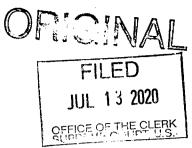
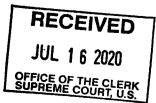
20-5094



	JUL 12 5050
IN THE	OFFICE OF THE CLER
IN THE	
SUPREME COURT OF THE UNITED STATES	
ANITA LAUX —— PETITIONER	
(Your Name)	
VS.	
MENTOR WORLDWIDE, LLC RESPONDENT	
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPE	ERIS
The petitioner asks leave to file the attached petition for a writwithout prepayment of costs and to proceed in forma pauperis.	t of certiorari
Please check the appropriate boxes:	
Petitioner has previously been granted leave to proceed in form the following court(s):	na pauperis in
United States Court of Appeals for the Ninth Circuit	
☐ Petitioner has not previously been granted leave to proceed pauperis in any other court.	eed in forma
☐ Petitioner's affidavit or declaration in support of this motion is at	ttached hereto.
Petitioner's affidavit or declaration is not attached because the appointed counsel in the current proceeding, and:	e court below
☐ The appointment was made under the following provision of la	
□ a copy of the order of appointment is appended.	, or
RECEIVED Ahite and (Signature)	17/2020 ire)



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

	I,A	nita Laux	···	, am	the petit	ioner in t	he above-	entitled c	ase.	In suppo	rt of
my	motion	to proceed	in forma	pauperis,	I state t	that becar	use of my	poverty	I am	unable to	pay
the	costs of	this case	or to give	security the	herefor;	and I bel	ieve I am	entitled t	to red	lress.	

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.

	Average monthly amonths	ount during	Amount expe	cted
	You	Spouse	You	Spouse
Employment	\$ <u>-0-</u>	\$	\$0-	\$
Self-employment	\$ <u>-0-</u>	\$	\$0-	\$
Income from real prope (such as rental income		\$	\$	\$
Interest and dividends	\$ <u>-0-</u>	\$	\$0-	\$
Gifts [from family & f	friends] \$ <u>300.00</u>	\$	\$300.00	\$
Alimony	\$ <u>-0-</u>	\$	\$0-	\$
Child Support	\$ <u>-0-</u>	\$	\$ <u>-0-</u>	\$
Retirement (such as so security, pensions, annuities, insurance)	ncial \$0-	\$	\$-0-	\$
Disability (such as social security, insurance pay	al \$ <u>-0-</u>		\$ <u>-0-</u>	\$
Unemployment paymen	nts \$ <u>-0-</u>	\$	\$	\$
Public-assistance (such as welfare) (Foo	<u>\$ 191.00</u> dstamps)	\$	\$ <u>191.00</u>	\$
Other (specify):	<u>\$-0-</u>	\$	\$ <u>-0-</u>	\$
Total monthly in	scome: \$ <u>491.00</u>	\$	\$ <u>491.00</u>	\$

Employer Unemployed	Address	Dates of Employment 2019	Gross monthly pay
YogaWorks, Inc.	5780 Uplander Way	January 2018 - Aug 2018	\$0- \$_583.00
	Culver City, CA 90230		\$
	e's employment history ay is before taxes or oth		most recent employer fi
Employer	Address	Dates of Employment	Gross monthly pay
N / A Divorced			\$ \$ \$
	lo you and your spouse h		
			nts or in any other financ
Below, state any institution.	money you or your spo	ouse have in bank accour Amount you have	Amount vour spouse ha
Below, state any institution. Type of account (e.g Wells Fargo Checking	money you or your spo	ouse have in bank accour Amount you have	Amount vour spouse ha
Below, state any institution. Type of account (e.g	money you or your spo	Amount you have	Amount vour spouse ha
Below, state any institution. Type of account (e.g. Wells Fargo Checking) 5. List the assets, a	money you or your spo	Amount you have \$ 3.88 \$ \$ \$	Amount vour spouse ha
Below, state any institution. Type of account (e.g. Wells Fargo Checking) 5. List the assets, a	money you or your spons, checking or savings) and their values, which	Amount you have \$ 3.88 \$ \$ \$	Amount your spouse has 5 6
Below, state any institution. Type of account (e.g Wells Fargo Checking 5. List the assets, a and ordinary hou	money you or your spons, checking or savings) and their values, which sehold furnishings.	Amount you have \$3.88 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount your spouse has
Below, state any institution. Type of account (e.g. Wells Fargo Checking) 5. List the assets, a and ordinary hou Home Value	money you or your spons, checking or savings) and their values, which sehold furnishings.	Amount you have \$\frac{3.88}{5}\$\$ \$\frac{3}{5}\$\$ you own or your spouse	Amount your spouse has
Below, state any institution. Type of account (e.g. Wells Fargo Checking) 5. List the assets, a and ordinary hou Home Value	money you or your spons, checking or savings) and their values, which sehold furnishings.	Amount you have \$ 3.88 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount your spouse has

Person owing you or your spouse money	Amount owed to y	ou Amo	unt owed to your spouse
-0-	\$ <u>-</u> 0-	\$	
	\$. \$	
	\$. \$	
7. State the persons who re instead of names (e.g. "J.			r minor children, list initials
-n/a -0-	Relationshi	p	Age
	Adjust any payments the		how separately the amounts kly, biweekly, quarterly, or Your spouse
Rent or home-mortgage pa (include lot rented for mobile		<u>\$</u> -0-	. \$
Are real estate taxes included in the second			
Utilities (electricity, heating water, sewer, and telephone		<u>\$</u> 108.	\$
Home maintenance (repairs	and upkeep)	\$ <u>-</u> 0-	\$
Food		\$ <u>200.00</u>	\$
Clothing		\$-0-	\$
Laundry and dry-cleaning		<u>\$10.00</u>	
Medical and dental expense	98	$_{\$}$ 50. plus Med	di-cal s

	You	Your spouse
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$	\$
Life	\$-0-	\$
Health [Gov't Insurance Assistance thru Medi-cal]	\$0- Medi-cal	\$
Motor Vehicle	\$_98.00	\$
Other:	<u>\$-0-</u>	\$
Taxes (not deducted from wages or included in mortgage	payments)	
(specify):	\$ -0-	\$
Installment payments		
Motor Vehicle	<u>\$-0-</u>	\$
Credit card(s)	\$-0- Bankruptcy	\$
Department store(s)	<u>\$-0-</u>	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$ <u>-</u> 0-	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	<u>\$-0-</u>	\$
Other (specify):	<u>\$-0-</u>	\$
Total monthly expenses:	<u>\$486.00</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.
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.
 Unemployed January 2020 - Current. Zero income Unemployed in 2019. Zero income In 2018, total income = \$4669.50 Severe medical reasons, chronic illness, injuries
I declare under penalty of perjury that the foregoing is true and correct.
Executed on: March 21st , 20 20
Anitalaux
(Signature)