

20-5068
No.

IN THE SUPREME COURT OF THE UNITED STATES
LI QIN — PETITIONER IN PRO PER
VS.
BABARA KONG-BROWN ET AL. — RESPONDENTS

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

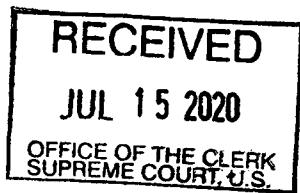
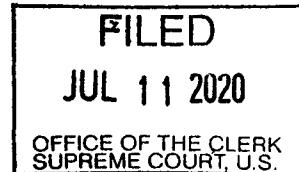
The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

Petitioner has previously been granted leave to proceed in forma pauperis in the following courts:

- (1) U.S. District Court Northern District of California
- (2) U.S. Court of Appeals for The Ninth Circuit

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

(Signature) 



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

I, Li Qin, 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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Self-employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Income from real property (such as rental income)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Gifts	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Alimony	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Child Support	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Retirement (such as social security, pensions, annuities, insurance)	\$500.00	\$ 836.00	\$ 500.00	\$ 837.00
Disability (such as social security, insurance payments)	\$ 550.00	\$ 0.00	\$ 0.00	\$ 0.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance	\$ 0.00	\$ 120.00	\$ 0.00	\$ 120.00
Cal Food Stamp				
Other (specify):	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total monthly income:	\$ 1050.00	\$ 836	\$ 1050.00	\$ 836.00

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

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.)

None

4. How much cash do you and your spouse have? \$ 500.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institute	Type of account	Amount you have	Amount your spouse has
Wells Forge	Check	\$ 200.00	\$ 669.63

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

Motor Vehicle #1 Year 2006 Toyota Corolla Value \$ 500.00

Other assets: None

6. State every person, business, or organization owing you or your spouse money, and the person owing you or your spouse money

None

7. State the persons who rely on you or your spouse for support.

Name Relationship Age

Filiary Sun son 6 year

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 \$ 305.00 \$ 400.00

Are real estate taxes included? None None

Is property insurance included? None None

Utilities (electricity, heating fuel, \$ 150.00 \$ 200.00

water, sewer, and telephone)

Home maintenance (repairs and upkeep) \$ 0.00 \$ 100.00

Food \$ 300.00 \$ 300.00

Clothing \$ 100.00 \$ 100.00

Laundry and dry-cleaning \$ 50.00 \$ 60.00

Medical and dental expenses \$ 500.00 \$.100.00

Transportation (not including motor vehicle payments) \$ 0.00 \$ 0.00

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ 0.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor Vehicle	\$ 0.00	\$ 185.00
Other:	\$ 0.00	\$ 0.00

Taxes (not deducted from wages or included in mortgage payments)

(specify):	\$ 0.00	\$ 0.00
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Installment payments

Motor Vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department store(s)	\$ 0.00	\$ 0.00
Other:	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify):	\$ 0.00	\$ 0.00

Total monthly expenses:

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
No

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?
No

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?
No

12. Provide any other information that will help explain why you cannot pay the costs of this case.
I receive retirement and disable benefit from SSA. My spouse receives retirement from SSA

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

Executed on: , 2020

(Signature)

