

19-8210
No. _____

Supreme Court, U.S.
FILED

JAN 17 2020

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

Peggy Gordon — PETITIONER
(Your Name)

VS.

Holy Cross Hospital — 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):

☒ 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.



Peggy Gordon
(Signature) 3/12/2020

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

I, Peggy Gordon, 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	
	<i>gross</i> You	<i>with overtime</i> Spouse	You	<i>without overtime</i> Spouse
Employment	1,953.00	\$1,953.00	\$1,200.00	\$none
Self-employment	\$none	\$none	\$none	\$none
Income from real property (such as rental income)	\$none	\$none	\$none	\$none
Interest and dividends	\$none	\$none	\$none	\$none
Gifts	\$none	\$none	\$none	\$none
Alimony	\$none	\$none	\$none	\$none
Child Support	\$none	\$none	\$none	\$none
Retirement (such as social security, pensions, annuities, insurance)	\$none	\$none	\$none	\$none
Disability (such as social security, insurance payments)	\$none	\$none	\$none	\$none
Unemployment payments	\$none	\$none	\$none	\$none
Public-assistance (such as welfare)	\$none	\$none	\$none	\$none
Other (specify): <u>none</u>	\$none	\$none	\$none	\$none

Total monthly income: \$3,900.00 \$none \$2,400.00 \$none

*with overtime
depends how many
extra hours worked*

without overtime

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
Sinai Trauma Center	2401 W. Belvedere Avenue	November 2017	\$1953.00 with overtime
			\$
			\$

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.) NONE

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	N/A
			\$
			\$

4. How much cash do you and your spouse have? \$ 385.00
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	\$ 385.00	\$ 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 Unknown

MD State owned MPDU

☐ Other real estate

Value N/A

☒ Motor Vehicle #1

Year, make & model Toyota 4 Runner

Value 35,000.00

☐ Motor Vehicle #2

Year, make & model N/A

Value _____

☐ Other assets

Description N/A

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>none</u>	\$ <u>none</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>christopheer Atkins</u>	<u>son</u>	<u>31 yrs (unemployed)</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)	$ \begin{array}{r} 1,009.00 \\ 148.00 \\ \hline 62.80 \\ \hline \$1,275.80 \end{array} $ <i>mortgage + condo fees</i>	\$ <u>N/A</u>
Are real estate taxes included? ☒ Yes ☐ No		
Is property insurance included? ☒ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	<u>\$150.00 - 350.00</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	<u>\$ 0</u>	\$ <u>N/A</u>
Food	<u>\$ 100.00</u>	\$ <u>N/A</u>
Clothing	<u>\$ 0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	<u>\$ 0</u>	\$ <u>N/A</u>
Medical and dental expenses	<u>\$ 90.00</u>	\$ <u>N/A</u>

flex spending before taxes

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>included</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>105.00</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>896.00</u>	\$ <u>N/A</u>
Credit card(s) — <u>Various</u>	\$ ^{100 to} <u>200.00</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>2,890.80</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? N/A

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? N/A

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

Executed on: March 12th, 2020

Peggy Anderson
(Signature)