

No. 20-6672

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Adam Cobman — PETITIONER
(Your Name)

Ephraim McDowell Regional Medical Center VS.
— RESPONDENT(S)

FILED
NOV 13 2020
OFFICE OF THE CLERK
SUPREME COURT, U.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):

Kentucky Supreme Court | SEE ATTACHMENT 1 and 2

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.



(Signature) **RECEIVED**

DEC 21 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Kathryn L. Phillips
NOTES 608042
09/20/2020

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

I, , 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	\$ _____	\$ _____	\$ _____
Self-employment	\$ 0.00	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ 0.00	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ 0.00	\$ _____	\$ _____	\$ _____
Gifts	\$ 0.00	\$ _____	\$ _____	\$ _____
Alimony	\$ 0.00	\$ _____	\$ _____	\$ _____
Child Support	\$ 0.00	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ 0.00	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ 0.00	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ 0.00	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ 0.00	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ 0.00	\$ _____	\$ _____	\$ _____

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
			\$
			\$
			\$

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
			\$
			\$
			\$

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

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
 Year, make & model 2006 Mercury Milan
 Value \$300.00

Motor Vehicle #2
 Year, make & model _____
 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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ 575.00	\$ _____
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)	\$ 250.00	\$ _____
Home maintenance (repairs and upkeep)	\$ 0.00	\$ _____
Food	\$ 0.00	\$ _____
Clothing	\$ 0.00	\$ _____
Laundry and dry-cleaning	\$ 0.00	\$ _____
Medical and dental expenses	\$ 0.00	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0.00</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0.00</u>	\$ _____
Life	\$ <u>0.00</u>	\$ _____
Health	\$ <u>0.00</u>	\$ _____
Motor Vehicle	\$ <u>0.00</u>	\$ _____
Other: _____	\$ <u>0.00</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0.00</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ _____
Credit card(s)	\$ <u>0.00</u>	\$ _____
Department store(s)	\$ <u>0.00</u>	\$ _____
Other: _____	\$ <u>0.00</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ _____
Other (specify): _____	\$ <u>0.00</u>	\$ _____
Total monthly expenses:	\$ <u>825.00</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.

refer to attachment 3 and 4

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

Executed on: 12/15, 2020



(Signature)

Katelyn L. Phillips I.D# 608042

MY COMMISSION EXPIRES
09/20/2022

ATTACHMENT NO. 1

MEMO:

KENTUCKY SUPREME COURT ORDER
GRANTING MOTION FOR LEAVE TO
PROCEED IN FORMA PAUPERIS.

PETITIONER'S NEED FOR REQUEST

While it is known that I have once before been granted a motion for leave to proceed in *forma pauperis* by Kentucky's Supreme Court. It can only be evident, that since Covid-19 things have gotten more-worse from when the first time a motion for leave to proceed in *forma pauperis* was granted for the petitioner.

As the petitioner, I hereby state that I have not been able to work for two-years. With this disclosure as ATTACHMENT No. 4, that will show in more detail as to the conditions I cannot work.

Formerly I was a college student majoring in Peace and Social Justice at Berea College. It has been unfortunate that as of the Covid-19 pandemic, and a recent change in my health that I have decided to take a break away from college to continue to receive medical treatments. By doing so I am, able to attend to both my psychical health needs and any legal requirements that may be asked of me pursuant to this court.

There should exist no challenge or argument from the named Respondent, because the named respondent: Ephraim McDowell Regional Medical Center, has already argued against the Petitioners motion for proceed to leave in *forma pauperis* in the Kentucky Supreme Court, and has thereby been denied.



ADAM L. COLEMAN



NOTARY PUBLIC

COMMISSION EXPIRES

09/20/2022

TD#
608042

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