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No. 26-\_\_\_\_\_

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**ORIGINAL**

Supreme Court, U.S.  
FILED  
**JAN 29 2026**  
OFFICE OF THE CLERK

**IN THE  
Supreme Court of the United States**

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In re: Matthew D. Snider, Petitioner.

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On Petition for a Writ of Certiorari  
to the United States Court of Appeals  
for the Tenth Circuit

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**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

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Matthew D. Snider  
5533 W 119<sup>th</sup> Street  
Inglewood, CA, 90304  
Phone No. (424) 331-3295  
Email: mattthirteen13@icloud.com  
Pro Se Petitioner

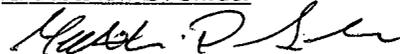
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The petitioner Matthew D. Snider asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis. Petitioner has previously been granted leave to proceed in forma pauperis in the following courts:

1. The United States Court of Appeals for the Tenth Circuit (No. 25-1286).
2. The United States District Court for the District of Colorado (D.C. No. 24-CV-01052-LTB-RTG)
3. The Jefferson County Combined Court, Colorado (Case No. 2023CV157).
4. a copy of the order of appointment is appended.

Respectfully submitted,

/s/ Matthew D. Snider



Dated January 29, 2026

DISTRICT COURT, JEFFERSON COUNTY, COLORADO 100 Jefferson County Pkwy Golden, CO 80401 Phone no. (720) 772-2651 E-mail: 01Division12@judicial.state.co.us	2023 AUG 24 PM 3:48 DATE FILED: August 24, 2023 3:50 PM CASE NUMBER: 2023CV157 Combined Court Jefferson County, CO
Johannes M. Gepkens Plaintiff: v. Matthew D. Snider Defendant:	<b>COURT USE ONLY</b> Case Number: 23CV157 Division: 12
<b>FINDING AND ORDER CONCERNING          PAYMENT OF FILING FEES</b>	

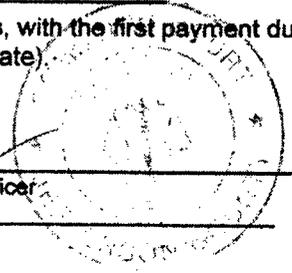
Name of Party filing Motion: Matthew Snider on 8/24/23 (Date).

Upon review of the attached Motion, the above party is:

- Eligible to proceed without payment of the following filing fee(s):
  - complaint       petition       answer
  - response       motion to modify       other: motion
- Eligible to have the filing fee of \$ \_\_\_\_\_ paid in  two  three payments, with the first payment due by \_\_\_\_\_ (date) and the final payment due by \_\_\_\_\_ (date).
- Not Eligible to proceed. Party is responsible for payment of the filing fees.

Date: 8/24/23

[Signature]  
 Signature of Court Staff or Judicial Officer



**ORDER**

The Court has reviewed the Motion (JDF 205) and so orders:

- As indicated above.
- The specified party is ordered to pay \$ \_\_\_\_\_ by \_\_\_\_\_ (Date) to cover filing fees.
- Other \_\_\_\_\_

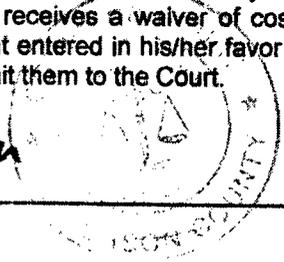
If the Court finds that by allowing a party to proceed with a payment plan, the party has agreed to pay the fee as listed above. Failure to pay will result in collection against the party. Costs associated with collection will be assessed.

A subsequent motion to proceed without payment of filing fees must be filed upon order of the court or anytime the case is re-opened. Pursuant to §13-16-103, C.R.S., in the event the party who receives a waiver of costs prosecutes or defends an action or proceeding successfully, there shall be a judgment entered in his/her favor in the amount of the court costs and the party shall, upon collecting such court costs, remit them to the Court.

- The Court orders the appointment of counsel for appeal purposes.

