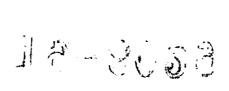
## 19-8029

No. \_



IN THE
SUPREME COURT OF THE UNITED STATES
Dr. Lakshmi Arunachalam, a Woman  MAR 12 2020  (Your Name)  OFFICE OF THE CLERK
Lyft Vs.  ———————————————————————————————————
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):
Cases 19-1794 (Fed. Cir.); 4:13-CV_01248-PJH (ND Ca)  Case 19-1232 (D.C. Circuit)
Case 19-1232 (D.C. Circuit)
Petitioner has <b>not</b> 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 <b>not</b> 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.





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

I, Dr. Lakshmi Arunacha am, a Woman 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.

	ge monthly amo ast 12 months	unt during	Amount expended next month	cted
	You	Spouse	You	Spouse
Employment	\$	\$	\$0	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$ <i>O</i>	\$	\$ <i>O</i>	\$
Interest and dividends	\$0	\$	\$	\$
Gifts	\$	\$	\$ <u> </u>	<b>'\$</b>
Alimony	\$	\$	\$0	\$
Child Support	\$	\$	\$O	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 1487	\$	\$ 1483	\$
Disability (such as social security, insurance payments	\$ <u> </u>	\$	\$ <i>O</i>	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$ <i>D</i>	\$	\$ <i>O</i>	\$
Other (specify):	\$O	\$	\$	\$
Total monthly income	: \$ 1481	\$	\$ 1483	\$

Employer	Address	Dates of Employment	Scross monthly pay  Scross monthly pay  Scross monthly pay
3. List your spou (Gross monthly	se's employment histo pay is before taxes or	athan dadaations	most recent employer fire, no spouse Gross monthly pay
Employer	Address		Gross monthly pay
N/A		Employment	\$
	-		\$ N/A \$ = ==================================
	m value una una neba in Edución de discolor de la composition della composition dell		
Below, state ar institution.	y money you or your	spouse have in bank accor	unts or in any other finance
institution.	and the state of t		Amount value analysis ha
institution.  Type of account (ech:	e.g., checking or saving ecking wings	s) Amount you have \$ 75 \$ 25	Amount value analysis ha
institution.  Type of account (ech:	e.g., checking or saving ecking vings	s) Amount you have \$ 75 \$ 25	Amount your spouse has \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
institution.  Type of account (echolor)  Social  List the assets and ordinary here.	e.g., checking or saving ecking wings.	s) Amount you have \$ 75 \$ 25 \$ sich you own or your spous	Amount your spouse has \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
institution.  Type of account (e	e.g., checking or saving ecking.  Lings  , and their values, who busehold furnishings.	s) Amount you have \$ 75 \$ 25 sich you own or your spous  Other real esta Value	Amount your spouse ha \$

6. State every person, busine amount owed.	ess, or organization owi	ng you or your	spouse money, and the
Person owing you or your spouse money	Amount owed to you	Amour	nt owed to your spouse
George Pazuniak	\$ TBD	\$	NA
All Defendants in all of my cases	\$ TBD	\$	
of my cases	\$	\$	
7. State the persons who rely of instead of names (e.g. "J.S."			ninor children, list initials
Name	Relationship	N/A	Age
manifestion to the state of the			TO COMPANY AND THE COMPANY AND A STREET OF THE COMPANY AND THE
8. Estimate the average month paid by your spouse. Adju annually to show the month	ist any payments that a	re made weekly	w separately the amounts of, biweekly, quarterly, or of Single, no Spouse
		بالما الما	) > (102 c) 12 14 - 11
		You	Your spouse
Rent or home-mortgage payme (include lot rented for mobile h			•
	iome) 1? 🔲 Yes 🔲 No	You	•
(include lot rented for mobile have real estate taxes included Is property insurance included Utilities (electricity, heating fu	ome)  I?	You \$	Your spouse
(include lot rented for mobile have real estate taxes included is property insurance included	ome)  I?	You	Your spouse  \$N/A
(include lot rented for mobile have real estate taxes included Is property insurance included Utilities (electricity, heating fur water, sewer, and telephone)	ome)  I?	You \$ 9 50	Your spouse  \$_N/A  \$_N/A
(include lot rented for mobile have real estate taxes included Is property insurance included Utilities (electricity, heating fur water, sewer, and telephone)  Home maintenance (repairs and	ome)  I?	You  \$ 0  \$ 175	Your spouse  \$_N/A  \$_N/A
(include lot rented for mobile have real estate taxes included Is property insurance included Utilities (electricity, heating fuwater, sewer, and telephone)  Home maintenance (repairs and Food	ome)  I?	\$ 0 \$ 175	* N/A  * N/A  * N/A  * N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 74	\$ N/K
Recreation, entertainment, newspapers, magazines, etc.	\$	s N/A
Insurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$	s N/A
Life	\$O	\$ N/A
Health	\$ 236	\$ N/A
Motor Vehicle	\$ 500	\$ N/A
Other:	\$	\$ N/A
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify):	\$ <u>·</u> O	\$ N/A
Installment payments		
Motor Vehicle	\$	\$ N/A
Credit card(s)	\$ 548	s N/A
Department store(s)	\$	\$ N/A
Other:	\$	\$N/A
Alimony, maintenance, and support paid to others	\$	s N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify):	\$O_	* N/A
Total monthly expenses:	\$ 1483	\$ 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 3	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 d	eclare under penalty of perjury that the foregoing is true and correct.  A Certificate of Service is attached.  Cakshui Armachalam  (Signature)
Exe	A Certificate of Service is attached.
	Lakshni Armachalam
	(Signature)