

25-7040

No. _____

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SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

Miguel A. Colón-Martí — PETITIONER
(Your Name)

FILED
DEC 12 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

VS.
Leslie A. Martínez, Michael Lee Lester, MidPenn Legal Services
Hon. Christopher N. Menges Hon. Gregory M. Snyder 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):

United States District Court Middle District of PA
Supreme Court of Pennsylvania

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.

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(Signature)

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SUPREME COURT, U.S.

11/10/01

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

I, _____, 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	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>1,220.00</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>261.52</u>	\$ _____	\$ _____	\$ _____
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>1,716</u>	\$ _____	\$ _____	\$ _____

11/10/01

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
Wellspan York Hospital	1001 S. George ST York PA, 17403	Nov 17, 2025	\$ 1,432.82
			\$
			\$

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
			\$
			\$

4. How much cash do you and your spouse have? \$ im single
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	\$ 183.31	\$
Saving	\$ 70.00	\$
	\$	\$

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 <u>0</u>	<input type="checkbox"/> Other real estate Value <u>0</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>N/A</u> Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value _____
<input type="checkbox"/> Other assets Description <u>0</u> 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>0</u>	\$ <u>NONE</u>	\$ <u>NONE</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>M.M.C.M</u>	<u>daughter</u>	<u>14</u>
<u>J.A.C.M</u>	<u>son</u>	<u>8</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>1220.00</u>	\$ _____
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 telephone)	\$ <u>600.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ <u>200.00</u>	\$ _____
Clothing	\$ <u>120.00</u>	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
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>360.00</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ <u>2 800.00</u> <u>Own</u>	\$ _____
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:	\$ _____	\$ _____

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

Executed on: January 11, _____, 2026

Miguel - A. Colon Marto
(Signature)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS (Rule 39)
SUPREME COURT OF THE UNITED STATES

No. _____

Miguel A. Colón■Marte,
Petitioner,

v.

Leslie A. Martinez■Arce; Michael Lee Lister, Esq.; MidPenn Legal Services; Hon. Christopher N. Menges; Hon. Gregory M. Snyder,
Respondents.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner Miguel A. Colón■Marte respectfully moves for leave to proceed in forma pauperis pursuant to Supreme Court Rule 39. Petitioner is unable to pay the costs of these proceedings. The attached Declaration/Affidavit of Indigency is submitted in support.

WHEREFORE, Petitioner requests that the Court grant leave to proceed in forma pauperis and accept the enclosed Petition for Writ of Certiorari for filing.

Respectfully submitted,



Miguel A. Colón■Marte, Petitioner Pro Se

1230 E. South St., York, PA 17403

Phone: 717 634 9473 Email: MiguelColón2582@gmail.com

Date: January 11, 2026

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DECLARATION / AFFIDAVIT OF INDIGENCY (Rule 39) — UPDATED

I, **Miguel A. Colón-Marté**, declare under penalty of perjury that I am unable to pay the costs of these proceedings.

1. **Employment status:** Employed full-time (hourly – \$17.50)

