

No. **19-6198**

**9th Cir. Case**

**19-16087**

IN THE

SUPREME COURT OF THE UNITED STATES

**GONZALO R. RUBANG JR.** — PETITIONER

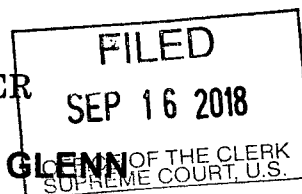
(Your Name)

**UNITED AIRLINES, INC, JAMES GOODWIN, JERRY GREENWALD, GLENN**

VS.

**TILTON, BRETT HART - USDCEDCA - Case No. 2 : 18 - CV - 2352 - MCE - DB - PS**

— 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):

☒ 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: \_\_\_\_\_

☐ a copy of the order of appointment is appended.

(Signature)

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

I, GONZALO R. RUBANG JR., 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>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</u> |
| Self-employment                                                      | \$ <u>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</u> |
| Income from real property (such as rental income)                    | \$ <u>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</u> |
| Interest and dividends                                               | \$ <u>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</u> |
| Gifts                                                                | \$ <u>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</u> |
| Alimony                                                              | \$ <u>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</u> |
| Child Support                                                        | \$ <u>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</u> |
| Disability (such as social security, insurance payments)             | \$ <u>2,388</u>                                  | \$ <u>0</u> | \$ <u>2,388</u>            | \$ <u>0</u> |
| Unemployment payments                                                | \$ <u>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</u> |
| Public-assistance (such as welfare)                                  | \$ <u>0</u>                                      | \$ <u>0</u> | \$ <u>0</u>                | \$ <u>0</u> |
| Other (specify): <u>MOTHER'S CONTRIBUTION</u>                        | \$ <u>950</u>                                    | \$ <u>0</u> | \$ <u>950</u>              | \$ <u>0</u> |
| <u>HER SOCIAL SECURITY MONTHLY BENEFITS</u>                          | \$ <u>3,338</u>                                  | \$ <u>0</u> | \$ <u>3,338</u>            | \$ <u>0</u> |
| <b>Total monthly income:</b>                                         | \$ <u>3,338</u>                                  | \$ <u>0</u> | \$ <u>3,338</u>            | \$ <u>0</u> |

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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 |
|----------|---------|---------------------|-------------------|
| NONE     | NONE    | NONE                | \$ NONE           |
|          |         |                     | \$                |
|          |         |                     | \$                |

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 |
|----------|---------|---------------------|-------------------|
| NONE     | NONE    | NONE                | \$ NONE           |
|          |         |                     | \$                |
|          |         |                     | \$                |

4. How much cash do you and your spouse have? \$ 160  
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 |
|---------------------------------------------|-----------------|------------------------|
| WELLS FARGO - CHECKING                      | \$ 160          | \$ 0                   |
|                                             | \$              | \$                     |
|                                             | \$              | \$                     |

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

☒ Home  
Value 500,000

☐ Other real estate  
Value NONE

☒ Motor Vehicle #1 2016  
Year, make & model HYUNDAI ACCENT  
\*\* Value \$12,000

☒ Motor Vehicle #2 2017  
Year, make & model HYUNDAI VELOSTER  
Value \$17,000

☐ Other assets  
Description NONE  
Value 0

OWNERSHIP ON MY NAME  
BROTHER PAY MONTHLY PAYMENT

\*\* " Stop making payment " since Nov'2018. Ongoing exchange court statements at USCA9, HYUNDAI MOTOR AMERICA and Counsel had lobbied and convinced the USDCEDCA - SACRAMENTO to deny my request to have " INDEPENDENT SERVICE CENTER " to conduct separate engine oil reading. As my 2016 HYUNDAI ACCENT engine oil reading gets very low when reach 1,000 miles. I have to add engine oil before it explode while I am driving and HYUNDAI MOTOR AMERICA and the USDCEDCA - SACRAMENTO can care less of our safety together with other motorist at the highways, immediately denied my request for " INDEPENDENT SERVICE CENTER " and dismissed the case. Ongoing case at USCA9 Case No. 19 - 16088.

