

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

FLOYD M. CHODOSH, SUE EICHERLY, and OLE HAUGEN,

PETITIONERS

vs.

PALM BEACH PARK ASSOCIATION,
a California non-profit mutual benefit corporation,

RESPONDENT

On Petition For a Writ of Certiorari to the
California Fourth District Court of Appeal, Division 3

After California Supreme Court Denied Petition for Review

MOTION FOR LEAVE TO PROCEED

IN FORMA PAUPERIS

Petitioners and moving parties Floyd Chodosh, Sue Eicherly and Ole Haugen ask leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

☒ Petitioners have **not** previously been granted leave to proceed *in forma pauperis* in any court; and

☒ Petitioners' declarations in support of this motion are attached hereto.

Respectfully submitted: 6/11/19

/s/ Patrick J. Evans, USSC Bar #309160
Attorney for Petitioners
16897 Algonquin St., Suite F
Huntington Beach, CA 92649
pevans@pevanslawoffice.com
714-594-5722 fax:714-840-6861

Declaration of Moving Party Petitioner
Floyd M. Chodosh

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

I, FLOYD CHODOSH, 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 ^{NO}	You	Spouse ^{NO}
Employment	\$ <u>2080</u>	\$ <u>N/A</u>	\$ <u>1300</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>650</u>	\$ <u>N/A</u>	\$ <u>650</u>	\$ <u>N/A</u>
^{From subject} Interest and dividends	\$ <u>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Gifts	\$ <u>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Alimony	\$ <u>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Child Support	\$ <u>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1515</u>	\$ <u>—</u>	\$ <u>1515</u>	\$ <u>—</u>
Disability (such as social security, insurance payments)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Unemployment payments	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Public-assistance (such as welfare)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Other (specify): _____	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Total monthly income:	\$ <u>4245</u>	\$ <u>—</u>	\$ <u>3465</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
ALLIED UNIVERSAL	765 CITY DR. STE. 150 ORANGE, CA. 92868	8/17 - PRESENT	\$ 2080
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
ALLIED (SEE ABOVE)	_____	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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
CHECKING	\$ 250	\$ ^{DO} 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 2

☒ Other real estate SUBLET PART OF HOME
Value 1300

☒ Motor Vehicle #1 2012 FIAT
Year, make & model 500
Value 8000

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

☐ Other assets
Description 2
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
DR. WILCOX	\$ 3000	\$ NOT COLLECTIBLE
	\$	\$
	\$	\$

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
SUE EICHENLY	CARETAKER	69

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)	\$ 1600	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 375	\$
Home maintenance (repairs and upkeep)	\$ 40	\$
Food	\$ 350	\$
Clothing	\$ 100	\$
Laundry and dry-cleaning	\$ 35	\$
Medical and dental expenses	\$ 125	\$ N/A

	You	^{NO} Your spouse
Transportation (not including motor vehicle payments)	\$ <u>350</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>120</u>	\$ <u>}</u>
Insurance (not deducted from wages or included in mortgage payments)		\$ <u>}</u>
Homeowner's or renter's	\$ <u>12</u>	\$ <u> </u>
Life	\$ <u>0</u>	\$ <u> </u>
Health	\$ <u>95</u>	\$ <u> </u>
Motor Vehicle	\$ <u>85</u>	\$ <u>X</u>
Other: <u>PET INSURANCE</u>	\$ <u>76</u>	\$ <u> </u>
Taxes (not deducted from wages or included in mortgage payments)		\$ <u> </u>
(specify): <u>DMV</u>	\$ <u>30</u>	\$ <u> </u>
Installment payments		\$ <u> </u>
Motor Vehicle	\$ <u>243</u>	\$ <u> </u>
Credit card(s)	\$ <u>0</u>	\$ <u> </u>
Department store(s)	\$ <u></u>	\$ <u> </u>
Other: <u>APPLIANCE RENTAL</u>	\$ <u>54</u>	\$ <u> </u>
<u>PET MEDICAL CHRG</u>	\$ <u>160</u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u></u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u> </u>
Other (specify): <u>CHARETAKEN</u>	\$ <u>200</u>	\$ <u> </u>
Total monthly expenses:	\$ <u>4100</u>	\$ <u>N/A</u>

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:

N/A

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:

N/A

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

I AM 84 YRS OLD WORKING FULL TIME. I MUST
CUT BACK ON MY HOURS BECAUSE OF MEDICAL REASONS

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

Executed on: JUNE 10, 2019


(Signature)

Declaration of Moving Party Petitioner
Sue Eicherly

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

I, Sue Eicherly, 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	^{NO} Spouse	You	^{NO} Spouse
Employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>650</u>	\$ <u>N/A</u>	\$ <u>650</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>2,300</u>	\$ <u>N/A</u>	\$ <u>2,300</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>CARETAKER</u>	\$ <u>200.00</u>	\$ <u>N/A</u>	\$ <u>200</u>	\$ <u>0</u>
Total monthly income:	\$ <u>3,150</u>	\$ <u>N/A</u>	\$ <u>3,150</u>	\$ <u>0</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
Ø	n/A	n/A	\$ 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
Ø	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.

