exhibits

- **Exhibit A: Order Granting IFP on Appeal – U.S. District Court (Doc. 40, July 9, 2025)**

- **Exhibit B: Transmittal of Appeal Granting IFP Status (July 10, 2025)**

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

I, Timothy Provo, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	700 \$ XXXXXXXXXX	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ 0	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ 0	\$ _____	\$ _____	\$ _____
Gifts	\$ 0	\$ _____	\$ _____	\$ _____
Alimony	\$ 0	\$ _____	\$ _____	\$ _____
Child Support	\$ 0	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ 0	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ 0	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ 0	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ 700	\$ _____	\$ _____	\$ _____

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
Provo Painting	617 Baxter St N	1-1-2022	\$ 700
Provo Painting	Previous year		\$ 2500

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? \$ 0
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
\$150 \$150 checking	\$ \$150	\$
	\$	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home
Value _____

☐ Other real estate
Value _____

☒ Motor Vehicle #1
Year, make & model 98 Newmar
Value \$500 (Home)

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

☐ Other assets
Description _____
Value _____

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

\$ 0

\$ _____

\$ _____

\$ _____

\$ _____

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
M.J.P.

Relationship
Daughter

Age
7

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

You

Your spouse

\$ 100

\$ _____

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

\$ 100

\$ _____

Home maintenance (repairs and upkeep)

\$ _____

\$ _____

Food

\$ 100

\$ _____

Clothing

\$ 0

\$ _____

Laundry and dry-cleaning

\$ 0

\$ _____

Medical and dental expenses

\$ 0

\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>150</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>25</u>	\$ _____
Other: <u>Child support</u>	\$ <u>500</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ <u>190</u>	\$ _____
Credit card(s)	\$ <u>50</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: <u>loans</u>	\$ <u>150</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ <u>1,205</u>	\$ _____

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? I've spent \$30,000 so far and got nowhere

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

April Instrom	Padraic Walsh	Tristram Hage	Fong Lee
			Disbarred

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?

I am indigent

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.

I'm Disabled with multiple tbi and can't afford any of this
Please refer to my filling as I explain this better.

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

Executed on: Dec 3rd, 2025



(Signature)