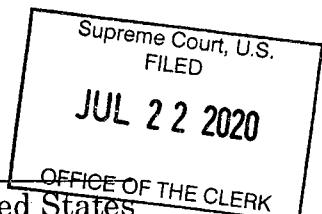


No. 20-5977

IN THE SUPREME COURT OF THE UNITED STATES

**ORIGINAL**

Rebekah A. Atkins,  
Petitioner,  
v.  
Sherry Brown, et. al.,  
Respondent,



On Petition For A Writ Of Certiorari To The United States  
Court Of Appeals For The Seventh Circuit

**PETITION FOR WRIT OF CERTIORARI**

**PRO SE PETITION FOR LEAVE TO PROCEED AS AN INDIGENT PERSON**

I, Rebekah Anna Atkins, move this Court for an Order allowing me to proceed as an indigent person.

In support of the foregoing, I have attached Orders from the US District Court and the trial court finding that I am indigent.

**Certification**

I affirm under the penalties for perjury that the foregoing representations are true to the best of my knowledge and ability.  
Respectfully submitted,

Rebekah A. Atkins

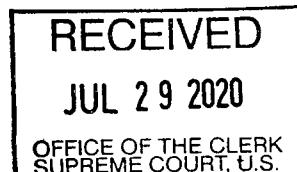
Signed: Rebekah A. Atkins

Sui Juris, July 22<sup>nd</sup> 2020

Certificate of Service

I hereby certify that on this 22<sup>nd</sup> day of July, the year of 2020, the foregoing document is filed via U.S. mail postage prepaid; Clerk's Office Supreme Court of the United States One First Street, NE Washington, DC 20543

And in compliance with F.R.A.P Rule 25 served via E-mail on the attorneys representing the Social Security Administration; Solicitor General United States Department of Justice  
950 Pennsylvania Avenue, NW Washington, DC 20530-0001,  
SupremeCtBriefs@USDOJ.gov,



And Via E-mail with the Harrison County Superior Court 1445 Gardner Lane NW Suite 3018 Corydon, IN 47112. Via email to Superior Court; C/O; [jennyw@harrisoncounty.in.gov](mailto:jennyw@harrisoncounty.in.gov), & [sherrybrown@harrisoncounty.in.gov](mailto:sherrybrown@harrisoncounty.in.gov), Prosecutor, Otto Schalk via email; [Oschalk@harrisoncounty.in.gov](mailto:Oschalk@harrisoncounty.in.gov).

Attn: Peter Lacy, Commissioner Indiana Bureau of Motor Vehicles 100 North Senate Avenue, Indianapolis, IN 46204; [bmvcourts@bmv.in.gov](mailto:bmvcourts@bmv.in.gov), [bmvhearings@bmv.in.gov](mailto:bmvhearings@bmv.in.gov),

Attn: Curtis T. Hill, Attorney General of Indiana & Deputy Attorney General Andrew Kobe Office of the Attorney General, IGCS, 5<sup>th</sup> Floor 302 West Washington Street Indianapolis, IN 46204-2794; [Andrew.Kobe@atg.in.gov](mailto:Andrew.Kobe@atg.in.gov), [douglas.swetnam@atg.in.gov](mailto:douglas.swetnam@atg.in.gov),

ATTN: MARION COUNTY PROSECUTOR - TERRY CURRY 251 E. Ohio Street, Suite 160 Indianapolis, IN 46204-2175. [MCPO@indy.gov](mailto:MCPO@indy.gov), [Andrew.Fogle@indy.gov](mailto:Andrew.Fogle@indy.gov),

Respectfully submitted,

Rebekah A. Atkins

Signed: Rebekah A. Atkins

Sui Juris, July 22<sup>nd</sup> 2020

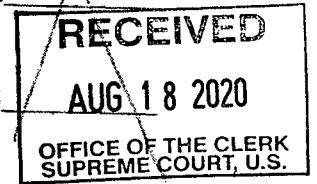
Pro Se, Rebekah A. Atkins  
5017 E. Tunnel Rd  
Marengo, IN 47140  
E-mail: [Rael22a@aol.com](mailto:Rael22a@aol.com),  
Tel: 812-365-9708

