

19-8348
No. USCA9 No. 19-15512

ORIGINAL

FILED
APR 14 2020
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

Roland I. Celano, Jr. — PETITIONER
(Your Name)

VS.

Kaiser Foundation Health Plan, et al. — 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. APPENDIX A "1-16"

Roland I. Celano, Jr.
March 27, 2020

(Signature)

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

I, Roland I. 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>1/0</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> <small>Wife, Siblings</small>	\$ <u>? 0</u>	\$ <u>No</u> <small>\$ 250.00</small>	\$ <u>? 0</u>
Gifts	\$ <u>1,505.00</u>	\$ <u>? 0</u>	\$ <u>Hopefully</u>	\$ <u>My Love</u>
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>NOVID19</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> <small>UnAppropriate</small>
Other (specify): <u>VA Disability</u>	\$ <u>Yes</u> <small>Attling Fees U.S. Dist. Ct 9th Cir</small>	\$ <u>No</u>	\$ <u>142.00</u>	\$ <u>1300.00</u>
Total monthly income:	\$ <u>1,505.00</u>	\$ <u>? 0</u>	\$ <u>392.00</u>	\$ <u>5,033.00</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
None	None	None	\$ None
None	None	None	\$ None
None	None	None	\$ None

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
ALOHA Surgical Center	249 Hooahna Street Kahului, Maui, HI 96732	11 years ago	\$ 3,733.00
NA	NA	NA	\$ 0
NA	NA	NA	\$ 0

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
Checking	\$ 240.00	\$ 1,866.00
NA	\$ NA	\$ NA
NA	\$ NA	\$ NA

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 0

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>e.g. "SE"</u>	<u>Grandson) Twins</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>Repairs Sewer Line \$100.00</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>27.00 Co-pay</u>	\$ <u>100, 1600.00</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>None</u>	^{Min/Local Vise, F.} ^{Me here @ H.E.F.} <u>\$ 1,500.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>None</u>	^{Legal Copies & Period.} ^{etc.} <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> ^{\$ 21}
Motor Vehicle	\$ <u>None</u>	\$ <u>Full Coverage</u>
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>Casco 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>
Total monthly expenses:	\$ <u>0.00</u>	\$ <u>2100.00</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.

COVID19, CORONA Virus, Shortened 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 beening 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 Money Gifis Brother 84 yrs, Sister 75. I Myself have an Income Through and from The V.A. Benefit. Combat Veteran, VETWOM 67-70. of 142.00 per Month by Congress Sign 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

Reland Mcclain, Jr

(Signature)