

DEC 16 2019

OFFICE OF THE CLERK

No. \_\_\_\_\_

**In The****Supreme Court of the United States**

---

◆  
JEFFREY R. GOLIN, ELSIE Y. GOLIN AND NANCY K. GOLIN,

BY HER MOTHER AND NEXT FRIEND ELSIE Y. GOLIN

*Petitioners,**v.*SAN ANDREAS REGIONAL CENTER, SANTI ROGERS, MIMI KINDERLEHRER, TUCKER  
LISKE, EDNA MANTILLAS DBA EMBEE MANOR, STANFORD HOSPITAL AND CLINICS, AND

JAMIE BUCKMASTER

*Respondents.*

---

◆  
**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*****(RULE 39, FORM 4, FRAP)**

---

◆  
Petitioners Jeffrey R. Golin and Elsie Y. Golin hereby ask leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioners have previously been granted leave to proceed in forma pauperis in the following courts.

- California Supreme Court
- California First District Court of Appeal
- California Third District Court of Appeal
- California Sixth District Court of Appeal
- California Superior Court of San Mateo County
- California Superior Court of Santa Clara County
- California Superior Court of Sacramento County
- California Superior Court of Alameda County

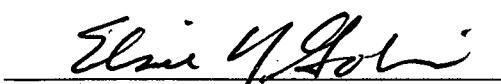
The court below did not appoint counsel in the current proceeding.

Petitioners' affidavit or declaration in support of this motion is attached hereto.

Petitioner Nancy K. Golin is an incompetent person and ward of the state in state custody and unable to plead for herself.

Respectfully submitted this 31st day of December, 2019, at Fresno, California.

  
JEFFREY R. GOLIN, JD, LL.M

  
ELSIE Y. GOLIN

PO. Box 3281  
Clovis, CA 93613,  
Petitioners In Pro Per, as parents  
and as next friends to  
Petitioner NANCY K. GOLIN

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

We, JEFFREY R. GOLIN, & ELSIE Y. GOLIN are  
we am the petitioner in the above-entitled case. In support of  
my motion to proceed *in forma pauperis*, we state that because of my poverty we am unable to pay  
the costs of this case or to give security therefor; and we believe we 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	\$ 40	\$ 0	\$ 0	\$ 0
Self-employment	\$ 45	\$ 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)	\$ 1,483	\$ 531	\$ 1506	\$ 539
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 22	\$ 0	\$ 22	\$ 0
Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 1,540	\$ 531	\$ 1528	\$ 539

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
SCOTT Mc MILLAN	LA MFGSA, CA	9/01/19 - 9/22/19 1/20/18 - 1/24/18	\$ 540 \$ 378.75 \$

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			\$ \$ \$

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
CHASE BANK - JOINT CHECKING	\$ 97.16	\$ (JOINT)
WELLS FARGO - JOINT CHECKING	\$ 1,052.31	\$ (JOINT) } CURRENT
M.I.T. FCU SAVINGS	\$ 5.12	\$ 0 } SAVINGS

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

Home

Value \$217,000

(37,342 OWNED)

Other real estate NONE

Value \_\_\_\_\_

Motor Vehicle #1

Year, make & model

2018 FORD FUSION

Value \$11,354 (88)

17,811 OWNED

Motor Vehicle #2

Year, make & model

1998 FORD WINDSTAR

Value \$50

Other assets

N/A

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>None</u>	\$ <u>0</u>	\$ <u>0</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>ELSIE Y. COLIN</u>	<u>WIFE</u>	<u>78</u>
<u>JEFFREY R. COLIN</u>	<u>SELF</u>	<u>78</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>1,013.61</u>	\$ <u>0</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>PAUSE 150, 61, GUES: (21.16, X21.16) = 27.13, MUL 61</u>	\$ <u>479.90</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep) <u>ROOF + FURNACE REP. (2015)</u>	\$ <u>84.40</u>	\$ <u>0</u>
Food <u>(105 NOT'L STANDARD) (CONF. ESTIMATE)</u>	\$ <u>386.00</u>	\$ <u>299.00</u>
Clothing <u>(RUGGM 657)</u>	\$ <u>15.00</u>	\$ <u>10.00</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses <u>PREGNANCY P.T.O. CO-OP MY</u>	\$ <u>14.54</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 244.16	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 21.07	\$ 0
Other: <u>NONE</u>	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 386	\$ 0
Credit card(s)	\$ 475.90	\$ 426.30
Department store(s)	\$ 0	\$ 0
Other: <u>WEB PAGE FOR NANCY</u>	\$ 15.00	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 3205.68	\$ 725.30

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:

N/A

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.

RETIRED ON FIXED SOCIAL SECURITY RETIREMENT BENEFITS,  
OVER BUDGET, CREDIT CARD INTEREST, PAYDAY LOANS, SCHOOL LOANS

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

Executed on: DECEMBER 31, 2019

Jeffrey R. Golin  
Jeffrey Golin  
(Signature)

I, ELSIE Y. GOLIN  
CONCUR.

Elsie Golin  
(Signature)