ORIGINAL

No. 25-7506

IN THE

SUPREME COURT OF THE UNITED STATES

Sheila M. Foster — PETITIONER
(Your Name)

VS.

Robert Jesel; Mike Klemm RESPONDENT(S)
IAMAW District Lodge #141

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 formā 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: _____

_____, or

a copy of the order of appointment is appended.

(Signature)

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

I, Sheila M. Foster, 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 past 12 months**		**Amount expected the next month**	
	You	Spouse	You	Spouse
Employment	None	0	0	Retired
	Disabled	$ 0	$ 0	$ 0
	0	$ 0	$ 0	$ 0
	$ 0	$ 0	$ 0	$ 0
(such as rental income)				
Interest and dividends	$ 0	$ 0	$ 0	$ Self-employment
Income from real property	$ 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)	you			Spouse Social Security
Disability (such as social security, insurance payments)	$ 1526	$	$	$ 2025
Unemployment payments	$	$	$	$
Public-assistance (such as welfare)	$	$	$	$
son Other (specify): 1476 Disability	$	$	$	$
Total monthly income:	$ 3002	$	$	2025
				$ 5027

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
None			$
			$
			$

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
None			$
			$
			$

4. How much cash do you and your spouse have? $ Ø

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	$ Ø	$ Ø
	$	$

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

Home Value Rent

Other real estate Value none

Motor Vehicle #1 2013 Year, Mercedes Benz GL450 make & model

Value 5,000

Motor Vehicle #2 2014 Volvo XC 60 Year, make & model

Value 3,000

Other assets Description None

Value Ø

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

Person owing you or spouse money		Amount owed to you	Amount owed to your spouse your
None	$ $	Ø	Ø
	$ $		
	$ $		

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
K F	Son	16

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
	No No		
		$	$
Rent or home-mortgage payment (include lot rented for mobile home)		$	$ 1450,00
Are real estate taxes included? Yes Is property insurance included? Yes		$	$
Utilities (electricity, heating fuel, water, sewer, and telephone)		$ 1050.	$
Home maintenance (repairs and upkeep)		$ 250	
Food		$ 450	$
Clothing		$ 150	$
Laundry and dry-cleaning		$ 150	
Medical and dental expenses		$ 400	$ 200

	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	$ 225	$ 105
Health	$	$
Motor Vehicle	$ 550	$
Other:	$	$
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	$	$
Installment payments		
Motor Vehicle	$ 750	$
Credit card(s) Department	$	$
store(s) Other:	$	$
Gas (Automotive)	$ 400	$
Alimony, maintenance, and support paid to others	$	$
Regular expenses for operation of business, profession, or farm (attach detailed statement) Other	$	$
(specify):	$	$
Total monthly expenses:	$ 4375	$ 1755

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? 1000.00

If yes, state the person's name, address, and telephone number:

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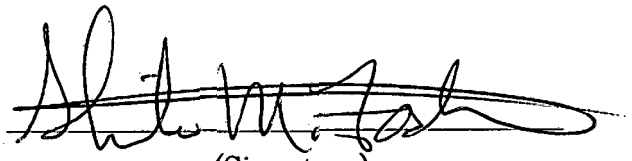
client.strivix.org

12. Provide any other information that will help explain why you cannot pay the costs of this case. I'm on disability and I don't bring any income except for disability social security. I have been part of ADA class since 1993. Myself and my spouse have several medical conditions that require monthly visits to the doctors. We have lost everything trying to fight for justice.

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

Executed on: April 10, 2026



(Signature)