

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Aretha Denise Brown — PETITIONER
(Your Name)

VS.

Elite Modeling Agency — 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):

OH, WY, NV.

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.

Aretha Denise Brown 

(Signature)

RECEIVED

SEP 17 2018

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Aretha Denise Brown, 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 (Model/Actress)	\$ <u>100.00</u> <small>(1-time payment for Microsoft commercial)</small>	\$ <u>N/A</u>	\$ <u>N/A</u> <small>(Varies)</small>	\$ <u>N/A</u>
Self-employment (Amazon-Flex)	\$ <u>varies</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Interest and dividends	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Gifts	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Alimony	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Child Support	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Unemployment payments	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Other (specify): <u>N/A</u>	\$ <u>N/A</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
Total monthly income:	\$ <u>200.00</u> <small>{ Sometimes income varies }</small>		\$ <u></u>	\$ <u></u>

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
MicroSoft Commercial Emera/City Model & Talent.com	120 W. Dayton, Suite B-4 Edmonds, WA 98020 Po. Box 80683, Seattle, WA 98108-0683	04/18 10/17, 06/18 to present	\$ 120.00 / \$ (income varies)
Amazon-Flex / Amazon.Com, Inc.	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.) N/A

Employer	Address	Dates of Employment	Gross monthly pay
N/A			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ N/A
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
Small Business Checking for Amazon-Flex	\$ 30.00	\$ N/A
N/A	\$ N/A	\$ N/A

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

Home Value N/A

Other real estate Value N/A

Motor Vehicle #1
Year, make & model 2005 Hyundai Santa Fe
Value \$1,500.00

Motor Vehicle #2
Year, make & model N/A
Value _____

Other assets
Description N/A
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	\$ N/A	\$ N/A
	\$	\$
	\$	\$

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)	\$ 400.00	\$ N/A
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone) included	\$ N/A	\$
Home maintenance (repairs and upkeep) included	\$ N/A	\$
Food	\$ 80.00	\$
Clothing	\$ N/A	\$
Laundry and dry-cleaning	\$ N/A	\$
Medical and dental expenses	\$ (varies)	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ N/A	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$
Life	\$ N/A	\$
Health	\$ N/A	\$
Motor Vehicle	\$ 45.00	\$
Other: _____	\$ N/A	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ N/A	\$
Installment payments		
Motor Vehicle	\$ 0.00	\$
Credit card(s)	\$ 0.00	\$
Department store(s): Victoria's Secret (\$13.00 for \$75.00 if I was a Model if I like I wouldn't have this expense)	\$ 13.00	\$
Other: Amazon Prime + Cell Phone Service	\$ N/A	\$
Alimony, maintenance, and support paid to others	\$ N/A	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$
Other (specify): _____	\$ N/A	\$
Total monthly expenses:	\$ 617.00	\$

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.

Yes, potential settlements including this case, amounts & when I'll actually receive are unknown.

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? \$250.00 for Consultation

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

*Cathleen Scott & Associates, P.A.
250 S. Central Blvd. #104A
Jupiter, FL 33458
(561) 653-0008*

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? N/A

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

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

See OH Court of Claims Cases # 2017-00945JD & 2018-00328VI
02/18/08 nearly fatal auto → [Nationwide "Bad Faith" & OH Victims of Crime]
collision aftermath litigations est. case value \$18mm est. case value \$50k

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

Executed on: September 11, 2018
at 13.

Erinna Denise Brown
(Signature)



Employment Security Department

WASHINGTON STATE

P.O. Box 9046, Olympia, WA 98507

Date: Feb 3 2018
Letter ID: L0004503958
Claimant ID: FD8S8C

1691

ARETHA D. BROWN

~~144 EAGLE CREEK RD~~ 5832 Cady Road

~~SEQUIM WA 98382-8714~~ Everett, WA 98203-3727
etB,

505001001691-01-00000000

Redetermination of Benefits, Wages and Hours

This letter replaces the *Statement of Benefits, Wages and Hours* that we sent you on Nov 18 2017. Anytime there is an adjustment to your claim, we will send you a new *Redetermination of Benefits, Wages, and Hours*.