Date: 8/24/23

[Signature]  
 Judge     Magistrate



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

I, Matthew D. Snider, 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	\$0	N/A	\$0	N/A
Self-employment	\$0	N/A	\$0	N/A
Income from real property (such as rental income)	\$0	N/A	\$0	N/A
Interest and dividends	\$0	N/A	\$0	N/A
Gifts	\$0	N/A	\$0	N/A
Alimony	\$0	N/A	\$0	N/A
Child Support	\$0	N/A	\$0	N/A
Retirement (such as social security, pensions, annuities, insurance)	\$0	N/A	\$0	N/A
Disability (such as social security, insurance payments)	\$0	N/A	\$0	N/A
Unemployment payments	\$0	N/A	\$0	N/A
Public-assistance (such as welfare)	\$0	N/A	\$0	N/A

Income source	Average monthly amount during the past 12 months		Amount expected next month	
Other (specify):	\$0	N/A	\$0	N/A
<b>Total monthly income:</b>	<b>\$0</b>	<b>N/A</b>	<b>\$0</b>	<b>N/A</b>

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 EMPLOYED	COLORADO	SEPTEMBER 2024	\$2000.00

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	N/A	N/A	\$N/A
			\$N/A
			\$N/A

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
N/A	\$0	N/A

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
	\$0	N/A
	\$0	N/A

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

Home

Value N/A

Other real estate

Value N/A

Motor Vehicle #1

Year, make & model N/A

Value

Motor Vehicle #2

Year, make & model N/A

Value

Other assets

Description Value N/A

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
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		

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.

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$0	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	N/A	N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$100.00	N/A
Home maintenance (repairs and upkeep)	\$0	N/A
Food	\$0	N/A
Clothing	\$0	N/A
Laundry and dry-cleaning	\$0	N/A
Medical and dental expenses	\$0	N/A
Transportation (not including motor vehicle payments)	\$0	N/A
Recreation, entertainment, newspapers, magazines, etc.	\$0	N/A
Insurance (not deducted from wages or included in mortgage payments)	\$0	N/A
Homeowner's or renter's	\$0	N/A
Life	\$0	N/A
Health	\$0	N/A
Motor Vehicle	\$0	N/A
Other:	\$0	N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	N/A
Installment payments	\$0	N/A
Motor Vehicle	\$0	N/A

	<b>You</b>	<b>Your spouse</b>
Credit card(s)	\$0	N/A
Department store(s)	\$0	N/A
Other:	\$0	N/A
Alimony, maintenance, and support paid to others	\$0	N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	N/A
Other (specify):	\$0	N/A
<b>Total monthly expenses:</b>	<b>\$100.00</b>	<b>N/A</b>

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

I am currently unable to pay the costs of this case due to several extraordinary circumstances that have severely impacted my financial situation:

1. I was forced to relocate to Los Angeles to escape ongoing harassment in Colorado. This relocation has caused significant financial hardship and instability.
2. \$5,000 Cash-Only Probation Warrant: There is currently a \$5,000 cash-only probation warrant preventing my return to Colorado. This warrant stems from an 18-month probation sentence that exceeds the statutory maximum for a Class 1 misdemeanor under Colorado Revised Statutes § 18-1.3-501.
3. Loss of Property and Documents: I no longer have access to many original documents that were stored at the property at 3930 Independence Court, Wheat Ridge, CO 80033. Upon my release from custody at Jefferson County Jail, I discovered that significant paperwork and evidence were missing from my personal property, including more than 60 pages of critical discovery materials.
4. Loss of Trust Property: A default judgment in Jefferson County Combined Court (Case No. 2023CV157) resulted in the improper transfer of property belonging to the Living Trust of Mr. Snider to my former business partner. This property was never owned by me individually but was held in trust for the benefit of Melanie Leann Simeone, Xaiden Matthew Bridgewater-Blair, and David Powell.
5. Excessive Monetary Judgment: A \$650,000 monetary judgment was improperly awarded against me in the same case, further devastating my financial situation.
6. Medical Issues: I experienced serious medical issues while in custody, including an eight-day hospital admission for pulmonary hypertension after Jefferson County Jail medical staff ignored emergency room follow-up instructions. These medical issues have created additional financial burdens.
7. Systematic Obstruction of Justice: As detailed in my Petition for Writ of Certiorari to the Supreme Court, I have been subjected to systematic attempts to obstruct justice, intimidate witnesses, manipulate legal proceedings, and deprive me of civil rights. These actions have directly impacted my ability to work and maintain financial stability.
8. Previous Recognition of Indigency Status: The clerk of the Jefferson County Court, the U.S. District Court for Colorado, and the U.S. Court of Appeals for the Tenth Circuit previously approved my motion to proceed in forma pauperis, recognizing my financial inability to pay court costs.

These extraordinary circumstances have collectively rendered me unable to pay the costs associated with this case, and I respectfully request the Court's consideration of my indigency status.

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

Executed on January 29, 2026.

/s/ Matthew D. Snider

