

20-6520

No. \_\_\_\_\_

ORIGINAL

Supreme Court, U.S.  
FILED

NOV 25 2020

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

Paul Viriyapanthu — PETITIONER  
(Your Name)

-VS. ORANGE County Bar Association  
STATE OF California, STATE BAR OF California, John Nelson, Richard Guzman — 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):

Ninth Circuit CoA

☐ 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: \_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

Paul Viriyapanthu  
(Signature)

RECEIVED

DEC - 2 2020

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, Paul V. niyapathu, 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	\$ <u>0</u>	\$ <u>Not Married</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>200</u>	\$ <u>0</u>	\$ <u>200</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly income:</b>	\$ <u>200</u>	\$ <u>0</u>	\$ <u>200</u>	\$ _____

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
Unemployed	Past 2 years		\$ <del>0</del>
			\$
			\$

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
Unemployed	Past 2 years		\$ <del>0</del>
			\$
			\$

4. How much cash do you and your spouse have? \$ 50  
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
FOLTA	\$ <u>50</u>	\$
	\$	\$
	\$	\$

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	<input type="checkbox"/> Other real estate
Value _____	Value _____

<input checked="" type="checkbox"/> Motor Vehicle #1	1988 ALFA Romeo	<input checked="" type="checkbox"/> Motor Vehicle #2
Year, make & model _____		Year, make & model _____
Value <u>\$250</u>	Non operational	Value _____

☐ Other assets  
Description \_\_\_\_\_  
Value \_\_\_\_\_

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
<u>None</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>None</u>	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ <u>None</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>None</u>	\$ <u>NOT married</u>
Home maintenance (repairs and upkeep)	\$ <u>NONE</u>	\$ _____
Food	\$ <u>200</u>	\$ _____
Clothing	\$ <u>NONE</u>	\$ _____
Laundry and dry-cleaning	\$ <u>NONE</u>	\$ _____
Medical and dental expenses	\$ <u>None</u>	\$ _____
	<u>-ON Med. - CAL</u>	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
<b>Total monthly expenses:</b>	\$ <u>200</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.

*See Attached*

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

Executed on: 11/25/20, 2020

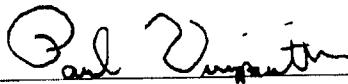
*Paul Vung*

(Signature)

Dear Sir or Madam

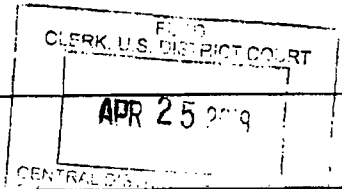
This is to explain the situation on my IFP petition. Please be advised that I have not been employed in the past two years. I am disabled. The issue presented in the case is that the State Bar of California suspended my license due to my disabilities which explains why I was unemployed for the prior two years. I was diagnosed with Thymus Cancer and Brugada Syndrome which causes loss of consciousness. As such I am limited including the ability to drive, which also prevents me from travelling to go to work. I am including the medical records which are part of the court records on the case (this is an Americans with Disabilities Act case) to demonstrate the disabilities. I have previously been granted IFP status in the Ninth Circuit, and am including the order. I am currently on public benefit, and includes Medi-Cal. I am currently living with relatives which covers me housing/shelter. I am also fighting with Social Security in regards to my disability benefits which I am not currently receiving.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct executed this 25<sup>th</sup> Day of November.

A handwritten signature in cursive script, reading "Paul Viriyapanthu", is written over a horizontal line.

Paul Viriyapanthu Declarant

<b>UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
Paul Viriyapanthu  <div style="text-align: center;">PLAINTIFF(S).</div> v. California, State Bar of California, Kenneth Bacon, Orange County Bar Association, John Nelson, and Richard Green <div style="text-align: center;">DEFENDANT(S)</div>	CASE NUMBER: <div style="text-align: right;">8:17-CV-02266</div> <b>ORDER ON MOTION FOR LEAVE TO APPEAL IN FORMA PAUPERIS:</b> <input checked="" type="checkbox"/> 28 U.S.C. 753(f) <input checked="" type="checkbox"/> 28 U.S.C. 1915



The Court, having reviewed the Motion for Leave to Appeal In Forma Pauperis and Affidavit thereto, hereby **ORDERS**: *(The check mark in the appropriate box indicates the Order made.)*

- ☐ **The court has considered the motion and the motion is DENIED.** The Court certifies that the proposed appeal is not taken in good faith under 28 U.S.C. 1915(a) and is frivolous, without merit and does not present a substantial question within the meaning of 28 U.S.C. 753(f).

The Clerk is directed to serve copies of this Order, by United States mail, upon the parties appearing in this cause.

\_\_\_\_\_  
Date

\_\_\_\_\_  
United States District Judge

- ☒ **The Court has considered the motion and the motion is GRANTED.** It appears to the Court that the proposed appeal is taken in good faith within the meaning of 28 U.S.C. 1915(a). The Court certifies that the proposed appeal is not frivolous, that it presents a substantial question. The within moving party is authorized to prosecute an appeal in forma pauperis to the United States Court of Appeals for the Ninth Circuit without pre-payment of any fees or costs and without giving security therefor.
- ☒ A transcript is needed to decide the issue presented by the proposed appeal, all within the meaning of 28 U.S.C. 753(f). The Court Reporter is directed to prepare and file with the Clerk of this Court an original and one copy of a transcript of all proceedings had in this Court in this cause; the attorney for the appellant is advised that a copy of the transcript will be made available. The expense of such transcript shall be paid by the United States pursuant to 28 U.S.C. 1915(c) and 753(f).

