

19-8622

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

KIMBERLEY A. MCQUEARY-LAYNE PETITIONER
(Your Name)

VS.

LOUISIANA STATE BOARD — RESPONDENT(S)
OF NURSING, ET AL.

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):

19th JDC [EAST BATON ROUGE], CIRCUIT COURT [BATON ROUGE]
U.S. MIDDLE DISTRICT OF LOUISIANA, UNITED STATES COURT OF
[BATON ROUGE] APPEALS—FIFTH CIRCUIT

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

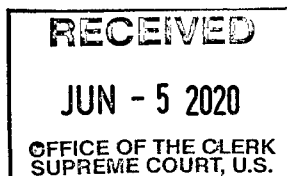
☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Kimberley McQueary-Layne
(Signature)



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

I, KIMBERLEY A. MCGUENY-LAYNE 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	TOTAL AGI - 2019	YEARLY \$ 18,350			
Self-employment		\$	\$	\$	\$
Income from real property (such as rental income)		\$	\$	\$	\$
Interest and dividends		\$	\$	\$	\$
Gifts		\$	\$	\$	\$
Alimony		\$	\$	\$	\$
Child Support	*	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)		\$	\$	\$	\$
Disability (such as social security, insurance payments)		\$	\$	\$	\$
Unemployment payments		\$	\$	\$	\$
Public-assistance (such as welfare)		\$	\$	\$	\$
Other (specify):		\$	\$	\$	\$
Total monthly income:		\$	\$	\$	\$

HAS VARIED OVER
2019, DUE TO
SPORADIC EMPLOYMENT
AT LABOR POOL - DAILY LABOR

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
PEOPLE READY	NAPLES - NATIONWIDE	2017 - CURRENT	\$ 700.00 ?
SPHERION STAFFING	NAPLES	2017 - 2019	\$? VARIES
MOUKA'S BISTRO	NAPLES	2019	\$ 400.00

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
			\$
			\$
			\$

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
* NO BANK ACCOUNT - CLOSED	\$ 50.00	\$
DUE TO OVERDRAFT	\$ CASH	\$
FEES - TD BANK	\$	\$

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

☐ Home
Value N | A

☐ Other real estate
Value N | A

☒ Motor Vehicle #1
Year, make & model 2004 MITSUBISHI
Value \$ 500

☐ Motor Vehicle #2
Year, make & model _____
Value N | A

☐ Other assets
Description _____
Value N | A

NO ASSETS - NOTHING!

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

\$ _____
\$ _____
\$ _____

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
MICAH McLOVEARY	SON	18
_____	_____	_____
_____	_____	_____

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>0</u>	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>40</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>50</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>40⁰⁰</u>	\$ _____
Medical and dental expenses	\$ <u>125⁰⁰</u>	\$ _____

STAYING WITH FRIENDS

INSURANCE MONTHLY

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 100 gas	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$
Life	\$ 21	\$
Health	\$ 125	\$
Motor Vehicle	\$ 120	\$
Other: _____	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$
Installment payments		
Motor Vehicle	\$ 0	\$
Credit card(s) total debt —	\$ 580	\$
Department store(s)	\$ 0	\$
Other: STUDENT LOAN 100K (HARDSHIP DEFERRED)	\$ *	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify): _____	\$ 0	\$
Total monthly expenses:	\$ 866	\$

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.

HOPEFULLY A REAL JOB SO I CAN PAY DEBTS.
"BLACKLISTED" IN NURSING DUE TO THIS MATTER.

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 HAVE BEEN MADE INDIGENT, AS A SINGLE MOM,
THAT SUPPORTED 7 CHILDREN, ON HER OWN, BY AN UNJUST
LEGAL SYSTEM AND CORRUPT STATE OF LOUISIANA.

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

Executed on: 5.26.20, 2020

Kimberly A. McGee - 22
(Signature)