

19-7166

No.

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

FILED
DEC 27 2019
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Ann Karnofel — PETITIONER
(Your Name)

VS.

Superior Waterproofing, Inc. — 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):

Court of Appeals, Eleventh District, Trumbull County
Ohio Supreme Court

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.

RECEIVED
DEC 31 2019
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SUPREME COURT, U.S.

Ann Karnofel
(Signature)

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

I, ANN KARNOFEL, 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	\$ 0	\$ DECEASED	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 1,397.77	\$ N/A	\$ 1,409.77	\$ N/A
Disability (such as social security, insurance payments)	\$ N/A	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 16.00	\$ N/A	\$ 16.00	\$ N/A
Other (specify):	\$ N/A	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 1,413.77	\$ N/A	\$ 1,425.77	\$ N/A

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
<i>N/A</i>			\$
			\$
			\$

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
<i>N/A</i>			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 635.37

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
<u>CHECKING</u>	\$ <u>635.37</u>	\$ <u>N/A</u>
	\$	\$
	\$	\$

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

Home
Value _____

Other real estate
Value _____

Motor Vehicle #1
Year, make & model 1994 SATURN SL
Value \$1,000.00

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

Other assets
Description _____
Value _____

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>Delores Karnofel</u>	\$ <u>10,000.00</u>	\$ <u>N/A</u>
_____	\$ _____	\$ <u>N/A</u>
_____	\$ _____	\$ <u>N/A</u>

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
<u>Delores Karnofel</u>	<u>DAUGHTER</u>	<u>60</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>96.00</u>	\$ <u>N/A</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>297.00</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>40.00</u>	\$ <u>N/A</u>
Food	\$ <u>280.00</u>	\$ <u>N/A</u>
Clothing (Including incontinence pads)	\$ <u>64.00</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>2.00</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>38.00</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 42.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 5.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 20.05	\$ N/A
Health	\$ 138.00	\$ N/A
Motor Vehicle	\$ 4.30	\$ N/A
Other: _____	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ N/A
Installment payments		
Motor Vehicle	\$ 0	\$ N/A
Credit card(s)	\$ 348.00	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: <u>Gifts, Cards And other donations</u>	\$ 16.90	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): <u>COURT COSTS, COPYING AND POSTAGE FOR THIS COURT CASE. CHURCH DUES AND DONATIONS</u>	\$ 22.00	\$ N/A
Total monthly expenses:	\$ 1,412.25	\$ N/A

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? _____

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.

Credit Card debt developed as a result of Kyphoplasty surgery, and incontinence started the day after surgery - negligent doctor. I also helped my daughter with her medical/dental expenses, since she has chemical sensitivities and goes to health food stores, and her negligent Chiropractor who misdiagnosed her TMJ that gave her more/other sensitivities and expenses for mercury toxicity.

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

Executed on: 12-9, 2019

Ann Karnofel

(Signature)

OHIO 'STATUTORY SHORT FORM OF ACKNOWLEDGMENT' — INDIVIDUAL
§147-55(A)

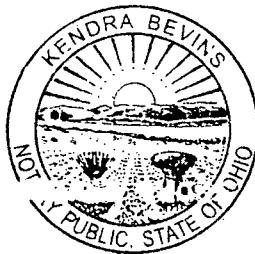
State of Ohio
County of Trumbull } ss.

The foregoing instrument was acknowledged
before me this 12-9-19 by
Date

Ann Karnofel
Name of Person Acknowledging

Kendra Bevins Kendra Bevins
Signature of Person Taking Acknowledgment

Notary Public
Title or Rank



Affix Seal Here

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Supreme Court

Document Date: 12-9-19 Number of Pages: _____

Signer(s) Other Than Named Above: _____