

IN THE SUPREME COURT OF THE UNITED STATES



26 - 5647

KENNETH R. TALLEY,
KRISTINA KAREN TALLEY, and
KURT R. COSTELLO

Petitioners/Appellants/Plaintiffs,

v.

STATE OF DELAWARE, LEGAL SERVICES
CORPORATION OF DELAWARE, INC., and
RIVERDALE PARK, LLC.,

Respondents/Appellees/Defendants.

Supreme Court of the United States
1 First Street, NE
Washington, D. C. 20543

No.

FILED

AUG 13 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

RESPECTFULLY, Petitioners, Kenneth R. Talley, *pro se*, Kurt R. Costello, *pro se*, and Kristina Karen Talley, *pro se*, hereby asks leave to file an Application for a Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*. Petitioners proceeding *in forma pauperis*, include one original and ten copies of the corresponding Application for a Writ of Certiorari prepared and filed with this Honorable Court, along with one original and ten copies of this Motion for Leave to Proceed *In Forma Pauperis*, as required by Rule 39.1 The petitioner's declaration(s) of indigency are in compliance with Rule 39.1. Petitioner's declaration(s) in support of this motion is attached hereto, see Appendix E Declarations of Indigency, (App. E). P Petitioners have previously been granted leave to proceed *in forma pauperis* in the United States Court of Appeals for the Third Circuit and the Supreme Court of Delaware, and the Philadelphia Court of Common Pleas – First District. The petitioner's declaration(s) of indigency are in compliance with Fed. R. App. P. 24. Each petitioner submits a separate declaration if indigency with each question answered.

RECEIVED

SEP 21 2026

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SUPREME COURT, U.S.



IFP status is a legal determination granted by a judge based on the individual's financial situation, where a calculation can be used to verify. Petitioners ask this Court to evaluate their financial criteria including income, assets, and liabilities against federal poverty guidelines and or specific statutory thresholds to determine eligibility for fee waivers or deferrals. Petitioners include a memorandum of law in support of the motion.

Matter Before The Court

1. Petitioners provide a statement regarding this particular pleading and the specific relief requested. The petitioners are indigent and unable to pay court fees. Petitioners demonstrate indigency, showing they lack the financial resources to pay the filing fees to this Court.

Statement of Question(s) Involved

2. Petitioners outline the issues presented in question form with sufficient factual context, with the question capable of a yes or no answer, followed by the advocated answer. Is there is a comparable mathematical formula for a judicial officer to calculate the *in forma pauperis* (IFP) status of the petitioners, the answer is yes.

Facts

3. Petitioners include a statement of the operative facts. Petitioners submit Federal Court IFP Applications with detailed disclosure of regular monthly expenses including rent, utilities, food, and medical costs to demonstrate that the petitioners cannot afford the filing fees requested. This Court may assess whether payment of fees would cause undue financial hardship based on net income after necessary expenses. In the



federal district court, petitioners filed two cases at the same time, where the district court allowed the petitioners to proceed without payment of filing fees in C.A. No. 25-732, yet denied IFP status, ordering the petitioners to pay filing fees in C.A. No. 25-662. Petitioners complain after they were ordered to pay \$405 to the federal district court in C.A. No. 25-662, but not ordered to pay in C.A. No. 25-732.

Legal Argument

4. Petitioners state the reasons why this Court may grant the request. Petitioners file a motion for leave to proceed *in forma pauperis* accompanied by notarized affidavits complying with 28 U.S.C. §1746 in the form prescribed by Federal Rules of Appellate Procedure, Form 4. The petitioner's corresponding application for a writ of certiorari state the specific instances where leave was sought or granted in any other courts. Petitioners file this motion including affidavits detailing their financial information, and show a mathematical equation to validate, see financial affidavits (App. E). The comparable mathematical formula for a judicial officer to calculate the *in forma pauperis* (IFP) status of the petitioners is the constant of proportionality equation. Income itself can be a directly proportional variable in specific contexts, such as hourly wages, where earnings increase at a constant rate relative to hours worked. Expenses can be directly proportional variables, specifically known as a variable expenses. Unlike fixed variables, which may remain constant annually, variable expenses are incurred during periods of basic daily activity and scale directly with necessity. The constant of proportionality equation shows the ratio between two directly proportional variables, defined by the formula: $k = x / y$. For inverse proportionality, the formula is:



$k=xy$. Direct Proportion IFP, is where one total expense variable increases, and the corresponding total income variable increases, at the same rate, at the same time. Where income and expense variables both increase, at a constant annual rate, an applicant with Direct Proportion, mathematically may not qualify for *in forma pauperis*. Inverse Proportion IFP, is where as one total expense variable increases, the corresponding income variable remains at a constant annual rate. Where one total income variable stays the same, and one total expense variable increases at a constant annual rate, an applicant with Inverse Proportion, mathematically may qualify for *in forma pauperis*. Petitioners provide detailed information of all income sources and assets including bank accounts, property, and vehicles, while also listing monthly obligations like rent and utilities. Petitioners completed the financial affidavit(s) by accurately filling out all sections regarding current income over the past 12 months, and including the total value of cash and property. Petitioners submit supporting documentation by including bank balances, and proof of disability. (App. D) (App. E). Petitioners complain after Respondent, State of Delaware, and the lower courts failed to calculate the IFP status accurately resulting in the denial of permission to proceed *in forma pauperis*. Petitioners show each individual appellant's income after expenses is below 150% of the Federal Poverty Level (FPL). Petitioners show where each individual's annual modified adjusted gross income (MAGI) falls within the specific dollar limits set by the Department of Health and Human Services (HHS) for Delaware. Petitioners identify the 150% FPL income limit for this specific situation using the 2026 Federal Poverty Guidelines Continental US, \$23,925 ($\$15,950 \times 1.5$).