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

I, Rebekah A. Atkins, 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	\$
Self-employment	\$ 0.00	\$	\$ 0.00	\$
Income from real property (such as rental income)	\$ 0.00	\$	\$ 0.00	\$
Interest and dividends	\$ 0.00	\$	\$ 0.00	\$
Gifts	\$ 0.00	\$	\$ 0.00	\$
Alimony	\$ 0.00	\$	\$ 0.00	\$
Child Support	\$ 0.00	\$	\$ 0.00	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$	\$ 0.00	\$
Disability (such as social security, insurance payments)	SSDI \$ 874.00	\$	\$ 874.00	\$
Unemployment payments	\$ 0.00	\$	\$ 0.00	\$
Public-assistance (such as welfare)	\$ 0.00	\$	\$ 0.00	\$
Other (specify): <u>SNA P</u> Food Stamps	\$ 15.00	\$	\$ 15.00	\$
Total monthly income:	\$ 889.00	\$	\$ 889.00	\$



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
<del>none</del>	<del>none</del>	<del>none</del>	<del>\$</del>
<del>none</del>	<del>none</del>	<del>none</del>	<del>\$</del>
<del>none</del>	<del>none</del>	<del>none</del>	<del>\$</del>

4. How much cash do you and your spouse have? \$ 0.00

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

(FSB) Financial institution	Type of account	Amount you have	Amount your spouse has
First Savings Bank	Checking	\$ 267	\$ none
Wells Fargo Bank	Checking	\$ 342	\$
none	none	\$ none	\$

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

Home

Value none

Other real estate

Value none

Motor Vehicle #1

Year, make & model 1998, Chevy, C1500

Value 0.00

Motor Vehicle #2

Year, make & model none

Value none

Other assets

Description none

Value none

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

**Person owing you or your spouse money**

N/A  
N/A  
N/A

**Amount owed to you**

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

**Amount owed to your spouse**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

7. State the persons who rely on you or your spouse for support. none

**Name**

N/A  
N/A  
N/A

**Relationship**

N/A  
N/A  
N/A

**Age**

N/A  
N/A  
N/A

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**

Rent or home-mortgage payment  
(include lot rented for mobile home)

\$0.00

**Your spouse**

\$

Are real estate taxes included?  Yes  No

Is property insurance included?  Yes  No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$40.00

Home maintenance (repairs and upkeep)

\$0.00

Food

\$353.34

Clothing

\$35.00

Laundry and dry-cleaning

\$0.00

Medical and dental expenses

\$6.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 353.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$
Life	\$ 0.00	\$
Health	\$ 0.00	\$
Motor Vehicle	\$ 7.67	\$
Other: <u>N/A</u>	\$ 0.00	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ 0.00	\$
Installment payments		
Motor Vehicle	\$ 0.00	\$
Credit card(s)	\$ 0.00	\$
Department store(s)	\$ 0.00	\$
Other: <u>N/A</u>	\$ 0.00	\$
Alimony, maintenance, and support paid to others	\$ 0.00	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$
Other (specify): <u>mISCELLaneous</u>	\$ 100.00	\$
<b>Total monthly expenses:</b>	<b>\$ 889.06</b>	<b>\$</b>

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? NA

If yes, state the attorney's name, address, and telephone number:

NONE ~~NONE~~

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? None

If yes, state the person's name, address, and telephone number:

NONE ~~NONE~~

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I, Rebekah A. Atkins, am an indigent, disabled person on SSDI & Food Stamps. I have no other monies. I have no attorney(s). I cannot obtain an attorney. I am a victim of ID Theft thru the Courts/Judges. I declare under penalty of perjury that the foregoing is true and correct.

Executed on: August 11<sup>th</sup>, 2020

Rebekah Atkins  
(Signature)

**Additional material  
from this filing is  
available in the  
Clerk's Office.**