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USSC Case 20 - 7654

IN THE SUPREME COURT OF THE UNITED STATES

| | |
|---|---|
| ALAN DOUGLAS, Petitioner - Appellant, | Petition for Panel Rehearing Medical Malpractice INJURY <i>Res Ipsa Loquitur</i> |
| vs. | USSC Case 20-7654 and related 20-6881; 20-7321; 20-7424 |
| SUPREME COURT OF CALIFORNIA [Lower Ct] [State Bar of CA] Respondent-Appellee, Accusation against: [1] Kathryn S.M. Mosely, Esq.(SBN 92852) [2] Lee M. Moulin, Esq (SBN 232843) [3] Stephen A. Diamond, Esq.(SBN 176735) [4] Tayaba Sarah Attar, Esq. (SBN 309117) In Personal and Official Capacity under 42 U.S.C. §1983 | Supreme Court of California Sup Ct No.: S266692 2 nd District Court of Appeal-CA No. B294801 Remittitur issued Los Angeles County Super. Ct. Cases No. BC657529/BC696685 on Appeal |

Document received by the CA Supreme Court.

APPENDIX

PETITION FOR PANEL REHEARING on Order issued June 7, 2021 by USSC
“irreparable” injury or harm and cause immediate danger

Alan Douglas In Pro Se
1637 VINE St # 614
Los Angeles, CA 90028-8823
Home: (323)822-5141
Email: ad47usa@hotmail.com

APPENDIX

Cal. Rules of Court Rules 8.204 (d); 8.504 (e)(2)
(Total of 10 pages – Copy ofAppealed Orders)

Document received by the CA Supreme Court.

Supreme Court of the United States
Office of the Clerk
Washington, DC 20543-0001

Scott S. Harris
Clerk of the Court
(202) 479-3011

June 7, 2021

Mr. Alan Douglas
1637 Vine St., Apt 614
Los Angeles, CA 90028

Re: Alan Douglas
v. State Bar of California
No. 20-7654

Dear Mr. Douglas:

The Court today entered the following order in the above-entitled case:

The petition for a writ of certiorari is denied.

Sincerely,



Scott S. Harris, Clerk

Document received by the CA Supreme Court.

No.: **20-7654**

IN THE SUPREME COURT OF THE UNITED STATES

| | |
|---|--|
| <p>ALAN DOUGLAS, Petitioner - Appellant,</p> <p style="text-align: center;">vs.</p> <p>SUPREME COURT OF CALIFORNIA [Lower Ct] [State Bar of CA]</p> <p style="text-align: center;">Respondent-Appellee,</p> <p>Accusation against:</p> <p>[1] Kathryn S.M. Mosely, Esq. (SBN 92852) [2] Lee M. Moulin, Esq (SBN 232843) [3] Stephen A. Diamond, Esq. (SBN 176735) [4] Tayaba Sarah Attar, Esq. (SBN 309117)</p> <p>In Personal and Official Capacity under 42 U.S.C. §1983</p> | <p>Petition for Panel Rehearing Medical Malpractice INJURY <i>Res Ipsa Loquitur</i></p> <p>USSC Case 20-7654 and related 20-6881; 20-7321; 20-7424</p> <p>Supreme Court of California Sup Ct No.: S266692</p> <p>2nd District Court of Appeal-CA No. B294801 Remittitur issued</p> <p>Los Angeles County Super. Ct. Cases No. BC657529/BC696685 on Appeal</p> |
|---|--|

PETITION FOR PANEL REHEARING on Order issued June 7, 2021 by USSC

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

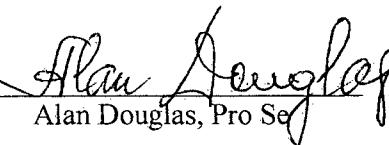
The petitioner asks leave to file the attached petition for a Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s): LASC, 2DCA, Supreme Court of California.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Dated: June 13, 2021
Los Angeles, CA

Signed by: 
Alan Douglas, Pro Se

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|---|
| RECEIVED JUN 22 2021 OFFICE OF THE CLERK SUPREME COURT, U.S. |
|---|

20 - 7654
No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Alan Douglas — PETITIONER
(Your Name)

VS.
Supreme Court of California
[State Bar of California] — 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): Superior Court of California, County of Los Angeles; Second District Court of Appeal for the State of California; The Supreme Court of the State of California

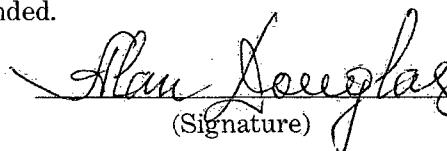
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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)

Document received by the CA Supreme Court.

