

SEP 3 0 2019

OFFICE OF THE CLERK

19-6803  
No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

Carmieshra Gorman PETITIONER  
(Your Name)

VS.

State of California and Cole 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): Superior Court of Los Angeles County California and Court of Appeal 2nd District Division 4
- Petitioner has not previously been granted leave to proceed *in forma pauperis* 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.

Carmieshra Gorman 9/25/19 (Signature)

ORIGINAL

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

I, Carmieshra Gorman, 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	\$2,255	NA	\$2,200	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)	NA	NA	NA	NA
Disability (such as social security, insurance payments)	NA	NA	NA	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	\$2,255	NA	\$2,200	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 Employ	Gross monthly pay
Donor Services Group	1200 Wilshire Blvd. CA 90017	12/05 - present	\$2,255

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 Employ	Gross monthly pay
NA			

4. How much cash do you and your spouse have? \$ 20.00

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	\$2,500	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 NA Other Real Estate Value NA

Motor Vehicle #1  
Year, make & model 93 Ford Ranger  
Value \$200.00

Motor Vehicle #2 Year,  
make & model NA  
Value NA

Other assets  
Description NA  
Value NA

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

Person owing you or your spouse money	Amount Owed to you
NA	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	Relationship	Age
Wadi Gorman	Son	18
Mayi Gorman	Daughter	19

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)	\$1,070	\$NA
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$280	\$NA
Home maintenance (repairs and upkeep)	\$15	\$NA
Food	\$350	\$NA
Clothing	\$20	\$NA
Laundry and dry-cleaning	\$0	\$0
Medical and dental expenses	\$85	\$0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$35	\$NA
Recreation, entertainment, newspapers, magazines, etc.	\$15	\$NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$23	\$NA
Life	\$0	\$NA
Health	\$52	\$NA
Motor Vehicle	\$0	\$NA
Other: <u>NA</u>	\$0 Taxes	\$NA
(not deducted from wages or included in mortgage payments)		
(specify): <u>NA</u>	\$ NA	\$ NA
Installment payments		
Motor Vehicle	\$ NA	\$ NA
Credit card(s)	\$ 700	\$ NA
Department store(s)	\$ 0	\$ NA
Other: <u>Community Service Garden</u>	\$ \$10	\$ NA
Alimony, maintenance, and support paid to others	\$ NA	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 50	\$ NA
Other (specify): <u>NA</u>	\$ NA	\$ NA
<b>Total monthly expenses:</b>	<b>\$ 2,705</b>	<b>\$ NA</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 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? NA

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? Process Server to Deliver Documents and Create POS appx. \$60 per filing/service

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

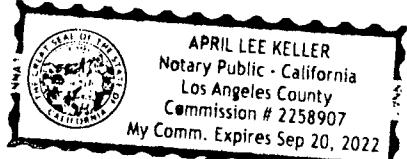
James Alegre CopyPro Legal Services 340 E. 2nd Street #301 Los Angeles CA 90012  
213-250-9926

12. Provide any other information that will help explain why you cannot pay the costs of this case. Because of the need for medical care and therapy, which is directly related to this case, I am not able to work and earn enough to maintain a living wage. My condition dictates that my time must be divided to accommodate doctor's care and therapy in addition to maintaining a daily routine that accounts for chronic pain and physical decline. Additionally, I must provide for my household's needs as a head of household with dependents. My future stability is not guaranteed since I have suffered decreased earning capacity, as a result of injury related physical limits, and an overall decline in discretionary time and spending.

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

Executed on: this 25th Day of September, 2019

Carmadra Y German  
(Signature)



April Lee Keller