

No. _____

20-6852

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

CINDY BAUER - PETITIONER



VS.

EDWARD MCBROOM ET AL - RESPONDENTS

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

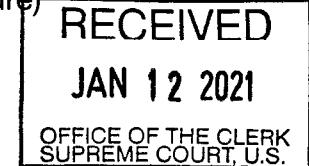
The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

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

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.

Cindy Bauer
(Signature)



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

I, Cindy Bauer, 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	\$ 744	\$ NA	\$ 0	\$ NA
Self-employment	\$ 323	\$ NA	\$ 0	\$ NA
Income from real property (such as rental income)	\$ 0	\$ NA	\$ 0	\$ NA
Interest and dividends	\$ 0	\$ NA	\$ 0	\$ NA
Gifts	\$ 0	\$ NA	\$ 0	\$ NA
Alimony	\$ 0	\$ NA	\$ 0	\$ NA
Child Support	\$ 0	\$ NA	\$ 0	\$ NA
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ NA	\$ 0	\$ NA
Disability (such as social security, insurance payments)	\$ 0	\$ NA	\$ 0	\$ NA
Unemployment payments	\$ 1451	\$ NA	\$ 724	\$ NA
Public-assistance (such as welfare)	\$ 0	\$ NA	\$ 0	\$ NA
Other (specify):	Case Settlement Donations for Face Shields Delivery SBAD Grant (COVID)	\$ 0 \$ 137 \$ 83	\$ NA \$ NA \$ NA	\$ 3000 \$ 0 \$ 0
Total monthly income:	\$ 2738	\$ NA	\$ 3724	\$ NA

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
Gull Meadow Farm	2030 Main Street, Irvine, CA 92614	Seasonal 2019, 2020	\$ 1373
Aerotek Scientific	7301 Parkway Drive, Hanover MD 21076	11/08/19 - 1/31/20	\$ 3442
Concerto Health	2030 Main Street, Irvine, CA 92614	10/01/16 - 7/31/19	\$ 6126

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
NA			\$
NA			\$
NA			\$

4. How much cash do you and your spouse have? \$ 300

Below, state any money you and your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of account	Amount you have	Amount your spouse has
PNC	Personal Checking	\$ 2300	\$ NA
PNC	Business Checking	\$ 1400	\$ NA
PNC	Business Checking	\$ 4144	\$ 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 NA

Other real estate
Value NA

Motor Vehicle #1
Year, make & model 2011, Ford Explorer
Value \$4273

Motor Vehicle # 2
Year, make & model 2013, Chrysler 200
Value \$5133

Other assets
Description IRA
Value \$140,829

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
David Horr - Case Settlement	\$ 10,000	\$ NA
NA	\$	\$
NA	\$	\$

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
Meghan Gamrat	Daughter	21
Paige Gamrat	Daughter	23
NA		

8. Estimate the average monthly expenses of you and your spouse. 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)	\$ 1339	\$ NA
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)	\$ 343	\$ NA
Home maintenance (repairs and upkeep)	\$ 0	\$ NA
Food	\$ 800	\$ NA
Clothing	\$ 40	\$ NA
Laundry and dry-cleaning	\$ 5	\$ NA
Medical and dental expenses	\$ 140	\$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 200	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ 10	\$ NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 20	\$ NA
Life	\$ 25	\$ NA
Health	\$ 245	\$ NA
Motor Vehicle	\$ 306	\$ NA
Other: _____	\$ 0	\$ NA
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ NA
Installment payments		
Motor Vehicles	\$ 90	\$ NA
Credit card(s)	\$ 300	\$ NA
Department store(s)	\$ 0	\$ NA
Other: SBA COVID Relief Loan Payback	\$ 40	\$ NA
Alimony, maintenance, and support paid to others	\$ 0	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 150	\$ NA
Other (specify): _____	\$ 0	\$ NA
Total monthly expenses:	\$ 4053	\$ 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.

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.

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

Executed on: December 26, 20____


(Signature)

Affidavit Attachment

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

Yes. My unemployment insurance support is scheduled to end in the month of January, 2021 and I have not been able to obtain meaningful employment. My seasonal part time employment ended in December, 2020. This will have a great impact on my ability to pay for rent, food, medical care, and other needs in 2021.