

No. 19-10097

~~19-7266~~

IN THE

SUPREME COURT OF THE UNITED STATES

MICKIE STONE

(Your Name)

PETITIONER

ORIGINAL

VS.

CENTENE CORPORATION

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:

FILED

APR 22 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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: _____

, or

a copy of the order of appointment is appended.

Mickie Stone
(Signature)

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

I, MICKIE STONE, 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>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>2,189</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>2,189</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
I work part time but did the part time pass in my disability 3 period x 10 hours	Alantic	2019 Apr 1 to Apr 30	\$2,500

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
Medcare Home Health Nursing & Home Health Sierra Home Health		April 2019 → Nov 2019	\$
Life Care (addresses below)			\$

4. How much cash do you and your spouse have? \$ 2,000

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 TD BANK	\$ 9,000	\$ 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 # 250,000
Value _____

Other real estate
Value _____

Motor Vehicle #1 2019
Year, make & model Honda
Value \$22,000 CIVIC
(lease) cosigned by my
s/o John Priest

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

Other assets
Description _____
Value _____

Sierra LifeCare INC.
9200 W Commercial Blvd, Lauderhill, Fla
33319

Medcare Home Health
760 Ponce de Leon Blvd.
#100 Coral Gables Fla. 33134

Nursing Plus Home Health
18441 NW 2nd Ave. Miami, Fla 33169

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
<hr/>	\$ _____	\$ _____
<hr/>	\$ _____	\$ _____
<hr/>	\$ _____	\$ _____

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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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>680</u>	\$ <u>NA</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>267</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>100</u>	\$ _____
Food	\$ <u>400</u>	\$ _____
Clothing	\$ <u>200</u>	\$ _____
Laundry and dry-cleaning	\$ <u>40</u>	\$ _____
Medical and dental expenses	\$ <u>350</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 100	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	<i>100/mth</i> \$ 1200/yr	\$ _____
Life	\$ 0	\$ _____
Health	\$ 350/mth	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: <i>Car</i>	\$ 343/mth	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	\$ 0	\$ _____
Installment payments		
Motor Vehicle	\$ 300	\$ _____
Credit card(s)	\$ 600	\$ _____
Department store(s)	\$ 0	\$ _____
Other:	\$ 0	\$ _____
Alimony, maintenance, and support paid to others	\$ 0	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ _____
Other (specify): <i>\$ 150 every 3 mths out of pocket</i>	\$ 0	\$ _____
Total monthly expenses:	<u>\$ 1,793</u>	\$ _____
<i>(for psychiatry) (\$1,843)</i>		

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.

I am only receiving a monthly check which was disability until I turned 66 and the disability is now Social Security. Same amount of money

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

\$2,189 -

Executed on: 11/26, 20 19

monthly -

Dickie Stone

(Signature)