2. **Monthly income:** \$1,716.52

3. **Cash / bank accounts:** \$183.31

4. **Monthly expenses:** \$2,498.00

5. **Dependents:** 2 children

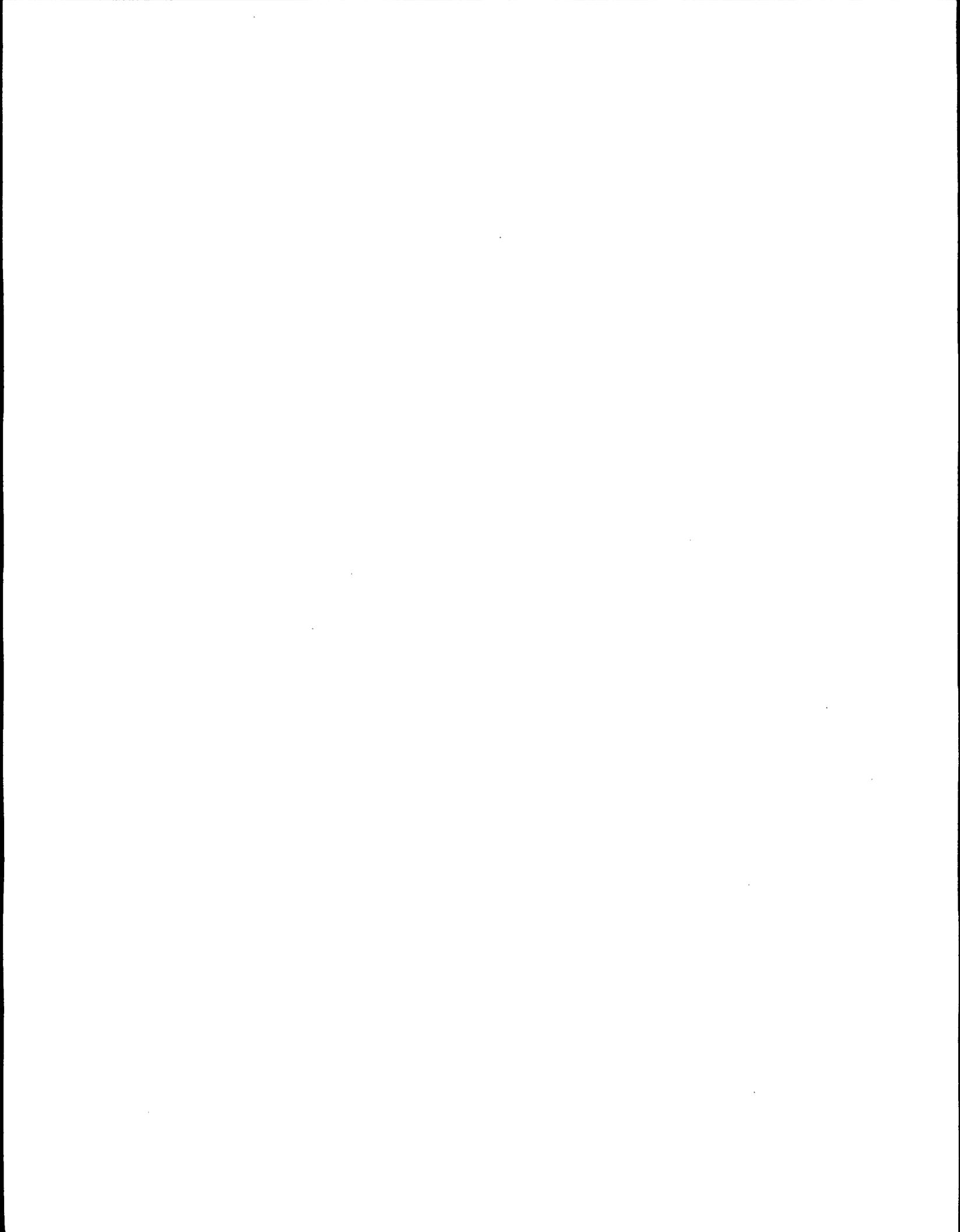
6. **Significant assets (if any):** None / no significant assets

