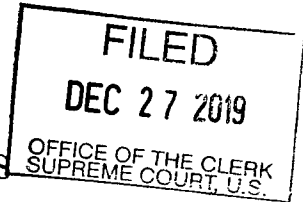


No. 19-7166

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



ANN KARNOTEL — 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

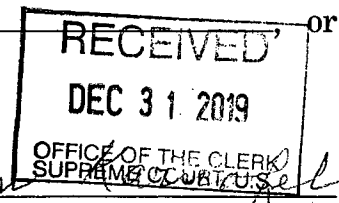
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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: _____

☐ a copy of the order of appointment is appended.



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

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
N/A			\$
			\$
			\$

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
checking	\$ 635.37	\$ N/A
	\$	\$
	\$	\$

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

Delores KARNOFEL

\$ 10,000.00

\$ N/A

\$_____

\$ N/A

\$_____

\$ n/a

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

Delors Karawofel

DAUGHTER

60

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)

\$ 96.00

\$ N/A

Are real estate taxes included? ☒ Yes ☐ No

Is property insurance included? ☐ Yes ☒ No

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

\$ 297.00

\$ N/A

Home maintenance (repairs and upkeep)

\$ 40.00

\$ N/A

Food

\$ 280.00

\$ N/A

Clothing (Including incontinence pads)

\$ 64.00

\$ N/A

Laundry and dry-cleaning

\$ 2.00

\$ NA

Medical and dental expenses

\$ 38.00

\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>42.00</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>4.00</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>20.05</u>	\$ <u>N/A</u>
Health	\$ <u>138.00</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>4.30</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>348.00</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>Gifts, Cards And</u>	\$ <u>16.90</u>	\$ <u>N/A</u>
<u>Other donations</u>		
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>Court costs, copying and</u>	\$ <u>22.00</u>	\$ <u>N/A</u>
<u>Postage for this Court case.</u>		
<u>Church dues and donations</u>		
Total monthly expenses:	\$ <u>1,412.25</u>	\$ <u>N/A</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? _____

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 misadjusted her TMS that gave her more/light 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

Drum Bull

} 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



KENDRA BEVINS

NOTARY PUBLIC
STATE OF OHIO

My Commission Expires
August 23, 2021

Affix Seal Here

Notary Public

Title or Rank

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: