

No. **20-6174**

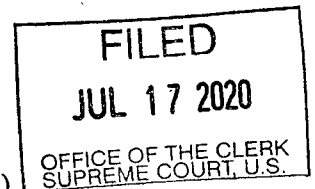
ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Marjory Childs — PETITIONER
(Your Name)

VS.

Western Tidewater CSB — 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*.

Please check the appropriate boxes:

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

The United States Court of Appeals For The Fourth Circuit

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

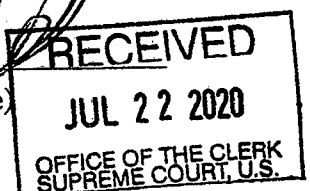
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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: 41 (a) of the Federal Rules of Appellant Procedures, or

☐ a copy of the order of appointment is appended.

Marjory Childs
(Signature)



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
Western Tidewater CSB	135 S. Saratoga Street	July 2018	\$ 2,551.06
	Suffolk, VA 23434	August 2018	\$ 3,360.17
		September 2018	\$ 2,702.76
		October 2018	\$887.37

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
Divorce			\$
NA			\$
NA			\$

4. How much cash do you and your spouse have? \$ 10.00 and 1200 stimulus on lien Bank of America
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
Bank of America Checking account: Lien	\$ 1200 Stimulus	\$ NA
Langley Federal Union Savings account:	\$ 10.00	\$ NA
Langley Federal Union Checking account	\$ 15.00	\$ NA

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

<input type="checkbox"/> Home Value <u>None</u>	<input type="checkbox"/> Other real estate Value <u>None</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>Rogue 2017</u> Value <u>38,000 Financing</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>Sold Hyundai Sonata in 2019</u> Value <u>1,600</u>
<input type="checkbox"/> Other assets Description <u>Bedroom, couch, chair and love seat in storage</u> Value <u>\$2,000</u>	

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
_____	\$ _____	\$ _____
Bank of America	\$ 1200 lien on stimulus	\$ NA
_____	\$ _____	\$ _____

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
None	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ 300	\$ NA
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)	\$ 100	\$ NA
Home maintenance (repairs and upkeep)	\$ None	\$ NA
Food	\$ 194-Snaps	\$ NA
Clothing	\$ None	\$ NA
Laundry and dry-cleaning	\$ 40	\$ NA
Medical and dental expenses	\$ 1,100	\$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>60</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>None</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>None</u>	\$ <u>NA</u>
Life	\$ <u>None</u>	\$ <u>None</u>
Health	\$ <u>None</u>	\$ <u>None</u>
Motor Vehicle	\$ <u>150</u>	\$ <u>NA</u>
Other: <u>Storage</u>	\$ <u>35</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Installment payments		
Motor Vehicle	\$ <u>539.00</u>	\$ <u>NA</u>
Credit card(s)	\$ <u>None</u>	\$ <u>NA</u>
Department store(s)	\$ <u>None</u>	\$ <u>NA</u>
Other: <u>Verizon</u>	\$ <u>130 3 months</u>	\$ <u>NA</u>
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ <u>NA</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>None</u>	\$ <u>NA</u>
Other (specify): <u>Friend, Verdell Johnson gas, necessity</u>	\$ <u>50</u>	\$ <u>NA</u>
Total monthly expenses:	\$ <u>979.00</u>	\$ <u>NA</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.

Social Security Disability approved me from May 29, 2020. I initially signed up for my interstitial cystitis I believe 11/26/18 when my urologist state to me, "apply for disability" in October 2018. I receive my initial partial approval in about 9 months. Social Security Administrators and the medical departmer not add my primary diagnoses interstitial cystitis until the reconsideration. They also stated I will get

10. Have you ~~been~~ 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.

My pension from my previous employment depleted. In addition, I became homeless on September 16, 2019. I have lived in several places. For instance, at both of my daughters home, in my car, hotels that my daughter and I paid for. I am still homeless and I get help with hotel stay with Cast at 1468 S. Military Highway Chesapeake, VA 23320. I only receive \$194 in snap. I have indured many other chronic illnesses and my interstitial is and have been at its worse.

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

Executed on: July 12, 2020


(Signature)

Debra Gillis
10/31/23