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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. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name

Relationship

Age

ANTONIA RUBANG

MOTHER

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

\$ 1,700

\$ 0

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ 300

\$ 0

Home maintenance (repairs and upkeep)

\$ 0

\$ 0

Food

\$ 250

\$ 0

Clothing

\$ 50

\$ 0

Laundry and dry-cleaning

\$ 50

\$ 0

Medical and dental expenses

\$ 100

\$ 0

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|                                                                                             | You             | Your spouse |
|---------------------------------------------------------------------------------------------|-----------------|-------------|
| Transportation (not including motor vehicle payments)                                       | \$ <u>0</u>     | \$ <u>0</u> |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$ <u>50</u>    | \$ <u>0</u> |
| Insurance (not deducted from wages or included in mortgage payments)                        |                 |             |
| Homeowner's or renter's                                                                     | \$ <u>0</u>     | \$ <u>0</u> |
| Life                                                                                        | \$ <u>0</u>     | \$ <u>0</u> |
| Health                                                                                      | \$ <u>170</u>   | \$ <u>0</u> |
| Motor Vehicle      AAA — —                                                                  | \$ <u>320</u>   | \$ <u>0</u> |
| Other: _____                                                                                | \$ <u>0</u>     | \$ <u>0</u> |
| Taxes (not deducted from wages or included in mortgage payments)                            |                 |             |
| (specify): _____                                                                            | \$ <u>0</u>     | \$ <u>0</u> |
| Installment payments                                                                        |                 |             |
| Motor Vehicle                                                                               | \$ <u>0</u>     | \$ <u>0</u> |
| Credit card(s)                                                                              | \$ <u>0</u>     | \$ <u>0</u> |
| Department store(s)                                                                         | \$ <u>0</u>     | \$ <u>0</u> |
| Other: <u>GAS</u>                                                                           | \$ <u>200</u>   | \$ <u>0</u> |
| Alimony, maintenance, and support paid to others                                            | \$ <u>0</u>     | \$ <u>0</u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>0</u>     | \$ <u>0</u> |
| Other (specify): <u>STORAGE</u>                                                             | \$ <u>136</u>   | \$ <u>0</u> |
| <b>Total monthly expenses:</b>                                                              | \$ <u>3,276</u> | \$ <u>0</u> |

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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.

Awaiting decisions from USCA9 and US SUPREME COURT on RUBANG - GALLAGHER BASSETT SERVICES, INC ( USCA9 18 - 17263 ) and UNITED AIRLINES, INC ( USCA9 19 - 16087 ), GBSI negligence, UAL fraud, embezzlement and worker endangerment violations to its workers. Both companies Counsels successful in misleading the lower courts since 2015 both are guilty, did intentional wrongdoings to US Tax Payers, injured Workers of America and are liable to pay damages. I will get back to make payment when I get paid from the Defendants.

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:

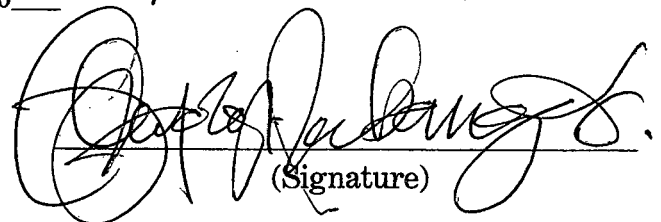
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am a fixed income Social Security Disability recipient monthly benefits of \$2,388. Still ongoing US COURT of APPEALS for the NINTH CIRCUIT - SAN FRANCISCO court litigation Case No. 19 - 15934 " fraud " and " wrongful eviction " to me by US BANK TRUST, N. A. AS TRUSTEE FOR LSF8 MASTER PARTICIPATION TRUST, that as " trustee never exist ".

\* SEE ATTACHED PICTURES

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

Executed on: 16 SEP, 2020 19

  
(Signature)