We have determined:

- You may receive up to \$0 each week you are eligible for unemployment benefits.
- The total amount you can receive for your benefit year is \$0.
- Your benefit year is Oct 15 2017 to Oct 13 2018.
- We may need to adjust the amount based on a number of factors.

The amount you may get each week (called your weekly benefit amount) and the total amount you can receive (called your maximum payable amount) are based on the hours you worked and wages you received between Oct 1 2016 to Sep 30 2017. This period is called your base year. Employers pay the entire cost of unemployment benefits.

If you have a hearing or speech impairment and need to call us, use the Washington Relay Service at 711.

Search more than 60,000 Washington jobs on WorkSourceWA.com. Visit WorkSource for free employment workshops and expert job-hunting advice.

Read the Handbook for Unemployed Workers at esd.wa.gov to find everything you need to know about benefits, including training for a new career.



L0004503958
MONETARY DETERMINATION

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2017 DEC -4 AM 10:39

IN THE COURT OF CLAIMS OF OHIO

ARETHA DENISE BROWN

Plaintiff

v.

OHIO DEPARTMENT OF INSURANCE

Defendant

Case No. 2017-00945

ORDER OF THE MAGISTRATE

The court sua sponte amends the caption of this case to read as set out above. Plaintiff filed a poverty affidavit with the complaint. Upon review, the court has determined the statement to be valid and hereby waives payment of the filing fee only.

ab.

Robert C. Van Schylen
MAGISTRATE

cc:

Ohio Attorney General
Court of Claims Defense Section
150 East Gay Street, 18th Floor
Columbus, Ohio 43215-3130

Ohio Department of Insurance
50 West Town Street
Suite 300
Columbus, Ohio 43215

Aretha Denise Brown
~~144 Eagle Creek Road~~ 5832 Cady Road
~~Sequim, Washington 98382-8714~~ Everett, WA 98203-3727
ab.

dic

JOURNALIZED

SWEDISH

Extraordinary. And Extraordinary. Care.

Request for Charity Care/Financial Assistance

Dear Patient and Family:

Approved 100% from 04/18 to 10/18

In keeping with its mission and core values, we are committed to providing health care for people regardless of their ability to pay.

Our Charity Care/Financial Assistance:

Medical bills may be difficult to pay. Patients who are unable to pay for all or part of their health care services, may apply for financial assistance by completing and returning this form. Patients and families who meet certain income requirements may qualify for free care or reduced-price care based on their family size and income, even if you have health insurance.

To view our financial assistance policy and sliding scale guidelines, please go to residing State website:
<http://www.swedish.org/patient-visitor-info/billing/financial-assistance>

What does financial assistance cover? Financial assistance covers medically necessary services provided by one of our ministries, depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

If you have questions or need help completing this application: Our financial assistance policies, information about the programs, and application materials are available on our website or via phone. You may obtain help for any reason, including disability and language assistance. Here's how to contact us:

<http://www.swedish.org/patient-visitor-info/billing/financial-assistance> (audited 10/22/17)

Customer Service Representatives at: 206-320-5300 or 877-406-0438 Monday - Friday 8:00am to 6:00pm

In order for your application to be processed, you must provide:

- Information about your family**
Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- Information about your family's gross monthly income** (income before taxes and deductions)
- Declare assets** (as listed on financial assistance application form)
- Attach additional information if needed**
- Sign and date financial assistance form**

****Income Source Verification Required****

Please submit with your application copies of the following documents:

- 3 months of employment pay stubs
- Recent filed tax return for all family members
- Please provide proof of any other income source as listed on financial assistance application form

Note: You do not have to provide a Social Security number to apply for financial assistance. If you provide us with your Social Security number it will help speed up processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA."

Mail completed application with all documentation to (be sure to keep a copy for yourself):

<http://www.swedish.org/patient-visitor-info/billing/financial-assistance>

Swedish Medical Center

Attn: Corporate Business Office

747 Broadway, Seattle WA 98122