

No. 18-7051

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Supreme Court, U.S.
FILED

SEP 24 2018

OFFICE OF THE CLERK

Jacqueline L. Calhoun-Smith Taylor
(Your Name) PETITIONER

VS.

CVS Caremark Corp. — 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 District Court Eastern District of Virginia
United States Court of Appeals for the Fourth Circuit

☐ 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.

Jacqueline L. Calhoun-Smith Taylor
(Signature)

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

Suzanne L. Calhoun Smith Taylor
I, Suzanne L. Calhoun Smith Taylor, 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	\$ <u>n/a</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>n/a</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>n/a</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	<u>Wells Fargo Bank Savings</u> \$ <u>0.92</u>		\$ _____	\$ _____
Gifts	\$ <u>n/a</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>n/a</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>n/a</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1,200.00</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>n/a</u> <u>0</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>n/a</u> <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>n/a</u> <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): <u>n/a</u>	\$ <u>n/a</u> <u>0</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>1,200.00</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
<u>n/a</u>			\$ _____
			\$ _____
			\$ _____

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
<u>n/a</u>			\$ _____
			\$ _____
			\$ _____

4. How much cash do you and your spouse have? \$ 0.00
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>Wells Fargo Bank</u>	<u>Checking</u>	\$ <u>100.00</u>	\$ <u>n/a</u>
<u>Wells Fargo Bank</u>	<u>Savings</u>	\$ <u>5,800.00</u>	\$ <u>n/a</u>
		\$ _____	\$ _____

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

<input checked="" type="checkbox"/> Home <u>Homeless - Live in my car</u>	<input checked="" type="checkbox"/> Other real estate
Value <u>n/a</u>	Value <u>n/a</u>
<input checked="" type="checkbox"/> Motor Vehicle #1	<input checked="" type="checkbox"/> Motor Vehicle #2
Year, make & model <u>2002 Ford Explorer</u>	Year, make & model <u>n/a</u>
Value ^{4b} <u>2000</u>	Value _____
<input checked="" type="checkbox"/> Other assets	
Description <u>n/a</u>	
Value _____	

* Lavie Springs Resort
Cesby, TN
Timeshare - \$85.00 (+) monthly

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
<u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
_____	_____	_____
_____	_____	_____

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)	\$ <u>n/a</u>	\$ <u>n/a</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone) <u>cell phone</u>	\$ <u>40.00 monthly</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>n/a</u>	\$ _____
Food	\$ <u>200.00</u>	\$ _____
Clothing	\$ <u>50.00</u>	\$ _____
Laundry and dry-cleaning	\$ <u>40.00</u>	\$ _____
Medical and dental expenses	\$ <u>0</u> <u>n/a</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments) (Repairs, Registration, Gasoline, Insurance, maintenance, state.)	\$ 210.00	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 88.00	\$ _____

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ n/a	\$ _____
Life	\$ n/a	\$ _____
Health (SSA)	\$ 200.00	\$ _____
Motor Vehicle	\$ 500.00 annual (41.00 mo)	\$ _____
Other: _____	\$ _____	\$ _____

Taxes (not deducted from wages or included in mortgage payments)

(specify): Personal Property Taxes (car) Annually	\$ 75.00 Annually	\$ _____
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Installment payments

Motor Vehicle	\$ n/a	\$ _____
Credit card(s)	\$ n/a	\$ _____
Department store(s)	\$ n/a	\$ _____
Other: n/a	\$ n/a	\$ _____

Alimony, maintenance, and support paid to others

\$ n/a	\$ _____
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Regular expenses for operation of business, profession, or farm (attach detailed statement)

\$ n/a	\$ _____
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Other (specify): Allowance (2 Grandsons)

\$ 100.00	\$ _____
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Total monthly expenses:

\$ 849.00	\$ _____
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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? _____

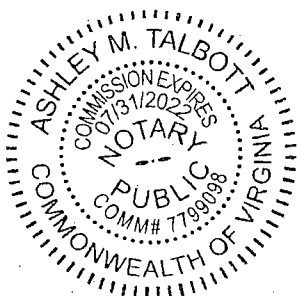
If yes, state the person's name, address, and telephone number:

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

Homeless Unemployed, Criminally Striked 34/7 (approx 8 yrs.) Sexually Harassed/Harassed otherwise, pushed/Bulies Threats of bodily harm Emotionally, Psychologically, Physically abused Discrimination public degradation Receive Retirement/Disability for all of the aforementioned and Emotional distress and Trauma (public humiliation degradation) suffered as result of treatment leading to lawsuits, having to file lawsuits Diagnosed Post Traumatic Stress Disorder

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

Executed on: December 11, 2018



[Handwritten signature]

[Handwritten signature: Regeline L. Calhoun-Smith Taylor]
(Signature)