Type of account (e.g., checking or savings)	Amount you have	Amount ^{NO} your spouse has
checking	\$ 25.00	\$ n/A
	\$	\$
	\$	\$

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

<input type="checkbox"/> Home Value Ø	<input type="checkbox"/> Other real estate Value Ø
<input type="checkbox"/> Motor Vehicle #1 Year, make & model 2015 VW Beetle Value 12,000	<input type="checkbox"/> Motor Vehicle #2 Year, make & model Ø Value Ø
<input type="checkbox"/> Other assets Description Ø Home furnishings \$1,000 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
Debbie Wilcox	\$ 3,000	\$ Not Collectible
/	\$	\$
/	\$	\$

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	N/A	69
/	/	/
/	/	/

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.

Share House
 Rent or home-mortgage payment
 (include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☒ No
 Is property insurance included? ☐ Yes ☒ No

You	no Your spouse
\$ 300	\$ N/A

Utilities (electricity, heating fuel, water, sewer, and telephone)

\$ 450	\$ N/A
--------	--------

Home maintenance (repairs and upkeep)

\$ 20	\$ N/A
-------	--------

Food

\$ 550	\$ N/A
--------	--------

Clothing

\$ 100.00	\$ N/A
-----------	--------

Laundry and dry-cleaning

\$ 20.00	\$ N/A
----------	--------

Medical and dental expenses

\$ 320.	\$ N/A
---------	--------

	You	^{no} Your spouse
Transportation (not including motor vehicle payments)	\$ <u>120.00</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>100.00</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>150.00</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>85.00</u>	\$ <u>N/A</u>
Other: <u>Ins. Car repair</u>	\$ <u>130.00</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>DM V</u>	\$ <u>30.00</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>571.00</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>100.00</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>refrig, washer, dryer</u>	\$ <u>54.00</u>	\$ <u>N/A</u>
Other: <u>Appliance Rental</u>	\$ <u>54.00</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>Pay off vet bill</u>	\$ <u>30.00</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>3,130</u>	\$ <u>N/A</u>

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.

N/A

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:

N/A

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

N/A

If yes, how much? _____

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.

I am disabled with medical issues
unable to earn an income

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

Executed on: June 10, 2019

Sue Achery
(Signature)

Declaration of Moving Party Petitioner
Ole Haugen

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

I, OLE HAUGEN, 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	\$ NA	\$ NA	\$ NA	\$ NA
Self-employment	\$ NA	\$ NA	\$ NA	\$ NA
Income from real property (such as rental income)	\$ NA	\$ NA	\$ NA	\$ NA
Interest and dividends	\$ NA	\$ NA	\$ NA	\$ NA
Gifts	\$ NA	\$ NA	\$ NA	\$ NA
Alimony	\$ NA	\$ NA	\$ NA	\$ NA
Child Support	\$ NA	\$ NA	\$ NA	\$ NA
Retirement (such as social security, pensions, annuities, insurance)	\$ 901.	\$ NA	\$ 901.	\$ NA
Disability (such as social security, insurance payments)	\$ 137.	\$ NA	\$ 137.	\$ NA
Unemployment payments	\$ NA	\$ NA	\$ NA	\$ NA
Public-assistance (such as welfare)	\$ NA	\$ NA	\$ NA	\$ NA
Other (specify):	\$ NA	\$ NA	\$ NA	\$ NA
Total monthly income:	\$ 1038.	\$ NA	\$ 1038.	\$ NA

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
/	NA	NA	\$ NA
			\$ NA
			\$ NA

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
/	/	/	\$ NA
			\$
			\$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Checking	\$ 334	\$ NA
	\$	\$
	\$	\$

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

☐ Home
Value /

☐ Other real estate
Value /

☒ Motor Vehicle #1
Year, make & model 92 LEXUS SC 400
Value \$900.

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

☒ Other assets
Description IRA
Value \$510.

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

Person owing you or your spouse money

NA

Amount owed to you

\$ 0

Amount owed to your spouse

\$ NA

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

0
NA

Relationship

NA

Age

NA

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

NO
Your spouse

STORAGE Unit
Rent or home-mortgage payment
(include lot rented for mobile home)

\$ 234.-

\$ NA

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel, water, sewer, and telephone)

\$ 0

\$ NA

Home maintenance (repairs and upkeep)

\$ 0

\$ NA

Food

\$ 200.-

\$ NA

Clothing

\$ 10.-

\$ NA

Laundry and dry-cleaning

\$ 20.-

\$ NA

Medical and dental expenses

\$ 250.-

\$ NA

	You	^{No} Your spouse
Transportation (not including motor vehicle payments)	\$ 40.-	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ 21.-	\$ NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NA	\$ NA
Life	\$ NA	\$ NA
Health	\$ NA	\$ NA
Motor Vehicle	\$ NA X	\$ NA
Other: _____	\$ NA 0	\$ NA
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ NA
Installment payments		
Motor Vehicle	\$ X	\$ NA
Credit card(s)	\$ 200.-	\$ NA
Department store(s)	\$ 0	\$ NA
Other: <u>LOAN FROM RELATIVE FRIEND</u>	\$ 0	\$ Pay when can
Alimony, maintenance, and support paid to others	\$ 0	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ NA
Other (specify): <u>Navy VET CHARGES</u>	\$ 136.-	\$ NA
Total monthly expenses:	\$ 1110.-	\$ NA

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.

NA

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:

NA

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:

NA

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

I am homeless, live in my car
I RENT STORAGE UNIT
I AM 75 YEAR OLD NAVY VET

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

Executed on: JUNE 10, 2019

At San Clemente, CA

Ok Hansen
(Signature)