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

Executed on: January 11, 2026

Miguel A. Colón-Marté

Miguel A. Colón-Marté



**EXHIBITS IN SUPPORT OF RULE 39 MOTION TO PROCEED IN FORMA
PAUPERIS (Optional)**

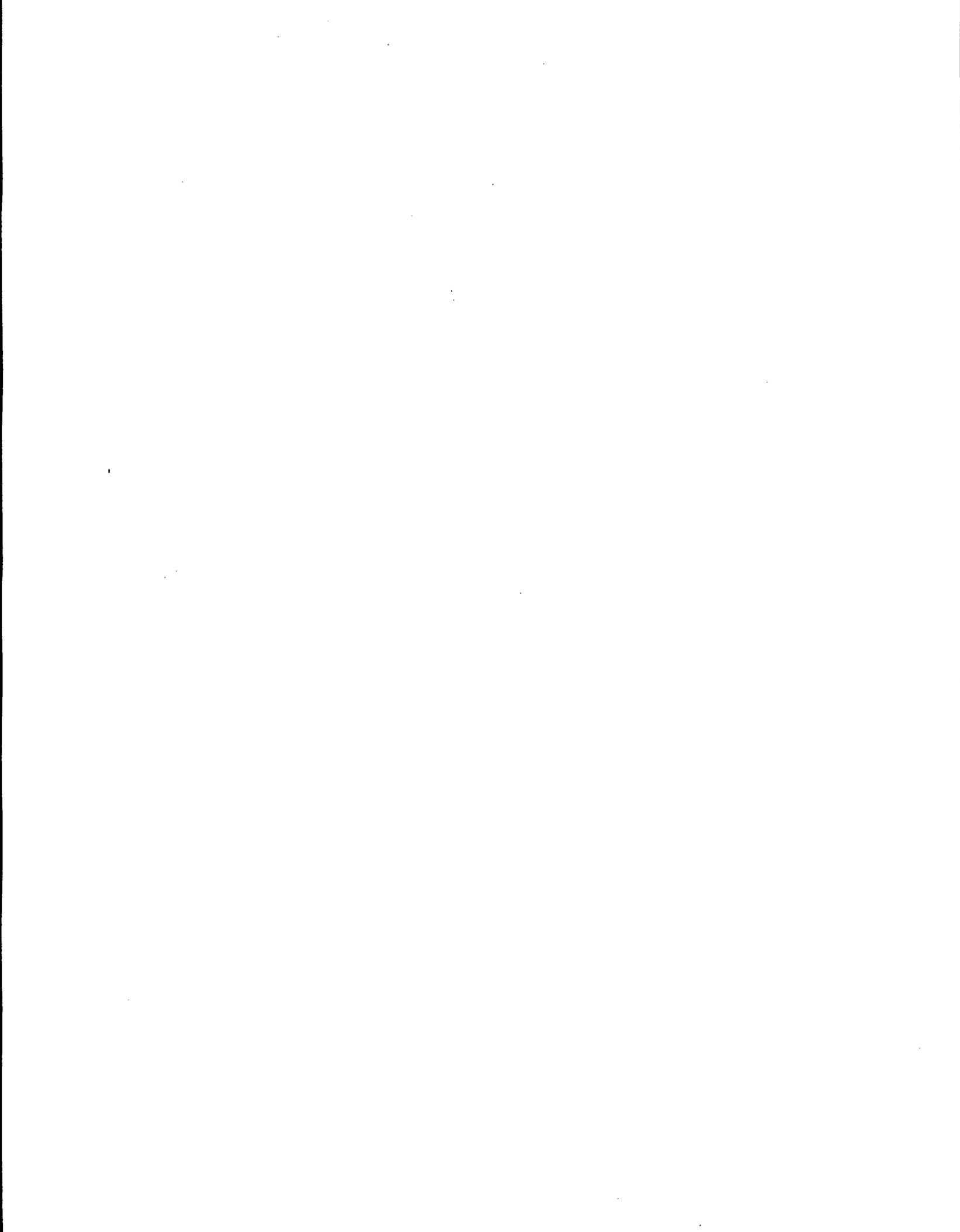
Exhibit A — Most Recent Pay Stub (WellSpan Health)

Exhibit B — Bank Statement (1 page only — current balance/summary; redact account # except last 4 digits)

Exhibit C — Proof of Monthly Bills/Obligations (1–2 pages max)

Exhibit D — Federal Court Order Granting In Forma Pauperis (M.D. Pa.)

Exhibit E — Pennsylvania Supreme Court IFP Proof (docket sheet/order)



**Additional material
from this filing is
available in the
Clerk's Office.**

