26-5425 ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

STEPHANIE ANN RIPPLE,
Administratrix of the Estate of John Robert McCool,
Petitioner,

v.

JOHN E. WETZEL, et al.,
Respondents.

No. _____

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.

Petitioner has previously been granted leave to proceed in forma pauperis in the United States District Court for the Middle District of Pennsylvania (No. 4:25-cv-00322) and in the United States Court of Appeals for the Third Circuit (No. 26-1411).

Petitioner's affidavit or declaration in support of this motion is attached hereto.

/s/ Stephanie Ann Ripple

Stephanie Ann Ripple
Administratrix of the Estate of John Robert McCool
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(570) 854-1607 | stephanieannripple@gmail.com
Pro Se

August 3, 2026

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

I, Stephanie Ann Ripple, 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.

(single mother) [no spouse]

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	[No Spouse]	You	[No Spouse]
Employment	$ Ø	$	$ Ø	$
Self-employment	$ Ø	$	$ Ø	$
Income from real property (such as rental income)	$ Ø	$	$ Ø	$
Interest and dividends	$ Ø	$	$ Ø	$
Gifts	$ Ø	$	$ Ø	$
Alimony	$ Ø	$	$ Ø	$
Child Support	$ Ø	$	$ Ø	$
Retirement (such as social security, pensions, annuities, insurance)	$ Ø	$	$ Ø	$
Disability (such as social security, insurance payments)	$ Ø	$	$ Ø	$
Unemployment payments	$ Ø	$	$ Ø	$
Public-assistance (such as welfare)	$ Ø	$	$ Ø	$
Other (specify): _____	$ Ø	$	$ Ø	$
Total monthly income:	$ Ø	$	$ Ø	$

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) [None, no employment since 2020 due to covid]

Employer	Address	Dates of Employment	Gross monthly pay
			$
			$
			$

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.) [No Spouse]

Employer	Address	Dates of Employment	Gross monthly pay
			$
			$
			$

4. How much cash do you and your spouse have? $ [No bank acc't in my name] 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
	$	$
	$	$
	$	$

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

☐ Home
Value [None]

☐ Other real estate
Value [None]

☐ Motor Vehicle #1
Year, make & model [None]
Value _____

☐ Motor Vehicle #2
Year, make & model [None in my name]
Value _____

☐ Other assets
Description [None]
Value _____

[Single mother] [No spouse]

6. State every person, business, or organization owing you or ~~your spouse~~ money, and the amount owed. [None]

Person owing you or your spouse money	Amount owed to you	Amount owed to ~~your spouse~~ [No Spouse]
	$ 0	$
	$ 0	$
	$ 0	$

[Single mother] [No spouse]

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
B. H.	Son	12

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. No spouse. All expenses listed below are paid by the head-of-household with whom my son and I reside. I personally have and assets. [0] income You [single mother] ~~Your spouse~~ [No spase]

	You	~~Your spouse~~
Rent or home-mortgage payment (include lot rented for mobile home)	$ 0	$
Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0	$
Home maintenance (repairs and upkeep)	$ 0	$
Food	$ 0	$
Clothing	$ 0	$
Laundry and dry-cleaning	$ 0	$
Medical and dental expenses	$ 0	$

	You [Single mother]	~~Your spouse~~ [No spouse]
Transportation (not including motor vehicle payments)	$ 0	$
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 0	$
Life	$ 0	$
Health	$ 0	$
Motor Vehicle	$ 0	$
Other: _____	$ 0	$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ 0	$
Installment payments		
Motor Vehicle	$ 0	$
Credit card(s)	$ 0	$
Department store(s)	$ 0	$
Other: _____	$ 0	$
Alimony, maintenance, and support paid to others	$ 0	$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ 0	$
Other (specify): _____	$ 0	$
Total monthly expenses:	$ 0	$

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: I am proceeding entirely Pro se.

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'm a single mother & full-time care giver to my minor son - due to Covid back 2020 - I have no income, no bank account, no assets in my name, no property. I am covered by Medicaid. The [unrelated] head-of-household with whom we reside pays the rent, utilities and pays the rent, utilities and provide food and basic needs and necessities.

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

Executed on: August 24, 2026

I'm financially unable to pay part the costs of this proceedings or to give security therefor.

(Signature)

Petitioner, Pro se
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