

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 Viriyapantu — PETITIONER
(Your Name)

vs. ^{ORANGE County Bar Association}
STATE OF California, STATE BAR OF California, John Nelson, Richard Green — 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 C.A

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 Viriyapantu
(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>117</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>
Total monthly income:	\$ <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			\$ <u>0</u>
			\$ <u>0</u>
			\$ <u>0</u>

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			\$ <u>0</u>
			\$ <u>0</u>
			\$ <u>0</u>

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
TOLTA	\$ <u>50</u>	\$ <u>0</u>
	\$ <u>0</u>	\$ <u>0</u>
	\$ <u>0</u>	\$ <u>0</u>

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

Home Value _____ Other real estate Value _____

Motor Vehicle #1 1988 AL FPs Romer Motor Vehicle #2
 Year, make & model _____ Year, make & model _____
 Value \$250 Value _____
 Non operational

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>None</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>None</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>	\$ _____
	<i>-ON med-CAL</i>	

	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>	\$ _____
Total monthly expenses:	\$ <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

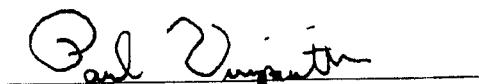
Paul Vengroff

(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 25th Day of November.



Paul Viriyapanthu Declarant

		<p style="text-align: center;">FEB 2019 CLERK, U.S. DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA</p>
UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA		APR 25 2019 8:17-CV-02266
Paul Viriyapanthu v. California, State Bar of California, Kenneth Bacon, Orange County Bar Association, John Nelson, and Richard Green	PLAINTIFF(S).	CASE NUMBER: 8:17-CV-02266
	DEFENDANT(S)	ORDER ON MOTION FOR LEAVE TO APPEAL IN FORMA PAUPERIS: <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

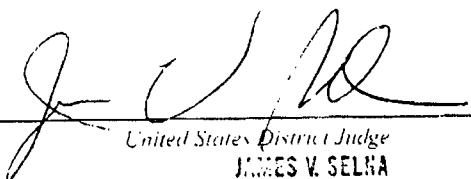
The Court has considered the motion and the motion is GRANTED. It appears to the Court that the proposed appeal is taken in good faith within the meaning of 28 U.S.C. 1915(a). The Court certifies that the proposed appeal is not frivolous, that it presents a substantial question. The within moving party 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 DOS ODO DRN DODR INSPRC	2. POST OFFICE S06	3. DETERMINATION DATE 11/11/16	4. SSN [REDACTED]	5. DATE OF DEATH (DWB) CLAIM [REDACTED]
6. NAME AND ADDRESS OF CLAIMANT (include ZIP Code) PAUL Y VIRIYAPANTHU 12072 HENRY EVANS GARDEN GROVE, CA 92840 [REDACTED]			6. WIFE'S NAME (if CDB or DWB CLAIM) [REDACTED]	
7. TYPE CLAIM (check) DIA DZ DWB CDR DRG DRD DR P.R. D40 MORE			7. TYPE CLAIM (check) DIA DZ DWB CDR DRG DRD DR P.R. D40 MORE	
8. DATE OF BIRTH [REDACTED]			9. REMARKS 1/03/17 Ref Agy	
10. DISTRICT/BRANCH/OFFICE ADDRESS (include ZIP Code) SOCIAL SECURITY 11900 GILBERT ST GARDEN GROVE, CA 92841			11. DOB CODE D36	12. DOB CODE D36
13. DOL/DOA/REPRESENTATIVE K LEE 877-669 3115			14. DATE [REDACTED]	15. DISABILITY [REDACTED]
16. DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT AS AMENDED				
17. CLAIMANT DISABILITY A. <input type="checkbox"/> Disability Began B. <input type="checkbox"/> Disability Ended		18. PRIMARY DIAGNOSIS BODY SYM 13	19. CODE NO 1640	20. SECONDARY DIAGNOSIS CODE NO 7460
21. RATIONALE Malignant Neoplasm of Thy mus, Heart or Mediastinum Congenital Anomalies of H eart				
22. CASE OF BEINGNESS AS DEFINED IN SEC. 1614(e)(2)(C)(i)(II)			23. CLAIMANT NOT DISABLED A. <input type="checkbox"/> Not Disabled for Cash Benefit Pap B. <input type="checkbox"/> Insured for Cash Benefit Pap Reg	
24. WORK HISTORY 25. SOC. SECURITY NO.			26. DOB 0	27. SSN 16
28. DOB BASIS CODE H2	29. COMPT. SSN NO	30. MOB CODE D4	31. BORN A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No	32. RECD A. <input type="checkbox"/> Yes B. <input type="checkbox"/> No
33. RATIONALE A. <input type="checkbox"/> Soc. Secured SSA-4235-14-134 B. <input type="checkbox"/> Check if VA, Veterans Relief, Med. Care, Rule			34. EST. DATE 12/31/15	
35. EXAMINER F. Navarrete			36. DATE 5/25/17	37. PHYSICIAN OR MEDICAL SPEC. NAME, SIGNATURE, TITLE H. Han, MD
38. PHYSICIAN OR MEDICAL SPEC. NAME, SIGNATURE, TITLE H. HAN/V60			39. DATE 5/24/17	
40. DATE 5/24/17			41. SSN CODE 32	
42. REMARKS CER: N EOR: Y DAA: SNO: NO				
43. MULTIPLE IMPAIRMENTS A. <input type="checkbox"/> COMBINED SEVERE NONSEVERE-NONSEVERE				
B. <input type="checkbox"/> COMBINED SEVERE NONSEVERE-NONSEVERE				
44. EXAMINER CODE [REDACTED]	45. SSA DRG CODES [REDACTED]	46. SSA REPRESENTATIVE [REDACTED]		47. SSA CODE [REDACTED]
48. DATE [REDACTED]				



State of
California

Benefits
Identification

ID No. ~~0000000000~~ Card
PAUL VIRIYAPANTHU
M ~~0000000000~~ Issue Date 12 21 15



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

[REDACTED]

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
DOS
Stanford Health Care

Official Copy



BOSWELL C, N CS
300 PASTEUR DRIVE
MC 5500
STANFORD CA 94305

Viriyapantau, Paul Y
MRN: 12081
DOB: 12/26/1976
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
Filed: 6/26/2014 4:35 PM
Status: Signed

Service: Cardiology Arrhythmia
Encounter Date: 6/26/2014 4:32 PM
Editor: Tacklind, Christine Elizabeth NP (Nurse Practitioner)

Author Type: Nurse Practitioner
Note Type: Progress Notes

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
Filed: 7/11/2014 10:51 AM
Status: Signed

Service: Cardiology
Encounter Date: 7/10/2014 2:42 PM
Editor: Perez, Marco V, MD (Physician)

Author Type: Physician
Note Type: IP Letter

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 Viriyapantau. We had the pleasure of meeting him today in the Stanford Center for Inherited Cardiovascular Diseases. As you all know, and to briefly summarize for our own records, Mr. Viriyapantau 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 around 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. up to this point. None of the