

No. 20-6174

ORIGINAL

IN THE

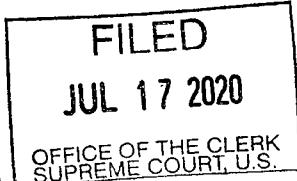
SUPREME COURT OF THE UNITED STATES

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

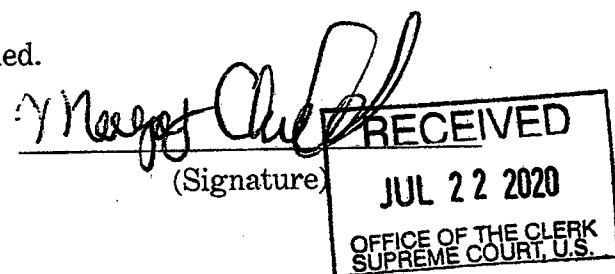
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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.



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 Suffolk, VA 23434	July 2018 August 2018 September 2018 October 2018	\$ 2,551.06 \$ 3,360.17 \$ 2,702.76 \$ 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.

Home
Value None

Other real estate
Value None

Motor Vehicle #1
Year, make & model Rogue 2017
Value 38,000 Financing

Motor Vehicle #2
Year, make & model Sold Hyundai Sonata in 2019
Value 1,600

Other assets
Description Bedroom, couch, chair and love seat in storage
Value \$2,000

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

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 in November 2018 when my urologist told me, "apply for disability" in October 2018. I received my initial partial approval in about 9 months. Social Security Administrators and the medical department did not add my primary diagnoses interstitial cystitis until the reconsideration. They also stated I will get

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? _____

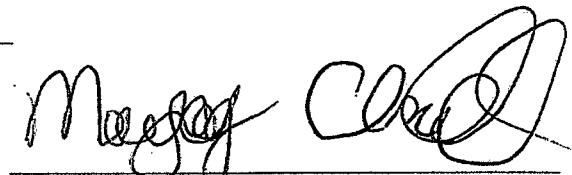
If yes, state the person's name, address, and telephone number:

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

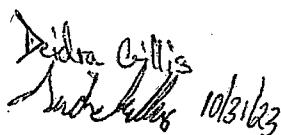
My pension from my previous employment depleted. In addition, I became homeless on September 16, 2019. I have lived in several places. For instance, at both of my daughters' homes, in my car, hotels that my daughter and I paid for. I am still homeless and I get help with hotel stay with Cast at 1468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

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

Executed on: July 12, 2020



(Signature)


Deidra Gillis
10/3/2023