The Clerk is directed to serve copies of this Order upon the parties appearing in this cause.

4.25.19  
\_\_\_\_\_  
Date

\_\_\_\_\_  
United States District Judge  
JAMES V. SELNA



SOCIAL SECURITY ADMINISTRATION

**DISABILITY DETERMINATION AND TRANSMITTAL**

1. DESTINATION DIN ORD DRS DGR INDRS <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					2. DIST CODE S06		3. FILING DATE 11/11/16		4. SSN [REDACTED]		5. DO YOU BELIEVE YOU HAVE A CLAIM?	
6. NAME AND ADDRESS OF CLAIMANT (include ZIP Code) PAUL Y VIRIYAPANTHU 12072 HENRY EVANS GARDEN GROVE, CA 92840								7. WES NAME (if COMB/DWB CLAIM)				
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State of  
California

Benefits  
Identification

ID No. ~~93507570025~~ Card

PAUL VIRIYAPANTHU

M ~~06-12-15~~ Issue Date 12 21 15



**Stanford**  
**HEALTH CARE**

Division of Cardiovascular Medicine  
300 Pasteur Drive, MC 5319  
2nd Floor, A21 & A23  
3rd Floor, A31 & A32  
Stanford, CA 94305

3240 Alpine Road  
Portola Valley, CA 94028

2518 Mission College Blvd  
Santa Clara, CA 95054

Telephone: (650) 723-6458  
Fax: (650) 723-8392

<http://stanfordhospital.org/cardiovascularhealth>

6/16/2016

RE: Paul Y Viriyapanthu

12072

To Whom It May Concern:

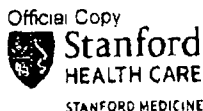
This is to verify that Paul Y Viriyapanthu has been under my care from July 2014 to the present. I understand that he has had to transfer his insurance because of changes in the Stanford contracts. I have been following this patient for Brugada Syndrome which is a very rare condition that can be fatal. per guidelines these patients need to be managed in a center familiar with genetic cardiac arrhythmias. For that reason it is very important that this patient continue the care he has established with us.

Please let us know if any more information is required so that Paul's care at Stanford is not interrupted.

Sincerely,

Marco V Perez, MD  
Clinical Instructor  
Stanford Arrhythmia Service  
Stanford Center for Inherited Cardiac Disease

Paul Y Viriyapanthu



BOSWELL CLINICS  
 300 PASTEUR DRIVE  
 MC 5500  
 STANFORD CA 94305

Viriyapanthu Paul Y  
 MRN: DOB: 1  
 Encounter date: 6/26/2014

Sex: M

**Progress Notes by Tacklind, Christine Elizabeth, NP at 6/26/2014 4:32 PM (continued)**

Author: Tacklind, Christine Elizabeth, NP  
 Service: Cardiology Arrhythmia  
 Author Type: Nurse Practitioner  
 Filed: 6/26/2014 4:35 PM  
 Encounter Date: 6/26/2014  
 Note Type: Progress Notes  
 Status: Signed  
 Editor: Tacklind, Christine Elizabeth, NP (Nurse Practitioner)

Mother called regarding Rx for beta blocker. Reviewed w/ Dr. Paul Wang, plan to start metoprolol 25 mg daily and titrate as needed

Electronically signed by Tacklind, Christine Elizabeth, NP at 6/26/2014 4:35 PM

**IP Letter signed by Perez, Marco V, MD at 7/11/2014 10:51 AM**

Author: Perez, Marco V, MD  
 Service: Cardiology  
 Author Type: Physician  
 Filed: 7/11/2014 10:51 AM  
 Encounter Date: 7/10/2014  
 Note Type: IP Letter  
 Status: Signed  
 Editor: Perez, Marco V, MD (Physician)

July 10, 2014

Dr. Paul Wang and Dr. Laura Vaughan

RE: VIRIYAPANTHU, PAUL Y  
 MRN:  
 DOB:

Dear Doctors,

Thank you kindly for allowing us to participate in the care of Mr. Paul Viriyapanthu. We had the pleasure of meeting him today at the Stanford Center for Inherited Cardiovascular Diseases. As you all know, and to briefly summarize for our own records, Mr. Viriyapanthu is a 39-year-old gentleman with a diagnosis of Brugada syndrome, status post ICD placement, who was referred to us for genetic counseling and evaluation.

As you all know, he had 2 or 3 episodes of syncope when he was in his early teens. He does not remember a lot of the details about these episodes. He says that one of these occurred in school and one of them occurred at camp. He does recall that he had lost consciousness completely, but cannot recall the details like whether or not this happened during exercise. He does remember hyperventilating, etc. I hope you all have a lot of the