Expenses are considered as part of the equation when determining eligibility for *in forma pauperis* status. Petitioner's expenses are used in the calculation to establish net income to determine an ability to pay court costs at the time of filing. Fifteen federal judicial officers acted in coordination with Respondent, State of Delaware judicial officers, by failing to explicitly evaluate net income by subtracting necessary living expenses from gross income. Judicial officers fail to focus on whether the petitioners have shown an inability to pay costs, considering essential living costs rather than just gross earnings. Petitioners insist there is a basic mathematical standard for eligibility, where their individual expenses are near to, or exceed each individual's income, thus each individual petitioner is eligible for IFP status, even if an individual's gross income is above the federal poverty level. The IFP determination is a legal question of financial status. Federal judicial officers failed to focus on their specific statutory administrative duties and failed to see the petitioner's inability to pay, instead focusing on moral judgments based on disability income and unexpected funeral expenses for Ken's wife, Janice Talley in December of 2024.

Relief

5. Petitioners include a statement of the specific actions requested. To prove eligibility for *in forma pauperis* (IFP) status, petitioners file a Motion for Leave to Proceed *In Forma Pauperis*, including a supporting memorandum of law and original copies of forms, as instructed by this Court. By filing this motion, including financial affidavits, petitioners truthfully disclose income, assets, liabilities, and monthly expenses under penalty of perjury, see (App. E). This Court may evaluate whether paying the filing fee



would cause undue financial hardship, as the applicants have income, after expenses, that is below 150% of the federal poverty line. Petitioners file this motion to proceed *in forma pauperis* including supporting affidavits of poverty submitted directly to this Court, see (App. E). This Court may review the record upon filing this motion and determine the petitioner's request has legal merit under 28 U.S.C. § 1915(e). As per Rule 12, Review on Certiorari, the petitioners are proceeding *in forma pauperis*, and file an original and 10 copies of the application for a writ of certiorari with a copy of this motion for leave attached to each copy. This motion for leave to proceed *in forma pauperis* complies with all requirements of Rule 39.1, 39.2, Rule 21, and Rule 33.2, including formatting and content standards.

WHEREFORE, showing just cause for relief, Petitioners, Kenneth R. Talley, *pro se*, Kurt R. Costello, *pro se*, and Kristina Karen Talley, *pro se*, file an Application for a Writ of Certiorari without prepayment of costs and ask this Court to proceed *in forma pauperis*. Petitioners ask this Honorable Court to grant the motion and allow any such other relief that it deems just and proper.

IN THE SUPREME COURT OF THE UNITED STATES



Respectfully submitted,

By: Kenneth R. Talley
Kenneth R. Talley, *pro se*
28467 Pocahontas Avenue
Millsboro, DE 19966
Phone: (302) 249-0497

By: Kurt Costello
Kurt R. Costello
28467 Pocahontas Avenue
Millsboro, DE 19966
(302) 650-3153

By: Kristina Karen Talley
Kristina Karen Talley
2353 East Cumberland St
Philadelphia, PA 19125
(302) 650-3154



Appendix E
Declarations of Indigency

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

KENNETH R. TALLEY, — PETITIONER
(Your Name)

VS.

STATE OF DELAWARE 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):

United States Court of Appeals for the Third Circuit and the Delaware Supreme Court

☐ 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.

CAMERON SCOTT KRUK
Notary Public
STATE OF DELAWARE
My Commission Expires 04-10-2029

Kenneth R. Talley
(Signature)

Ca 4/23/25

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

I, Kenneth R. Talley, 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)	\$1,162.00	\$0	\$1,162.00	\$0
Disability (such as social security, insurance payments)	\$0	\$0	\$0	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$0	\$0	\$0	\$0
Other (specify):	\$0	\$0	\$0	\$0
Total monthly income:	\$1,162.00	\$0	\$1,162.00	\$0

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
n/a			\$
			\$
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$0
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
Bank Savings Account	\$ 1867.79	\$ 0
	\$	\$
	\$	\$

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

☒ Home 28289 Broadkill Rd, Milton, DE 19968	☒ Other real estate 28467 & 28470 Pocahontas Ave, Millsboro, DE 19966
Value \$250,000.00	Value \$305,000.00

☐ Motor Vehicle #1	☐ Motor Vehicle #2
Year, make & model	Year, make & model
Value	Value

☐ Other assets
Description
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
Judith C. Horn	\$ 330,586.00	\$ 0
	\$ 0	\$
	\$	\$

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
n/a		

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)	\$ 234.00	\$ 0
Are real estate taxes included? ☐ Yes ☒ No		
Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 460.00	\$ 0
Home maintenance (repairs and upkeep)	\$ 89.00	\$ 0
Food	\$ 270.00	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 69.00	\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$0	\$0
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$0
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	\$0	\$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: _____	\$0	\$0
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): _____	\$0	\$0
Total monthly expenses:	\$1,122.00	\$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? TBD

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

We have not paid an attorney but we may have an opportunity to pay an attorney in the future, the amount is not known.

