

19-7279

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Charlotte Oliphant-Johns — PETITIONER
(Your Name)

VS.
GoodDeal Remodeling:
NICOLAI DHERASIM, Bogdan Leuca — 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):

THE SUPERIOR COURT OF PENNSYLVANIA - EASTERN DIVISION
530 WALNUT STREET, SUITE 315 Philadelphia, Pa 19106

☐ 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.

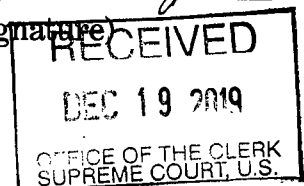
☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____, or

☐ a copy of the order of appointment is appended.

Charlotte Oliphant-Johns

(Signature)



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

I, CHARLOTTE OLIPHANT-JOHNS, 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>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Self-employment	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Interest and dividends	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Gifts	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Alimony	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Child Support	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1,033.00</u>	\$ <u>NA</u>	\$ <u>1,033.00</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ <u>↓</u>	\$ <u>NA</u>	\$ <u>↓</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Other (specify) <u>2018 PROPERTY TAX REBATE</u>	\$ <u>975.00</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Total monthly income:	\$ <u>1,033.00</u>	\$ <u>NA</u>	\$ <u>1,033.00</u>	\$ <u>NA</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
NA	NA	NA	\$ NA
			\$
			\$

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
NA	NA	NA	\$ NA
			\$
			\$

4. How much cash do you and your spouse have? \$
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 ACCOUNT	\$ 7,000.00	\$ NA
SAVINGS (OF RENT REBATES)	\$ 8,675.00	\$ NA
CHECKING DEBIT CARD RETAINER	\$ 500.00	\$ NA

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

☒ Home (Condition) 116,000 To 125,000.00 ☐ Other real estate
Value UNKNOWN - Consult Neighborhood MARKET VALUE Value NA

☐ Motor Vehicle #1
Year, make & model NA
Value NA

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

☒ Other assets
Description TAX DEFERRED COMPENSATION RETIREMENT ACCOUNT
Value 63,000.00

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
NA	\$ 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
NA	NA	NA

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)	\$ 384.00	\$ NA
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) \$54.00 \$100.00-165.00 CRP OR NONE ASSISTANCE \$48.00 \$42.00 OCT-NOV 2019 AVERAGE 28.00-45.20	\$ 244.00	\$ NA
Home maintenance (repairs and upkeep) SUMMER - WINTER HEAT HENT BILL NOT TURNED ON / USED YET PASS 69°	\$ THOUSANDS OF DOLLARS OF WORK NEEDED TO BE DONE SEE ATTACHED SHEET AND QUESTION #12.	\$ NA
A) Food AND DRINKING WATER	\$ A) 70.00 B) 40.00	\$ NA
Clothing	\$ 30.00	\$ NA
Laundry and dry-cleaning	\$ 5.00	\$ NA
Medical and dental expenses (NON MEDICARE) NEED: PRE DENTURE MOUTH SURGERY BONE GRAFTING etc. WITH WITH TOTAL EXTRACTIONS OF RESIDUAL TEETH \$5000.00 FOR GUM DISEASE IN WHICH I HAVE TO SAVE FOR THIS REQUIRED TYPE OF DENTAL CARE/MEDICAL CARE WHICH IS MINIMAL IN LIGHT OF MY MEDICAL CARE HEALTH CARE GOALS.	\$ THOUSANDS OF DOLLARS OF WORK NEEDED TO BE DONE	\$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>2.75</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>NA</u>
Life	\$ <u>0</u>	\$ <u>NA</u>
Health	\$ <u>0</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>NA</u>
Other: <u>0</u>	\$ <u>0</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>EVERYDAY STATE TAXES ON ITEMS</u>	\$ <u>UNKNOWN</u>	\$ <u>NA</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u> </u>
Credit card(s)	\$ <u>0</u>	\$ <u> </u>
Department store(s)	\$ <u>0</u>	\$ <u> </u>
Other: <u>ALL PAID OFF PREVIOUS DebTs</u>	\$ <u>0</u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u> </u>
Other (specify): <u>HEALTH products</u>	\$ <u>58.00</u>	\$ <u> </u>
Total monthly expenses:	\$ <u>801.00</u>	\$ <u> </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? \$100.00 CONSULTATION FEE

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

DANIEL J. TANN ESQUIRE
100 S. BROAD STREET
Philadelphia, Pa 19110
(215) 670-0066

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? ZERO

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

NA

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I AM TOO OLD - I NEED \$35,000.00 WORTH OF DENTAL WORK. I NEVER COULD AFFORD TO GET THE MERCURY IN MY TEETH REMOVED, AS MEDICARE COULD CARE LESS - YOU PAY THEM TO BE SICK. I NEED DEATH INSURANCE, SIDING, NEW STEPS, A BACK FENCE, A STEEL SECURITY DOOR, PAINTING, A SHOWER DOOR INSTALLED AND A NEW BATH ROOM SINK, FLOORS SANDING, AND WITH 5 YRS COOKING OUTSIDE THE BATH ROOM IN THE HALL WAY I HAVE DAMAGED THE HALL WAY FLOORS. I HAVEN'T DONE MAINTANANCE FOR OVER 17 YRS DUE TO ILLNESS. I SAVED MY MONEY FOR WHEN I COULD DO A LITTLE AT A TIME. AS I AGED. AT 67 YRS OLD I CAN NOT BE MANEUVERED OUT OF MY MONEY I NEED IT FOR MY HOME. I declare under penalty of perjury that the foregoing is true and correct. AND FOR MY HEALTH.

Executed on: December 16, 2019

Charlotte Olphart-Johns

(Signature)