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

I, Alan Douglas, 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 | \$_____ | \$_____ | \$_____ | \$_____ |
| Self-employment | \$_____ | \$_____ | \$_____ | \$_____ |
| Income from real property (such as rental income) | \$_____ | \$_____ | \$_____ | \$_____ |
| Interest and dividends | \$_____ | \$_____ | \$_____ | \$_____ |
| Gifts | \$_____ | \$_____ | \$_____ | \$_____ |
| Alimony | \$_____ | \$_____ | \$_____ | \$_____ |
| Child Support | \$_____ | \$_____ | \$_____ | \$_____ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>960.00</u> | \$_____ | \$_____ | \$_____ |
| Disability (such as social security, insurance payments) | \$_____ | \$_____ | \$_____ | \$_____ |
| Unemployment payments | \$_____ | \$_____ | \$_____ | \$_____ |
| Public-assistance (such as welfare) | \$_____ | \$_____ | \$_____ | \$_____ |
| Other (specify): <u>SSI</u> | \$ <u>14.72</u> | \$_____ | \$_____ | \$_____ |
| Total monthly income: | \$ <u>974.72</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 |
|----------|---------|---------------------|-------------------|
| N/A | _____ | _____ | \$ 0 |
| | _____ | _____ | \$ _____ |
| | _____ | _____ | \$ _____ |
| | _____ | _____ | \$ _____ |

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 | _____ | _____ | \$ 0 |
| | _____ | _____ | \$ _____ |
| | _____ | _____ | \$ _____ |
| | _____ | _____ | \$ _____ |

4. How much cash do you and your spouse have? \$ 500.00

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 | \$ 300 | \$ 0 |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |

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

Home
Value N/A

Other real estate
Value 0

Motor Vehicle #1
Year, make & model 1994 Cadillac de Ville
Value _____

Motor Vehicle #2
Year, make & model N/A
Value 0

Other assets N/A
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>N/A</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").

| N/A | 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) | \$ 279 | \$ 0 |
| 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) | \$ 30.00 | \$ _____ |
| Home maintenance (repairs and upkeep) | \$ _____ | \$ _____ |
| Food | \$ 350.00 | \$ _____ |
| Clothing | \$ 50.00 | \$ _____ |
| Laundry and dry-cleaning | \$ 10.00 | \$ _____ |
| Medical and dental expenses | \$ 100.00 | \$ _____ |

| | You | Your spouse |
|---|--------------------|-------------|
| Transportation (not including motor vehicle payments) | \$ 50.00 | \$ _____ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ _____ | \$ _____ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ _____ | \$ _____ |
| Life | \$ _____ | \$ _____ |
| Health | \$ _____ | \$ _____ |
| Motor Vehicle | \$ 50.00 | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ _____ | \$ _____ |
| Installment payments | | |
| Motor Vehicle | \$ _____ | \$ _____ |
| Credit card(s) | \$ 250.00 | \$ _____ |
| Department store(s) | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ |
| Alimony, maintenance, and support paid to others | \$ _____ | \$ _____ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ _____ | \$ _____ |
| Other (specify): _____ | \$ _____ | \$ _____ |
| Total monthly expenses: | \$ 1,169.00 | \$ _____ |

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.
Appellant has ZERO Income because of disability and his SSA and SSI combined is below poverty level - proof of it - Attached copy of Documents.

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

Executed on: June 13, 2021



Alan Douglas
(Signature)

ertification of Compliance
s Tenant Eligibility
Procedures

U.S. Department of Housing
And Urban Development
Office of Housing
Federal Housing Commissioner

NOT for submission to the Federal Government
Landlord's Official Record of Certification

OMB Approval Number 2502-0204

Section A: Acknowledgements

Read this before you complete and sign this form HUD-50059

reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and maintaining the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20585. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant will pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match of the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs to household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

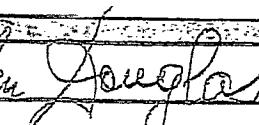
Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays to me/we if I/we furnish false or incomplete information.

Tenant's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by presenting a false or fraudulent claim allowed or paid.

Certification Summary from Page 2

| Name of Project | Effective Date | Certification Type | Anticipated Voucher Date |
|---|-------------------------------|--------------------|--------------------------|
| Hollywood Plaza | 3/1/2021 | AR | 3/1/2021 |
| Name of Household | Total Tenant Payment | Assistance Payment | Tenant Rent |
| Douglas, Alan | \$279 | \$1,366 | \$279 |
| Unit Number | Extraneous Circumstances Code | | |
| 1814 | | | |
| Tenant Signatures | | | |
| Name of Household | Date | Other Adult | Date |
|  | 12/08/20 | | |
| Owner/Co-Head | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |

Owner/Agent Signature:

| | |
|---|----------|
|  | Date |
| | 12/18/20 |

Previous versions of this form are obsolete.
This form also replaces HUD-50059-D-E-F-G.

