24 - 5177

No. _____

FILED JUL 2 3 2024

IN THE

SUPREME COURT OF THE UNITED ST

STATES UNAL

Margaret M. Reed

– PETITIONER

(Your Name)

VS.

Dep't of Veterans Affairs

- 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 Federal Circuit				
☐ Petitioner has not previously been granted leave to proceed <i>in forma</i> 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 CEIVED

JUL 2 6 2024

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

I, Margaret M. Reed	_, am the petitioner in the	he above-entitled case.	In support of
my motion to proceed in forma para	peris, I state that becau	use of my poverty I am	unable to pay
the costs of this case or to give secu	ırity therefor; and I beli	ieve I am entitled to red	dress.

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.

	Average monthly am the past 12 months	ount during	during Amount expecte next month	
	You	Spouse	You	Spouse
Employment	\$ \$7,500	\$ <u>N/A</u>	\$ <u>\$8,000</u>	\$
Self-employment	\$ <u>0</u>	\$	\$ <u>0</u>	\$
Income from real proper (such as rental income		. \$	\$_0	
Interest and dividends	\$ <u>0</u>	\$	<u>\$</u> 0	\$
Gifts	<u>\$ 0 </u>	. \$	<u>\$0</u>	_ \$
Alimony	\$ <u></u> 0	\$	\$ <u>0</u>	\$
Child Support	\$ <u></u> 0	\$	\$ <u>0</u>	\$
Retirement (such as soc security, pensions, annuities, insurance)	cial \$ <u>0</u>	\$	<u>\$ 0</u>	\$
Disability (such as socia security, insurance pay		\$	\$_0	
Unemployment paymen	ts \$ <u>0</u>	\$	\$ <u>0</u>	\$
Public-assistance (such as welfare)	\$ <u>0</u>	. \$	\$ <u>0</u>	_ \$
Other (specify):	<u>\$</u> 0	\$	<u>\$</u> 0	_ \$
Total monthly in	come: \$ <u>7,500</u>	\$	\$ 8,000	\$

Employer Dept of Veterans Affairs	Address 1240 E 9th Street, RM 1907	Dates of Employment 6/2009-present	Gross monthly pay
	Cleveland, Oh 44199	·	\$ \$ \$
	employment history for is before taxes or other		s, most recent employer
Employer N/A	Address	Dates of Employment	Gross monthly pay
N/A			
			\$
Below, state any n institution. Type of account (e.g.,	checking or savings) A	e have in bank acco	ounts or in any other finant Amount your spouse h
Below, state any n institution. Type of account (e.g., Checking Savings	noney you or your spouse checking or savings) \$	Amount you have	·
Below, state any minstitution. Type of account (e.g., Checking Savings 5. List the assets, an and ordinary house	checking or savings) \$ \$ d their values, which you	Amount you have	Amount your spouse h \$ \$ \$ se owns. Do not list clot
Below, state any minstitution. Type of account (e.g., Checking Savings 5. List the assets, an and ordinary house Home	checking or savings) \$ d their values, which you shold furnishings.	mount you have 2000 13,000 Other real esta Value Motor Vehicle	Amount your spouse h \$ \$ \$ se owns. Do not list clot
Below, state any minstitution. Type of account (e.g., Checking Savings) 5. List the assets, an and ordinary house Home Value \$200,000	checking or savings) \$ d their values, which you shold furnishings.	mount you have 2000 13,000 Other real esta Value Motor Vehicle	Amount your spouse h \$ \$ \$ se owns. Do not list clot ate #2 model

6. State every person, bus amount owed.	siness, or organizatio	n owing you or you	ur spouse money, and the
Person owing you or your spouse money	Amount owed to	you Amo	unt owed to your spouse
<u>n/a</u>	\$	\$	
	\$	\$	
	\$	\$	····
7. State the persons who re instead of names (e.g. "J."			· minor children, list initials
Name	Relations	•	Age
D.R.	son		
8. Estimate the average mo paid by your spouse. A annually to show the more	adjust any payments		now separately the amounts kly, biweekly, quarterly, or Your spouse
Rent or home-mortgage pay (include lot rented for mobi Are real estate taxes inclu Is property insurance inclu	le home) ded? Yes 🗆 No	\$ <mark>4000</mark>	\$
Utilities (electricity, heating water, sewer, and telephone		<u>\$</u> 400	\$
Home maintenance (repairs	and upkeep)	\$ <mark>400</mark>	\$
Food		<u>\$</u> 800	\$
Clothing		<u>\$ 100</u>	\$
Laundry and dry-cleaning		<u>\$ 100</u>	\$
Medical and dental expense	s	_{\$} 500	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	<u>\$</u> 400	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 1000	\$
Insurance (not deducted from wages or included in morta	gage payments)	
Homeowner's or renter's	<u>\$ 0</u>	\$
Life	<u>\$ 0</u>	\$
Health	\$_0	\$
Motor Vehicle	<u>\$</u> 200	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify):	<u>\$</u> 0	\$
Installment payments		
Motor Vehicle	\$0	. \$
Credit card(s)	<u>\$</u> 0 X	\$
Department store(s)	<u>\$</u> 0	\$
Other:	<u>\$</u> 0	\$
Alimony, maintenance, and support paid to others	\$800	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	<u>\$</u> 0	\$
Other (specify):	<u>\$ 0</u>	\$
Total monthly expenses:	<u>\$ 7250</u>	\$

	liabilities du	aring the n	ext 12 months?			
	. Yes	VNo	If yes, describe on an att	ached sheet.		
			ll you be paying – an attor ng the completion of this fo		for services in co	onnection
	If yes, how	much?	<u> </u>			
	If yes, state	e the attorn	ney's name, address, and to	elephone number:	:	
		,				
;			l you be paying—anyone or r services in connection w			
	☐ Yes	▽ No				
	If yes, how	much?				
If ye	es, state the	e person's n	name, address, and telepho	ne number:		
12.	Provide any	other info	rmation that will help expl	ain why you cann	not pay the costs	of this case.
The copies w <u>i</u> ll	cost close t	o \$1000 if th	ne waiver is granted, not inc	luding mailing fees	s and an unafford	able \$9,500 if not
I de	clare under	penalty of	perjury that the foregoing	g is true and corr	rect.	
Exe	cuted on: J	uly 22	, 20	<u>24</u>	Red	
					(Signature)	

9. Do you expect any major changes to your monthly income or expenses or in your assets or