

25-6929

ORIGINAL

No. _____

FILED
DEC 15 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

Patricia Cornell — PETITIONER
(Your Name)

VS.

ANN Cornell — RESPONDENT(S)

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*.

Please check the appropriate boxes:

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

1. Marin County Trial Court, California. 2. Appellate Court, First District, Division Two, San Francisco, California. 3. California Supreme Court, San Francisco

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____, or

a copy of the order of appointment is appended.

Patricia Cornell
(Signature)

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

I, Patricia Cornell, 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	\$ <u>180.00</u>	\$ _____	\$ <u>180.00</u>	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
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:	\$ <u>180.00</u>	\$ _____	\$ <u>180.00</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
Self Patricia Cornwell	P.O. Box 501 Sausalito, CA 94966	Past two full years.	\$ 180.00
			\$
			\$

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? \$ 5.00
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	\$ 25.00	\$
SAVINGS	\$ 10.00	\$

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 _____ | <input type="checkbox"/> Other real estate
Value _____ |
| <input checked="" type="checkbox"/> Motor Vehicle #1 2001
Year, make & model a NISSAN MAXIMA
Value \$1900.00 | <input type="checkbox"/> Motor Vehicle #2
Year, make & model _____
Value _____ |
| <input type="checkbox"/> 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
<u>N/A</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ <u>00.00</u>	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>35.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>00.00</u>	\$ _____
Food	\$ <u>105.00</u>	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>8.00</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ <u>54.00</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
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:	\$ <u>62.00</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? _____

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.

Long story, I have no home - I have very little work. I am Homeless due to the nature of my case. The home my mom left me when she died is my Property. My home has been unlawfully taken from me due in part to my Constitutional Due Process Rights and my Freedom of Speech being Violated. I pray you take my case.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: December 15, 2026

Patricia Cornell
(Signature)

PROOF OF SERVICE

In Re: Patricia Cornell Trust Dated November 16, 1993, as Amended and Restated.
Merced County Superior Court Case No. 932083435

I, Julia C. Butler, declare as follows:

I am employed in the county of _____, California; I am over the age of 18 years, and not a party to the within action; my address is _____

On February 8, 2026, served a copy of the following document on the party or parties listed below:

Petitioner (Appellant) Patricia Cornell's Writ of Certiorari

JULIA C. BUTLER, Esq.
ERSTEIN + HOLTZMAN LLP
30-B Third Street, #512
San Rafael, California 94901

Agency for Retirement and Succession
Trusts, ANN CORNELL
Supreme Court of the United States,
1 First Street, N.E.
Washington, D.C. 20543
Adult Beneficiary

BERNARD F. MARTELLE
2220 Laurel Pine Circle
Kingswood, Texas 77339

Adult Beneficiary
Marin Superior Court 3501 Civic
Center Dr. San Rafael, Ca.

KATHERINE I. CORNELL
62 Rolling Drive
Novato, California 94949

Adult Beneficiary
Supreme Court 350 McAllister St.
San Francisco, Ca.

CYNTHIA A. PALACIO
4621 Windkong Street
San Francisco, California 95834

Adult Beneficiary
Appel Court 300 McAllister St.
San Francisco, Ca.

ASHLEY JONES
62 Rolling Drive
Novato, California 94949

US MAIL. By placing the document(s) listed above in a sealed envelope, addressed as set forth above, and placing the envelope in collection and mailings in the place designated for such in our address, following ordinary business practices.

Personal delivery. By causing a true copy thereof to be personally delivered to the person(s) at the address(es) set forth above.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct, and that this declaration was executed on February 8, 2026, in the County of Merced, California.

Julia C. Butler