Page 1 of 2

Form HUD-50059 (05/2014)
ref. HB 4350.3 Rev. 1

Your New Benefit Amount

ICIARY'S NAME: ALAN DOUGLAS

Social Security benefit will increase by 1.3% in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, or energy assistance. You can also use it to apply for bank loans or for other business. Please keep this letter with your important financial records.

How Much You Will Get

| | |
|--|----------|
| 1. Monthly benefit before deductions | \$960.00 |
| Deductions: | |
| 2. Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020, or if someone else pays your premium, we show \$0.00) | \$0.00 |
| 3. Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00) | \$0.00 |
| 4. Federal tax withholding | \$0.00 |
| 5. Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show \$0.00) | \$0.00 |
| 6. After we take any other deductions, you will receive | \$960.00 |
| 7. The payment you are due for December 2020 on or about December 31, 2020. | |

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at www.godirect.org or call their Electronic Payment Solution Center at 1-800-333-1795. If outside the United States, please call 1-214-254-3113.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit www.ssa.gov/benefits/disability/appeal.html online.

SOCIAL SECURITY ADMINISTRATION
OFFICE OF INTERNATIONAL OPERATIONS
P.O. BOX 17769
BALTIMORE, MD 21235-7769

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FIR18B-0051889 1-018 594/24418/39258
ALAN DOUGLAS
1637 VINE ST APT 614
LOS ANGELES CA 90028-8828



Securing today
and tomorrow

SOCIAL SECURITY
1122 N VINE ST
HOLLYWOOD CA 90038

Social Security Administration
Supplemental Security Income
Notice of Planned Action

Date: November 29, 2020
BNC#: 20S1675G15331 AI

000008499 I=000000 1122 1 COL
[REDACTED]
3493 1 AB 0.416
968 20S1675G15331
ALAN DOUGLAS
1637 VINE ST APT 614
LOS ANGELES CA 90028-8823

We plan to lower your monthly Supplemental Security Income (SSI) payment from \$16.72 to \$14.72 beginning January 2021. The amount will change because your other income increased. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment. The new amount includes \$14.72 from the State of California.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Your Payments

Your bank or other financial institution will receive your monthly payment of \$14.72 around January 1, 2021, and on the first of each month after that.

Information Used In Making The Decision

- Even though the law provides for an increase in Supplemental Security Income payments beginning January 2021 your payment will be lowered. This is because there will be an increase in the amount of Social Security benefits in January 2021 which we must count in figuring your Supplemental Security Income payment.
- Our records show your total monthly income which was used to figure your Supplemental Security Income payment for January 2021 is \$960.00. This is based on the following income:

See Next Page

SSA-L8155

Vilshire Special Office
W 6TH ST 11
ANGELES, CA 90057-3123

COUNTY OF LOS ANGELES

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES

NOTICE DATE: December 12, 2020
CASE NAME: Alan Douglas
CASE NUMBER: B0RKM90
WORKER NAME: Veronica Samiento
WORKER ID: 19DP101M28
TELEPHONE NUMBER: (866) 613-3777
CUSTOMER ID: 4006598910

CALFRESH NOTICE OF
CHANGE FOR SEMI-ANNUAL
REPORTING HOUSEHOLD

ALAN DOUGLAS
1637 VINE ST APT 614
LOS ANGELES, CA 90028-8823

Questions? Ask your worker.

As of 01/01/2021, the County is changing your CalFresh benefits from \$57.00 to \$52.00.

Here's Why:

When your income changes, your CalFresh benefits amount also changes.

Your new CalFresh amount is figured on this notice.

Your CalFresh household size is 1. Your IRT is \$1,383.00.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

CalFresh Budget

Report Month 01/2021

Household Size 1

| | |
|--|----------|
| Total Countable Earned Income | \$0.00 |
| Adjusted Countable Earned Income | \$0.00 |
| Total Countable Unearned Income | \$975.72 |
| Net Countable Income | \$975.72 |
| Standard Deduction | \$167.00 |
| Dependent Care | \$0.00 |
| Homeless Shelter Deduction | \$0.00 |
| Excess Medical Expense for Aged/Disabled | \$0.00 |
| Total Deductions | \$167.00 |
| Preliminary Adjusted Income | \$808.72 |
| Housing Expenses | \$404.36 |
| Utility Expenses | \$438.00 |
| Adjusted Net Income | \$505.00 |
| CalFresh Allotment | \$52.00 |
| Less Overissuance | -\$0.00 |
| Total CalFresh Allotment | =\$52.00 |

Rules: These rules apply; you may review them at your local welfare office: 63-504.35