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25-7198

ORIGINAL

No. _____

FILED
DEC 29 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES
One First Street NE Washington DC

Barbara Anne Clark — PETITIONER
(Your Name)

*Hospital University of Pennsylvania and
Penn Medicine orthopedics* vs.
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):

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: *Supreme Court Rule 139*, or

a copy of the order of appointment is appended.

Barbara Anne Clark
(Signature)

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

I, Barbara Clark, 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	\$ NA	\$ 0	\$ 0
Self-employment	\$ 0	\$ ONA	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ ONA	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ ONA	\$ 0	\$ 0
Gifts	\$ 0	\$ ONA	\$ 0	\$ 0
Alimony	\$ 0	\$ ONA	\$ 0	\$ 0
Child Support	\$ 0	\$ ONA	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ ONA	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ ONA	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ ONA	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 290.00 monthly	\$ NA	\$ 290	\$ 0
Other (specify): <u>Snap Benefits</u>	\$ 290.00 monthly	\$ 290.00 monthly	\$ 290	\$ <u>Legally Separated</u>
Other (specify): <u>medicare</u>	\$ 290.00 monthly	\$ <u>section 8 utility allowance of 42.00 monthly</u>	\$ NA	\$ NA
Total monthly income:	\$ 290.00 monthly	\$ <u>42.00 monthly</u>	\$ NA	\$ NA

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
NA	NA	NA	NA

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
legally separated	NA	NA	NA

4. How much cash do you and your spouse have? \$ NA
 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
Section 8 utility allowance for electric \$2.00 monthly	\$ 42.00 monthly	NA

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 NA	<input type="checkbox"/> Other real estate Value NA
<input type="checkbox"/> Motor Vehicle #1 Year, make & model NA Value NA	<input type="checkbox"/> Motor Vehicle #2 Year, make & model NA Value NA
<input type="checkbox"/> Other assets Description NA Value NA	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

NA

Amount owed to you

NA

Amount owed to your spouse

NA

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
NA	Three children are adults	ages 18, 20, 21
	NA	

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

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

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

You

Section 8 Housing Voucher

Your spouse

NA

Section 8 Utility Allowance \$12.00

NA

NA

Food stamps monthly \$29.00

NA

NA

NA

NA

Medicare Snap Benefits

NA

NA

NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ NA	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ NA	\$ NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NA	\$ NA
Life	\$ NA	\$ NA
Health	\$ medicare	\$ NA
Motor Vehicle	\$ NA	\$ NA
Other: <u>NA</u>	\$ NA	\$ NA

Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NA</u>	\$ NA	\$ NA

Installment payments		
Motor Vehicle	\$ NA	\$ NA
Credit card(s)	\$ NA	\$ NA
Department store(s)	\$ NA	\$ NA
Other: <u>NA</u>	\$ NA	\$ NA

Alimony, maintenance, and support paid to others	\$ NA	\$ NA
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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ NA	\$ NA
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Other (specify): <u>NA</u>	\$ NA	\$ NA
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Total monthly expenses:	\$ NA	\$ NA
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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.

From this current medical malpractice lawsuit

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 currently receive SNAP benefits and Medicare for healthcare. I also have section 8 voucher through the HUD program with utility allowance.

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

Executed on: 11 April 2020, 2020

Barbara Anne Clark
(Signature)

No:

Supreme Court of United States of America

Barbara Anne Clark

Petitioner

V

Hospital University Pennsylvania & Penn Medicine Orthopedics

Respondents

Motion to leave to file Forma of Pauperis in pursuant to Supreme Court Rule 39

I Barbara Clark the petitioner ask leave to file the attached petition for a writ of certiorari without payment of costs and to proceed in forma paupers.

I the petitioner had not been granted leave to proceed in forma pauperis in any other courts in regards to this litigation proceeding in previous filling of this civil case.

I declare the forgoing information is true and correct under penalty

and perjury in accordance

to 28 U.S.C.1746.

I pro-se Petitioner has submitted this affidavit in support of this motion is attached

Respectfully submitted,

Barbara Anne Clark

Barbara Anne Clark
April 10, 2025