ORIGINAL

No. 25-7373

IN THE

SUPREME COURT OF THE UNITED STATES

SCOTT ERIK STAFNE — PETITIONER
(Your Name)

VS.

QUALITY LOAN SERVICE CORP. et al — 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):
The district court entered an order granting petitioner leave to proceed in forma pauperis on appeal to the Ninth Circuit in this case

☐ 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.

Scott Erik Stafne
(Signature)

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

I, Scott Erik Stafne, 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	$ 0	$ 0	$ 0
Self-employment	$ 0	$ 0	$ 0	$ 0
Income from real property (such as rental income)	$ 0	$ 0	$ 0	$ 0
Interest and dividends	$ 0	$ 0	$ 0	$ 0
Gifts	$ 0	$ 0	$ 0	$ 0
Alimony	$ 0	$ 0	$ 0	$ 0
Child Support	$ 0	$ 0	$ 0	$ 0
Retirement (such as social security, pensions, annuities, insurance)	$ 2,804	$ 0	$ 2,847	$ 0
Disability (such as social security, insurance payments)	$ 0	$ 930	$ 0	$ 994
Unemployment payments	$ 0	$ 0	$ 0	$ 0
Public-assistance (such as welfare)	$ 0	$ 0	$ 0	$ 0
Other (specify): _____	$ 0	$ 0	$ 0	$ 0
Total monthly income:	$ 2,804	$ 930	$ 2,847	$ 994

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
Church of the Gardens	239 N. Olympic Ave.	N/A - I volunteer	$ 0
			$
			$

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 - my domestic partner is disabled	239 N. Olympic Ave	N/A	$ 0
			$
			$

4. How much cash do you and your spouse have? $ 8.16 8.24
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	$ 138.14	$ 360.42
	$	$
	$	$

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

☐ Home
Value _____

☐ Other real estate
Value _____

☑ Motor Vehicle #1
Year, make & model 2006 Ford Explorer
Value 2,500

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☑ Other assets
Description None of material value
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
none	$	$
	$	$
	$	$

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
none		

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) Are real estate taxes included? ☒ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$ 1,180	$ 0
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 164	$ 0
Home maintenance (repairs and upkeep)	$ 0	$ 0
Food, health supplements, coffee	$ 800	$ *
Clothing	$ 25	$ 25
Laundry and dry-cleaning	$ 20	$ 20
Medical and dental expenses	$ 60	$ 30

* My partner ~~covers~~ covers his own food expenses through SNAP. I do not know his actual expenditures

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 78	$ 78
Recreation, entertainment, newspapers, magazines, etc.	$ 125	$ 125
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 0	$ 0
Life	$ 0	$ 0
Health	$ 0	$ 0
Motor Vehicle	$ 152	$ 0
Other: _____	$ 0	$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ 0	$ 0
Installment payments		
Motor Vehicle	$ 0	$ 0
Credit card(s)	$ 0	$ 0
Department store(s)	$ 0	$ 0
Other: N/A	$	$
Alimony, maintenance, and support paid to others	$ 0	$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ 0	$ 0
Other (specify): N/A	$ 0	$ 0
Total monthly expenses:	$ 2,604	$ 278

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.

Petitioner is unmarried but resides with a long-term disabled domestic partner whose limited income contributes only partially to shared household expenses

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

Executed on: May 4, 2026

S E S

(Signature)

Attachment for Question 9:

Petitioner anticipates increased medical and dental expenses during the next twelve months due to variable insurance co-pay obligations and deferred medical and dental treatments. Petitioner expects his chiropractic co-costs to be approximately $40 per month. He is not certain what his "specialist medical costs" will be. And he believes he will likely have emergent dental costs during the coming twelve months.

Petitioner also notes for purposes of financial clarity that he resides with a long term disabled domestic partner and that the parties do not maintain pooled household finances.Because petitioner's domestic partner receives SNAP food assistance benefits subject to program restrictions, petitioner and his domestic partner do not normally share food purchases or mean expenses. Accordingly, the petitioner bears his own food costs separately, and certain household costs are allocated between the parties based upon actual payment practice which have developed over the decades as opposed to equal sharing of expenses.

Petitioner and his domestic partner do not share a bank account.