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? TBD

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

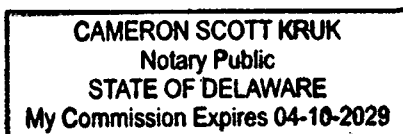
We have not paid a paralegal or typist but we may have an opportunity in the future, the amount is not known.

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I have previously been declared indigent by the state and federal government for the purpose of determining eligibility for Medicare and Medicaid healthcare benefits.

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

Executed on: April 23, 2026



Kenneth R. Talley
(Signature)

CH 4/23/26

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

KURT R. COSTELLO — PETITIONER
(Your Name)

VS.

STATE OF DELAWARE 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):

Philadelphia Court Of Common Pleas - First District

☐ 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.

State of Delaware
County of New Castle
04/23/2016

Joseph Sami Almakhadhi

Kurt Costello
(Signature)

JOSEPH SAMI ALMAKHADHI
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires 10-21-2027

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

I, Kurt R. Costello, 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	\$ 1440	\$ 0	\$ 1440	\$ 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)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 1440	\$ 0	\$ 1440	\$ 0

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
Allied Universal Security	650 Naamans Rd, Claymont DE 19703	8/1/2025- present	\$ 1040
Easter Seals Delaware	61 Corporate Circe, New Castle, DE 19720	6/1/2025- present	\$ 400
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$0
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
Bank Checking Account	\$ 102.78	\$ 0
	\$	\$
	\$	\$

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

☐ Home	☒ Other real estate	28470 Pocahontas Ave
Value	Value	\$155,000

☒ Motor Vehicle #1	☒ Motor Vehicle #2
Year, make & model 2013 Dodge Durango	Year, make & model 2003 Dodge Ram 1500
Value 2300	Value 500

☐ Other assets
Description
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
n/a	\$ 0	\$ 0
	\$	\$
	\$	\$

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
n/a		

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)	\$ 632	\$ 0
Are real estate taxes included? ☐ Yes ☒ No		
Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 400	\$ 0
Home maintenance (repairs and upkeep)	\$ 44	\$ 0
Food	\$ 75	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 144	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
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	\$ 145	\$ 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: _____	\$ 0	\$ 0
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): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 1440	\$ 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:

We have not paid an attorney but we may have an opportunity to pay an attorney in the future, the amount is not known.

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:

We have not paid a paralegal or typist but we may have an opportunity in the future, the amount is not known.

12. Provide any other information that will help explain why you cannot pay the costs of this case.

The cost of filing is more than I am able to afford at this time.

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

Executed on: April 23, 2026

State of Delaware
County of New Castle
04/23/2026

Joseph Sami Almakhadhi

Kevin Costello
(Signature)

JOSEPH SAMI ALMAKHADHI
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires 10-21-2027

Branch Banking

Business banking



Business Green Checking

*5678

Available balance

\$102.78

Personal banking



One Deposit Checking

*5475

Available balance

\$171.63

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Kristina Karen Talley et al., — PETITIONER
(Your Name)

VS.

State Of Delaware 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 United States Court of Appeals for the Third Circuit Delaware Supreme Court

Philadelphia Court of Common Pleas - First District

☐ 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.

State of Delaware
County of New Castle
04/23/2026

Joseph Sami Almakhadhi

Kristina Karen Talley
(Signature)

JOSEPH SAMI ALMAKHADHI
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires 10-21-2027

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

I, Kristina Karen Talley, 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)	\$2,492.00	\$0	\$2,492.00	\$0
Disability (such as social security, insurance payments)	\$0	\$0	\$0	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$0	\$0	\$0	\$0
Other (specify):	\$0	\$0	\$0	\$0
Total monthly income:	\$2,492.00	\$0	\$2,492.00	\$0

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
n/a			\$
			\$
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$⁰
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
Bank Savings Account	\$ 171.63	\$ 0
	\$	\$
	\$	\$

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

☒ Home 28289 Broadkill Rd, Milton, DE 19968 ☒ Other real estate 28467 Pocahontas Ave, Millsboro, DE 19966
Value \$250,000 Value \$150,000

☐ Motor Vehicle #1
Year, make & model _____
Value _____

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

☐ Other assets
Description _____
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
n/a	\$ 0	\$ 0
	\$	\$
	\$	\$

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
n/a		

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)	\$ 1,800.00	\$ 0
Are real estate taxes included? ☐ Yes ☒ No		
Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 370.00	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 130.00	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 120	\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 73	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
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	\$ 0	\$ 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: _____	\$ 0	\$ 0
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): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 2,492.00	\$ 0