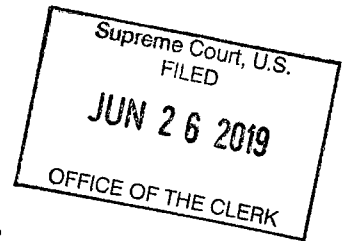


19-5119

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



JOHANA CABANTAC ARUCAN— PETITIONER
(Your Name)

VS.

CAMBRIDGE EAST HEALTHCARE CENTER, 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):

UNITED STATES DISTRICT COURT FOR THE EASTERN
DISTRICT OF MICHIGAN

☐ 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.

[Signature]
(Signature)

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

I, JOHANA C. ARUCAN, 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	VARIES \$1,800+ TO \$274,500	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ NONE	\$ NONE	\$ NONE	\$ NONE

Total monthly income: \$17,035.74 \$ 0 \$ 0 \$ 0
TOTAL - FROM JUNE 2018
TO JUNE 2019

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
SELECT REHABILITATION, LLC.	2600 COMPASS RD. GLENVIEW, IL. 60026	AUG. 2017 - SEPT. 2018	\$1,843.92 (6/1/18 - 6/30/18) \$4,639.32 (7/1/18 - 7/31/18) \$4,582.08 (8/1/18 - 8/31/18)

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

4. How much cash do you and your spouse have? \$ 110
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
CHASE	CHECKING	\$ 3,437.15	\$ N/A
BANK OF AMERICA	CHECKING	\$ 14,833.37	\$ N/A
BANK OF AMERICA	SAVINGS	\$ 16,936.07	\$ 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 NONE

☐ Other real estate
Value NONE

☐ Motor Vehicle #1
Year, make & model NONE
Value NONE

☐ Motor Vehicle #2
Year, make & model NONE
Value NONE

☐ Other assets N/A
Description _____
Value N/A

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
NONE	\$ NONE	\$ NONE
	\$	\$
	\$	\$

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

Name	Relationship	Age
NONE	NONE	NONE

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)	\$ 620 TO 570.00	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 95.00+	\$ N/A
Home maintenance (repairs and upkeep)	\$ NONE	\$ N/A
Food	\$ 200.00	\$ N/A
Clothing	\$ 47500.00/yr.	\$ N/A
Laundry and dry-cleaning	\$ 25.00	\$ N/A
Medical and dental expenses	\$ 100,000.00+	\$ N/A
	ANNUAL MEDICAL - AUTO	
	\$ 110 - DENTAL	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>100 < ></u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>30</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>10</u>	\$ <u>N/A</u>
Life	\$ <u>372 / yr.</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>1,269.67</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>0</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, <u>profession</u> , or farm (attach detailed statement)	\$ <u>279.40</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>2,000 + < ></u> ~\$ 2,500 UP MEDICAL	\$ <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? \$5,000.00 + \$2,000.00

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

1.) JOHN H. DEYAMPERT JR. - 25240 LAHSER RD. SUITE #1 SOUTHFIELD, MI. 48033, PHONE: 313-583-9529
- \$5,000.00 = APPEAL FOR 6TH CIRCUIT

2.) DORAD ELDER - 1360 PORTER STREET, SUITE 200 DEARBORN, MI. 48124
PHONE: 313-582-5800; \$2,000.00 = 43RD DISTRICT CT.

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? \$160, \$78, \$25

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

1.) THERESA'S TRANSCRIPTION SERVICES - P.O. BOX 21067, LANSING, MI. 48909
PHONE: 517-882-0060

2.) STATE OF MICHIGAN - MI. OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
P.O. BOX 30639 LANSING, MI. 48909 - PHONE: 313-4560423

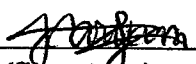
3.) KIMBERLY PERNICK - 9055 CLUBWOOD DRIVE COMMERCE, MI. 48390 - kdp@pernick@gmail.com

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

NO INCOME - NOT YET FULLY RECOVER FROM INJURIES.
LARGE AMOUNT OF MEDICAL EXPENSES / BILLS

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

Executed on: JUNE 26, 2019


(Signature)

Leverage your EHR data to improve patient outcomes and seamlessly submit quality data to CMS with APTA's Physical Therapy Outcomes Registry.

Dear Johana,

Thank you for entrusting your professional liability insurance with Healthcare Providers Service Organization. Your certificate of insurance (see link below) and this e-mail serve as your confirmation of payment and proof of coverage. Please retain this information.

Download your certificate of coverage by clicking on the certificate below. You will need Adobe Reader to view this document.

Regards,

Michael Loughran
President, Healthcare Providers Service Organization (HPSO)

Did you know HPSO offers personal insurance like life, accident, and disability? Go to <http://www.hpso.com/> for details and to get a quote.

Healthcare Providers Service Organization is a registered trade name of Affinity Insurance Services, Inc.; (AR 244489); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc., (0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.

Self-employed individuals may be eligible for General Liability coverage subject to underwriting approval. Should an individual practitioner's status change from self-employed to employed, general liability coverage will be deleted and replaced with workplace liability. Please contact Healthcare Providers Service Organization for details.

Policy #: N 0411725291-8

Policy Term: 10/31/18 to 10/31/19

Amount Paid: \$160.00

Phone Self service

1-800-882-9491

Mon – Fri 8am-6pm Eastern Time

www.hpso.com

24 Hours a day/ 7 days a week

Payment Address

Healthcare Providers Service Organization

PO Box 371302

Pittsburgh, PA 15250-7302

Correspondence Address

Healthcare Providers Service Organization

1100 Virginia Drive, Suite 250


Fort Washington, PA 19034-3278

Billing Address

Johana Arucan
15075 Lincoln St. Apt# 417
Oak park , MI 48237
United States
2484212038

Order Information

Order Number: o76346888
Order Date: November 26, 2018
2:34:11 PM
Status: Order Placed
Payment Method: Visa ending in
6626
Exp: 12/2023

Image	Item	Quantity	Price	Payment Method	Total
	<u>PT Subscription</u>	1	\$199.00	Annual	\$199.00

Subtotal \$199.00

Discount -\$79.60

Tax \$0.00

Total \$119.40

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