

20-7555

ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

ANTHONY A. PATEL,

Plaintiff and Appellant,

vs.

PATRICIA MILLER; *et al.*,

Defendants and Appellees.

) U.S. Supreme Court Case No. 19-56285
)
)
) United States Court of Appeals for the
) Ninth Circuit Case: No. 19-56285
)
) U.S. District Court for Central District
) of California (Los Angeles) Case
) Number: 2:19-cv-00080-CBM-AFM

Supreme Court, U.S.
FILED

MAR 22 2021

OFFICE OF THE CLERK

On Petition for a Writ of Certiorari to
The U.S. Court of Appeals for The Ninth Circuit
Denial of panel rehearing and en banc review
(dated: November 3, 2020)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

PETITION FOR WRIT OF CERTIORARI

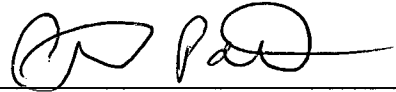
Anthony A. Patel
553 N. Pacific Coast Hwy.,
Suite B-522
Redondo Beach, CA 90277
Phone: (424) 350-0123
Fax: (310) 943-3829
Email: tony@tonypatel.com
Plaintiff and Appellant
In Propria Persona

Petitioner was not previously granted leave to proceed in forma pauperis.

Affidavit in support of motion and attached Form 4:

I, Anthony A. Patel, 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. I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this attached form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

DATED: March 22, 2021

A handwritten signature in black ink, appearing to read 'AP Patel', is written over a horizontal line.

Anthony A. Patel
Plaintiff and Appellant
In Pro Per

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	\$	\$ 0	\$
Self-Employment	\$ 500	\$	\$ 1,000	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and Dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment Payments	\$ 1,000	\$	\$ 700	\$
Public-Assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify)	\$ 0	\$	\$ 0	\$
TOTAL MONTHLY INCOME:	\$ 1,500	\$	\$ 1,700	\$

2. List your 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
Self-Employed (monthly pay varies, but an average estimate is given)	Currently at 553 N. Pacific Coast Hwy, B-522, Redondo Beach, CA	From 2018 To 2021	\$ 950
		From To	\$
		From To	\$
		From To	\$
		From To	\$

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
N/A	N/A	From N/A To N/A	\$
		From To	\$
		From To	\$
		From To	\$
		From To	\$

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.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
Citi	Checking	\$ <input type="text" value="268"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Value	Other Real Estate	Value
N/A	\$ <input type="text" value="0"/>	N/A	\$ <input type="text" value="0"/>

Motor Vehicle 1: Make & Year	Model	Registration #	Value
2019 Ford	Mustang	Lease (No Net Value)	\$ <input type="text" value="0"/>
Motor Vehicle 2: Make & Year	Model	Registration #	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Other Assets	Value
No Marketable Assets	\$ 0
	\$
	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
None currently	\$ 0	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age
RR (currently estranged)	Son	12
KS (currently estranged)	Daughter	9.5

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, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 2,600	\$
- Are real estate taxes included? <input type="radio"/> Yes <input checked="" type="radio"/> No		
- Is property insurance included? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 350	\$
Home maintenance (repairs and upkeep)	\$ 350	\$
Food	\$ 850	\$
Clothing	\$ 100	\$
Laundry and dry-cleaning	\$ 75	\$
Medical and dental expenses	\$ 50	\$
Transportation (not including motor vehicle payments)	\$ 200	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 300	\$
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's	\$ 50	\$
- Life	\$ 100	\$
- Health	\$ 650	\$
- Motor Vehicle	\$ 200	\$
- Other	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments)		
Specify	\$ 0	\$

	You	Spouse
Installment payments		
- Motor Vehicle	\$ 875	\$
- Credit Card (name) large number (maxed out on credit lines)	\$ 9,250	\$
- Department Store (name)	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ 250	\$
Other (specify)	\$ 0	\$
TOTAL MONTHLY EXPENSES	\$ 16,250	\$

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 spent—or will you be spending—any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If Yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

The Covid-19 pandemic caused tremendous financial hardship. I am unable to work at full capacity and cannot be productive because of extenuating circumstances in California. The State mislabels me as mentally ill. California is obstructing my ability to work as a lawyer. I would like to succeed as soon as the U.S. Supreme Court helps me remove these hardships. The State imposed these difficulties on me and retards my mental abilities. State government agencies force me to fail as an individual. I request the Supreme Court to give me my life back

12. State the city and state of your legal residence.

City Redondo Beach State California

Your daytime phone number (ex., 415-355-8000) 424-350-0123

Your age 43 Your years of schooling Post-Graduate

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov