

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

I, Johanna Beanblossom, 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	\$ 833	\$ 0	\$ 0	\$ 0
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	\$ 2006 <sup>67</sup>	\$ 0	\$ 2006 <sup>67</sup>
Disability (such as social security, insurance payments)	\$ 0	\$ 479 <sup>83</sup>	\$ 0	\$ 479 <sup>83</sup>
Unemployment payments	\$ 150 <sup>00</sup> <del>\$ 4800</del>	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	<b>\$ 983<sup>00</sup></b>	<b>\$ 2486<sup>50</sup></b>	<b>\$ 0</b>	<b>\$ 2486.50</b>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>?</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</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 - 167.84, 42.56	\$ <u>0</u>	\$ <u>210.40</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle <u>369</u> -	\$ <u>0</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>SBA 200,- Jeff</u>	\$ <u>0</u>	\$ <u>0</u>
<u>U.S. Date 310,- Johanna</u>	\$ <u>0</u>	\$ <u>510.00</u>
Alimony, maintenance, and support paid to others		
Regular expenses for operation of business, profession, or farm (attach detailed statement)		
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>2935.40</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
Diocese of Pensacola/Tallahassee	11 N. B St. Pensacola FL 32502	JAN 2019 to May 2019	\$ 833.34
			\$
			\$

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	Ø	NONE	\$ Ø
			\$
			\$

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

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
NFCU	CK / SVGS	\$ -Ø-	\$ overdrawn right now
		\$	\$ covered by overdraft
		\$	credit
		\$ -3,700	

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

<input checked="" type="checkbox"/> Spouse Home	Value <u>350,000</u>	<input type="checkbox"/> Other real estate
		Value <u>NONE</u>
<input checked="" type="checkbox"/> Spouse Motor Vehicle #1	Year, make & model <u>2019</u>	<input checked="" type="checkbox"/> Spouse Motor Vehicle #2
		Year, make & model <u>2019</u>
<input type="checkbox"/> Spouse Other assets	Description <u>None</u>	Value <u>\$20,000</u>

<input type="checkbox"/> Spouse Other assets	Description <u>None</u>

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
<u>N/A</u>	\$ <u>      </u>	\$ <u>      </u>
<u>N/A</u>	\$ <u>      </u>	\$ <u>      </u>
<u>N/A</u>	\$ <u>      </u>	\$ <u>      </u>

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

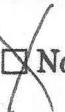
Name	Relationship	Age
Rosalind Pearl Vanghe	(Grand)daughter	<u>12</u> < (adoption)
Caleb Beanblossom	Son - College Student	<u>18</u> (pending)
Jason Beanblossom	Son - college student	<u>19</u>

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)	\$ <u>0</u>	<u>~\$1100.00</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	<u>275 elec</u> <u>315 phone</u> <u>175 wtr/swr</u> \$ <u>0</u>	<u>765.50</u> <del>1100.00</del> <u>0.00</u>
Home maintenance (repairs and upkeep)	<u>75 furniture</u> \$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	<u>\$ 400.00</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	<u>tricare</u>	<u>tricare</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? contingency basis

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

Mrs. Scorn  
25 E. 8<sup>th</sup> St  
Panama City FL 32401

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.

Due to Bay District Schools refusing to allow me to work even after I obtained jobs, I am suffering financial hardships. My wrongful termination and continued retaliation has been a financial crisis for me.

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

Executed on: Dec. 9, 2019

J. Beanblossom  
(Signature)