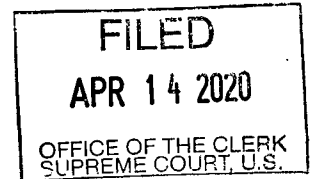


19-8348  
No. USCA9 No. 19-15512

ORIGINAL



IN THE  
SUPREME COURT OF THE UNITED STATES

Roland I. Kellano, Sr. — PETITIONER  
(Your Name)

VS.

Kaiser Foundation Health Plan, ETAL, — 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):

SECOND CIRCUIT COURT, STATE OF HAWAII

☒ 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: Rule 13.

\_\_\_\_\_, or

☒ a copy of the order of appointment is appended. <sup>eg.</sup> "APPENDIX A" 1-16.

Roland I. Kellano, Sr.  
March 27, 2020

(Signature)

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

I, Roland E. KEHANO, Sr., 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>No</u>	\$ <u>Yes</u>	\$ <u>None</u>	\$ <u>3,733</u>
Self-employment	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>
Income from real property (such as rental income)	\$ <u>No</u>	\$ <u>? 0</u>	\$ <u>No</u>	\$ <u>? 0</u>
Interest and dividends	\$ <u>No</u>	\$ <u>? 0</u>	\$ <u>No</u>	\$ <u>? 0</u>
Gifts	\$ <u>No</u> <i>wife, siblings.</i>	\$ <u>? 0</u>	\$ <u>No</u> <i>#250.00</i>	\$ <u>No</u> <i>Hopefully</i>
Alimony	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>
Child Support	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>
Disability (such as social security, insurance payments)	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>	\$ <u>NOVED 19</u>
Unemployment payments	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>
Public-assistance (such as welfare)	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u>	\$ <u>No</u> <i>UNAPPORTIONMENT</i>
Other (specify): <u>VA Disability</u>	\$ <u>Yes</u> <i>Filing Fees</i>	\$ <u>No</u>	\$ <u>142.00</u>	\$ <u>1300.00</u>
<b>Total monthly income:</b>	\$ <u>1,505.00</u> <i>U.S. Dist. Ct 9th Cir</i>	\$ <u>? 0</u>	\$ <u>392.00</u>	\$ <u>5,033.00</u> <i>PER</i>

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
<u>None</u>	<u>None</u>	<u>None</u>	\$ <u>None</u>
<u>None</u>	<u>None</u>	<u>None</u>	\$ <u>None</u>
<u>None</u>	<u>None</u>	<u>None</u>	\$ <u>None</u>

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
<u>ALDIA Surgical Center</u>	<u>249 HOOKAHUA STREET KAHULUI, MAUI, HI 96732</u>	<u>11 years Ago</u>	\$ <u>3733.00</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>	\$ <u>0</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>	\$ <u>0</u>

4. How much cash do you and your spouse have? \$ 1,866.00

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
<u>Checking</u>	\$ <u>240.00</u>	\$ <u>1,866.00</u>
<u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
<u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>

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

☒ Home  
Value 1,500,000.00

☐ Other real estate  
Value 0

☒ Motor Vehicle #1  
Year, make & model 2015 Ford Fusion  
Value 32,000.00 New

☒ Motor Vehicle #2  
Year, make & model 2003 Nissan Frontier  
Value 3,500.00

☐ Other assets  
Description 0  
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>No One</u>	\$ <u>0</u>	\$ <u>0</u>
<u>No One</u>	\$ <u>0</u>	\$ <u>0</u>
<u>No One</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>e.g. "SI"</u>	<u>Granddaughter</u>	<u>17</u>
<u>eg. "SI"</u>	<u>Grandson</u>	<u>17</u>
<u>NA</u>	<u>NA</u>	<u>NA</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>NONE</u>	\$ <u>1,550.00 Mo</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" 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>NONE</u>	\$ <u>266.66 Mo.</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>Repr in Sewer line 8,000.00</u>
Food	\$ <u>0</u>	\$ <u>900.00</u>
Clothing	\$ <u>0</u>	\$ <u>300.00 +</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>200.00</u>
Medical and dental expenses	\$ <u>H.C.F. 27.00 Co-pay</u>	\$ <u>Crown 100, 1600.00</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>None</u>	\$ <u>1,500.00</u> <i>Amplified Visit. Mechanical H.R.T. Legal Copies &amp; Birth Filer</i>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>None</u>	\$ <u>200.00</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>None</u>	\$ <u>400.00</u>
Life	\$ <u>None</u>	\$ <u>Company</u>
Health	\$ <u>None</u>	\$ <u>Company</u>
Motor Vehicle	\$ <u>None</u>	\$ <u>Full Coverage</u> <i>\$21</i>
Other: <u>0</u>	\$ <u>None</u>	\$ <u>None</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>? 0</u>	\$ <u>None</u>	\$ <u>? 0</u>
Installment payments		
Motor Vehicle	\$ <u>None</u>	\$ <u>400.00</u>
Credit card(s)	\$ <u>None</u>	\$ <u>No</u>
Department store(s)	\$ <u>None</u>	\$ <u>Cosco Card</u>
Other: _____	\$ <u>None</u>	\$ <u>Debit Card</u>
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ <u>None</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>None</u>	\$ <u>None</u>
Other (specify): _____	\$ <u>None</u>	\$ <u>None</u>
<b>Total monthly expenses:</b>	\$ <u>0.00</u>	\$ <u>2,100.00</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.

COVID 19, CORONA VIRUS, Shorten hours of work for my wife e.g. J.K.

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've been asking my oldest brother e.g. R.K. To pay Filing Fees USCA 9-19-15372 and he did. Between my Brother and wife and sister e.g. B.M. They send me more than gifts Brother 84 yrs, Sister 75. I myself have an income through and from the V.A. Benefit. (Combat Veteran), Vietnam '67-70. of \$142.00 per month by Congress signed by the President. APPENDED APPENDIX B. 1-4.

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

Executed on: March 27, 2020

Roland A. Kelano, Jr.

(Signature)