

MAY 08 2020

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19-8686

No. 20-1362

PETITION FOR WRIT FOR
CERTIORARI
IN THE

SUPREME COURT OF THE UNITED STATES

From the United States Court of Appeals for the Third
Circuit

Dr. Beverley M Harris — PETITIONER
(Your Name)

VS.

Bozzuto Group, 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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

United States District Court Newark New Jersey, and US Court of Appeals for the Third 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

Verified by PDFFiller
05/06/2020

Dr. Beverley M Harris

(Signature)

ORIGINAL

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

I, Dr Beverley M Harris, 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	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 2489	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 281	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 2782	\$ 0	\$ 0	\$ 0

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.) *Refriger*

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

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
N/A	N/A	N/A	\$ N/A
			\$
			\$

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
SPECU	SAVING	\$ 150.5	\$ N/A
SDFCU	Checking	\$ 28	\$ 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 _____

Other real estate
Value N/A

Motor Vehicle #1
Year, make & model LEASED
Value NISSAN Rogue

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

Other assets
Description PERSONAL ITEMS
Value \$5000

* STATE DEPT FEDERAL CREDIT UNION

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 40	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 10	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 9	\$ N/A
Life	\$ 20	\$
Health	\$ 50	\$
Motor Vehicle	132 \$ 297 8	\$ N/A
Other: <u>TELEPHONE</u>	\$ 60	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	\$ 0	\$ N/A
Installment payments		
Motor Vehicle	\$ 297	\$ N/A
Credit card(s)	\$ 350	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: <u>Mar/Etc</u>	\$ 50	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): <u>Birding Supplies</u>	\$ 70	\$ N/A
Total monthly expenses:	\$ 2653	\$ 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

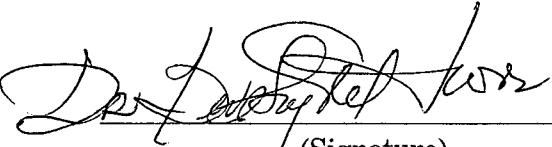
If yes, how much? _____

If 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: 7 May 20, 2020


(Signature)