

Mr. Anthony L. Williams

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No: 19-5476

ORIGINAL

Supreme Court, U.S.
FILED

AUG 01 2019

OFFICE OF THE CLERK

SUP CT. NO.: RG18905996
APPEAL No.: A155618
CAL. SUPREME CT. NO.: S255427

IN THE UNITED STATES SUPREME COURT

**A MOTION FOR LEAVE TO PROCEED *IN FORMA*
*PAUPERIS***

The petitioner asks leave to file the attached Application
without prepayment of costs and to proceed *in forma pauperis*.

PETITIONER

Mr. Anthony L. Williams

APPELLEE /
RESPONDENT

American Airlines
(Formerly USAir / AAL,
Inc. et. al

AUTHORITIES:

SCOTUS Rule: 33.2

SCOTUS RULE: 34

An Appeal from a Judgment of the Superior Court of California, Co.
of Alameda The Hon. Jo-Lynne Q. Lee Presiding

July 26, 2019

C. ROBERT HARRINGTON, Bar No. 302239
rharrington@littler.com

LITTLER MENDELSON, P.C.
333 Bush Street, 34th Floor
San Francisco, CA 94104
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Attorney for Defendant
AMERICAN AIRLINES, INC.

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SUPREME COURT, U.S.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: 

Dated: July 26, 2019

My issues on appeal are:

1. Pass Default Judgment vs. Defendant as a matter Law.
 2. Grant Motion for Summary Judgment as a matter of Law.
-

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0.00	\$ 1500.00	\$ 0.00	\$ 2500.00
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 787	\$ 0.00	\$	\$

Disability (such as social security, insurance payments)	\$ 0.00	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 3,287	\$	\$	\$

2. *List your 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
			\$
			\$
			\$

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
Rainin Instruments	7500 Edgewater Dr. Box 2160 Oakland, CA 94612-0060	5-19-97	\$ 2,500.00
			\$
			\$

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
Bank of America	ATM	\$ 100.00	\$ 100.00
		\$	\$
		\$	\$

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) \$	(Value) \$	(Value) \$ 1,000.00
Renters	None	Make and year: Lincoln 1997
		Model: MK-VIII
		Registration #: 5VEZ071

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:	None	
Model:		
Registration #:		

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

	\$	\$
	\$	\$
	\$	\$

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

Name [or, if under 18, initials only]	Relationship	Age
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, semiannually, or annually to show the monthly rate.***

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home) 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	\$ 0.00	\$ 850.00
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0.00	\$ 356.00
Home maintenance (repairs and upkeep)	\$ 0.00	\$ 0.00
Food	\$ 400.00	\$ 400.00
Clothing	\$ 0.00	\$ 0.00
Laundry and dry-cleaning	\$ 0.00	\$ 0.00
Medical and dental expenses	\$ 0.00	\$ 246.00
Transportation (not including motor vehicle payments)	\$ 0.00	\$ 200.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 225.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0.00	\$ 0.00
Life:	\$ 0.00	\$ 0.00

Health:	\$ 345.00	\$ 345.00
Motor vehicle:	\$ 0.00	\$ 375.00
Other:	\$ -	\$ -
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0.00	\$ 0.00
Installment payments		
Motor Vehicle:	\$ 0.00	\$ 0.00
Credit card (name): Capitol One	\$ 0.00	\$ 200.00
Department store (name):	\$ 0.00	\$ 0.00
Other:	\$ -	\$ -
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify):	\$ -	\$ -
Total monthly expenses:	\$ 745.00	\$ 5,474

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.*

UNEMPLOYED, SEEKING EMPLOYMENT

12. ***State the city and state of your legal residence.***

OAKLAND, CA.

Your daytime phone number: (510) 913-7359

Your age: 61 ***Your years of schooling:*** 14

Last four digits of your social-security number: 2353