

18-9337

No. \_\_\_\_\_

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

Ronnie Barnes — PETITIONER  
(Your Name)



VS.

W.C.A.B. 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):

COURT OF APPEALS OF THE STATE OF CALIFORNIA  
SECOND APPELLATE DISTRICT DIVISION THREE

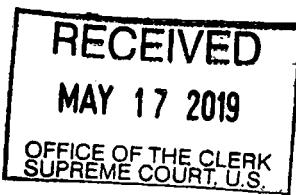
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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.



Ronnie Barnes  
(Signature)

## Order on Court Fee Waiver (Court of Appeal or Supreme Court)

Clerk stamps date here when form is filed.

## 1 Person who asked the court to waive court fees:

Name: Ronnie BarnesStreet address: P.O. BOX 1633City: Long Beach State: CA Zip: 90801Phone number: (562)367-50792 Lawyer, if person in 1 has one: (Name, address, phone number, e-mail, and State Bar number):  

---

---

## 3 On (date): \_\_\_\_\_ you filed a Request to Waive Court Fees (form FW-001).

## 4 The court reviewed your request and makes the following order:

a.  The court grants your request and waives your court fees and costs listed below. You do not have to pay fees for the following:

- Filing notice of appeal, petition for writ, or petition for review

b.  The court denies your request for the following reasons:

(1)  Your request is incomplete. You have 10 days from the date this notice was sent to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (specify incomplete items):  

---

(2)  The information you provided on the request shows that you are not eligible for the fee waiver you requested (specify reasons):  

---

You have 10 days from the date this notice was sent to:

- Pay your fees and costs, or
- File more information that shows you are eligible.

(3)  The court finds there is substantial question regarding your eligibility (describe issue regarding eligibility):  

---

You have 10 days from the date this notice was sent to:

- Pay your fees and costs, or
- File the following additional documents to support your request:  

---

---

---

**Warning!** If you miss the deadline for paying your fees and costs or providing the additional items required by the court and you are the appellant, your appeal may be dismissed.

④ c.  The court needs more information. You must go to court on the date below.

Hearing  
Date

→ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name and address of the court if different from page 1:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bring the following proof to support your request, if it is reasonably available:

\_\_\_\_\_  
\_\_\_\_\_

**Warning!** If item ④c. is checked and you do not go to court on your hearing date, the court will deny your request to waive court fees and you will have 10 days to pay your fees. If you are the appellant and you do not pay your filing fees, your appeal may be dismissed.

Date: Jan 04, 2018

Perluss, Acting Admin. Presiding Justice

*Signature of (check one):*  Judicial Officer  Clerk, Deputy

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

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.*

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$1,077.00	\$NA	\$1,077.00	\$NA
Self-employment	\$N/A	\$NA	\$N/A	\$N/A
Income from real property (such as rental income)	\$N/A	\$ N/A	\$N/A	\$N/A
Interest and dividends	\$N/A	\$N/A	\$N/A	\$N/A
Gifts	\$N/A	\$N/A	\$N/A	\$N/A
Alimony	\$N/A	\$N/A	\$N/A	\$N/A
Child support	\$N/A	\$N/A	\$N/A	\$N/A
Retirement (such as social security, pensions, annuities, insurance)	\$1,127.00	\$N/A	\$1,127.00	\$N/A
Disability (such as social security, insurance payments)	\$1,833.62	\$N/A	\$1,833.62	\$N/A
Unemployment payments	\$N/A	\$N/A	\$N/A	\$N/A
Public-assistance (such as welfare)	\$N/A	\$N/A	\$N/A	\$N/A
Other (specify):	\$N/A	\$N/A	\$N/A	\$N/A
<b>Total monthly income:</b>	<b>\$4,032.62</b>	<b>\$N/A</b>	<b>\$4,032.62</b>	<b>\$N/A</b>

2. *List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

<b>Employer</b>	<b>Address</b>	<b>Dates of employment</b>	<b>Gross monthly pay</b>

Willie Cuyler Jr. IHHS	575 E Vernon St. Long Beach California 90806	Oct 01,2014	\$1,077.00
			\$
			\$

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	N/A	N/A	\$N/A
			\$
			\$

4. *How much cash do you and your spouse have? \$ \_\_\_\_\_*

*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
F&M BAND OF LONG BEACH	SENIOR CHECKING	\$1,00.00 \$ 100.00	\$N/A
		\$	\$
		\$	\$

*If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.*

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	Motor vehicle #1
------	-------------------	------------------

(Value) \$N/A	(Value) \$N/A	(Value) \$5,00.00
		Make and year: PONTIAC 1987
		Model: FEARA
		Registration #:

<b>Motor vehicle #2N/A</b>	<b>Other assets</b>	<b>Other assets</b>
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

6. *State every person, business, or organization owing you or your spouse money, and the amount owed.*

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
N/A	\$N/A	\$N/A
	\$	\$
	\$	\$
	\$	\$

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

<b>Name [or, if under 18, initials only]</b>	<b>Relationship</b>	<b>Age</b>
N/A	N/A	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, semiannually, or annually to show the monthly rate.*

	<b>You</b>	<b>Your Spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$975.00	\$N/A
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)	\$175.00	\$N/A
Home maintenance (repairs and upkeep)	\$N/A	\$N/A
Food	\$325.00	\$N/A
Clothing	\$N/A	\$N/A
Laundry and dry-cleaning	\$250.00	\$N/A
Medical and dental expenses	\$N/A	\$N/A
Transportation (not including motor vehicle payments)	\$N/A	\$N/A
Recreation, entertainment, newspapers, magazines, etc.	\$25.00	\$N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$N/A	\$N/A
Life:	\$675.00	\$N/A
Health:	\$N/A	\$N/A
Motor vehicle:	\$111.00	\$N/A
Other :	\$N/A	\$N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ N/A	\$N/A
Installment payments		
Motor Vehicle:	\$N/A	\$N/A
Credit card (name):Capital One Jet Blue CourTrust Bank, Home Deport & t Credit One.	\$480.00	\$N/A
Department store (name):	\$N/A	\$N/A
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$N/A	\$N/A

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$N/A	\$N/A
Other (specify):GAS FOR VEHICLE	\$120.00	\$N/A
<b>Total monthly expenses:</b>	<b>\$3135.00</b>	<b>\$N/A</b>

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?  Yes  No*

*If yes, how much? \$*

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

12. *State the city and state of your legal residence. Long Beach, "CA*

*Your daytime phone number: ( 562 ) 367-5079*

*Your age: 74*

*Your years of schooling: 16*

*Last four digits of your social-security number: 7199*

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.

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

Executed on: MAY 14, 2019

Ronnie Barnes  
(Signature)