

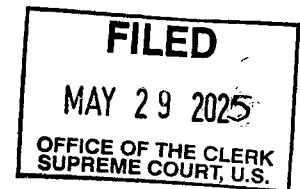
25-6799

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

SELENA NICOLE GLENN-Petitioner



VS.

WARDEN, ERIN MALDONADO-Respondent

MOTION FOR LEAVE TO PROCEED *INFORMA PAUPERIS*

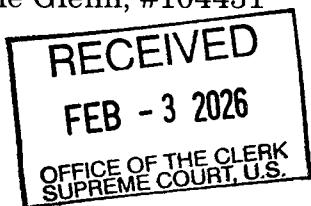
The petitioner, Salena Nicole Glenn, asks leave to file the attached petition for a Writ of Certiorari without prepayment of costs and to proceed *Informa Pauperis*.

The appropriate box is checked:

Petitioner has previously been granted leave to proceed *Informa Pauperis* in the following court(s):

THE UNITED STATES DISTRICT COURT, FOR THE NORTHERN DISTRICT OF OHIO, EASTERN DIVISION, CASE NO. 3:22-CV-908-SL

Salena Nicole Glenn
Salena Nicole Glenn, #104431



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

I, Salena Nicole Glenn, 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 | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Self-employment | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Income from real property (such as rental income) | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Interest and dividends | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Gifts | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Alimony | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Child Support | \$ 375.00 | \$ N/A | \$ 375.00 | \$ N/A |
| Retirement (such as social security, pensions, annuities, insurance) | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Disability (such as social security, insurance payments) | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Unemployment payments | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Public-assistance (such as welfare) | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Other (specify): <u>State pay</u> | \$ 20.00 | \$ N/A | \$ 20.00 | \$ N/A |
| Total monthly income: | \$ 395.00 | \$ N/A | \$ 395.00 | \$ N/A |

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 |
|------------|------------|---------------------|-------------------|
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |

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 |
|------------|------------|---------------------|-------------------|
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |

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

| | |
|--|--|
| <input type="checkbox"/> Home Value <u>N/A</u> | <input type="checkbox"/> Other real estate Value <u>N/A</u> |
| <input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>N/A</u> Value <u>N/A</u> | <input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value <u>N/A</u> |
| <input type="checkbox"/> Other assets Description <u>N/A</u> Value <u>N/A</u> | |

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 |
|---------------------------------------|--------------------|----------------------------|
| Barbara Harris - child Support | \$ 18,000 | \$ N/A |
| N/A | \$ N/A | \$ N/A |
| N/A | \$ N/A | \$ 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 |
|------|--------------|-----|
| N/A | N/A | N/A |
| N/A | N/A | N/A |
| N/A | N/A | N/A |

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) | \$ N/A | \$ N/A |
| 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 <u>telephone</u>) | \$ 50 | \$ N/A |
| Home maintenance (repairs and upkeep) | \$ N/A | \$ N/A |
| Food | \$ 200.00 | \$ N/A |
| Clothing | \$ 12.00 | \$ N/A |
| Laundry and dry-cleaning | \$ 7.75 | \$ N/A |
| Medical and dental expenses | \$ 4.00 | \$ N/A |

| | You | Your spouse |
|---|-----------------|---------------|
| Transportation (not including motor vehicle payments) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Life | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Health | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Motor Vehicle | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Other: <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Installment payments | | |
| Motor Vehicle | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Credit card(s) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Department store(s) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Other: <u>Court Fees</u> | \$ <u>50.00</u> | \$ <u>N/A</u> |
| Alimony, maintenance, and support paid to others | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Other (specify): <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Total monthly expenses: | <u>323.75</u> | \$ <u>N/A</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.

N/A

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? N/A

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

N/A

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? N/A

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

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.
I would be denied the necessities of life. 6 C.R.I.O.P 3(a)

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

Executed on: January 14, 2026

State of Ohio

County of Union

The foregoing instrument was acknowledged before me

this 14th day of January by Salena Glenn who produced for
Dover I.D. as identification

Salena Nicole Glenn (Signature)

Mary Fitzpatrick



MARY FITZPATRICK
Notary Public
State of Ohio
My Comm. Expires
March 22, 2027

THE UNITED STATES SUPREME COURT

SALENA NICOLE GLENN,
Petitioner

v.

No. _____

WARDEN, ERIN MALDONADO,
Respondent

AFFIDAVIT OF INDIGENCE

I, Salena Nicole Glenn, do hereby solemnly swear that I am currently receiving, as of January 20, 2026 child support. These funds are not a source of dependable income because the father of my son can stop working at any given time, which has happen in the past. My son, Marcus Glenn is in control of these funds, which comes on a card totaling \$375 a month. The facility allows bi-weekly shops up to \$150, totaling \$300 a month. My son, deposits close to \$200 a month excluding hidden fees, for support to ensure that I am able to be provided with hygiene, food, purified water, vitamins and other necessary necessities that has to be paid for on commissary. Marcus also ensures that I am able to telecommunicate depositing \$50 a month for phone time and messaging service.

The court fees that have been generated from this case totals over \$20,000 is also being paid out of these expenses totaling \$50 a month.

I, Salena Nicole Glenn, does not wish to be in this predicament, but notices that I am in a position where I would be denied the necessities of life if deemed to having to pay court filing fees. 6 Cir. I.O.P 3 (a)

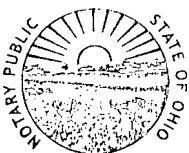
Salena Nicole Glenn

Salena Nicole Glenn#104431
Ohio Reformatory for Women
1479 Collins Ave.
Marysville, Ohio 43040

Sworn to and subscribed in my presence the 13th day of January 2026.

Mary Fitzpatrick
Notary Public

My Commission Expires: March 22, 2027



MARY FITZPATRICK
Notary Public
State of Ohio
My Comm. Expires
March 22, 2027