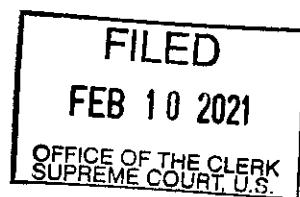


20-8375 ORIGINAL  
No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES



Jeffrey M. Liberto – PETITIONER

VS.

Geisinger Hospital, 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*.

Please check appropriate boxes:

\*\*\*Petitioner's mother, Luisa Liberto, has previously been granted leave to proceed *in forma pauperis* in the following court(s):

\*\*\*Petitioner Jeffrey Liberto was included in those cases.\*\*\*

United States District Court Middle District of Pennsylvania – Williamsport, PA

United States Court of Appeals for the Third Circuit – Philadelphia, PA

   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.

*Jeffrey M. Liberto*  
(Signature)

*Luisa M. Liberto*  
(Signature)

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

I, Jeffrey M. Liberto, am the SON OF 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.

<b>Income Source</b>	<b>Average Monthly amount during The past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
Income from Real Prop	\$ <u>0</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
Interest & dividends	\$ <u>0</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
Gifts	\$ <u>18.75</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
Alimony	\$ <u>0</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
Child Support	\$ <u>0</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
Retirement social security	\$ <u>0</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
Disability (such as soc. security, ins. payments)	\$ <u>0</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
Unemployment Pments	\$ <u>0</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
	Foodstamps** Luisa Liberto receives for household-includes Jeffrey*			
Other (stimulus & income tax returns)	\$ <u>254.00</u>	\$ <u>  </u>	\$ <u>0</u>	\$ <u>  </u>
<b>Total Mo. Income</b>	<b>\$ 272.75</b>	<b>\$ <u>  </u></b>	<b>\$ <u>0</u></b>	<b>\$ <u>  </u></b>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
<u>Salvation Army</u>	<u>1100 N. 4th St,</u>	<u>Nov 2019 – Dec 2019</u>	<u>\$26.66 (2020)</u>
<u>Salvation Army</u>	<u>Sunbury, PA 17801</u>	<u>Nov 2019 – Dec 2019</u>	<u>\$76.39 (2019)</u>

\*\*\*Some Payments from December 2019 were paid on January 2020 – total \$320.00\*\*\*

3. List your spouse's employment history for the past two years, most recent first.

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
<u>N/A</u>			

4. How much cash do you and your spouse have? \$30.00  
 Below, state any amount of money you or your spouse have in bank accounts or in any other financial institution.

**Type of Account (Checking or Savings) Amount you have Amount your spouse has**

<u>Checking</u>	<u>\$1302.00</u>	<u>N/A</u>
	<u>\$</u>	<u>N/A</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 <u>N/A</u>	– Other real estate Value <u>N/A</u>
– Motor Vehicle #1 Year, make, & model <u>N/A</u> Value <u>N/A</u>	– Motor Vehicle #2 Year, make, & model <u>N/A</u> Value <u>N/A</u>
– Other assets Description <u>N/A</u> Value <u>  </u>	

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

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
<u>N/A</u>		
<u>N/A</u>		
<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.

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
<u>N/A</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.

	<b>You</b>	<b>Your Spouse</b>
Rent or home mortgage payment	<u>\$0</u>	<u>N/A</u>
Utilities (phone)	<u>\$35.00</u>	
Home maintenance (Repairs & cleaning products)	<u>0</u>	
Food (Food stamps)	<u>0</u>	
Clothing	<u>\$10.00</u>	
Laundry and dry cleaning	<u>0</u>	
Medical and dental expenses (Have Medicare)	<u>0</u>	

Transportation (not including motor vehicle pmts) 0

Recreation, entertainment, newspapers, magazines \$10.00

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's \$ 0

Life \$ 0

Health \$ 0

Motor Vehicle \$ 0

Other: \_\_\_\_\_ \$ 0

Taxes (not deducted from wages or included in mortgage payments)

(specify): \_\_\_\_\_ \$ 0

Installment payments

Motor Vehicle \$ 0

Credit card(s) \$ 0

Department Store(s) \$ 0

Other: \_\_\_\_\_ \$ 0

Alimony, maintenance, and support paid to others \$ 0

Regular expenses for operation of business,  
profession, or farm \$ 0

Other: (specify): (Shampoo, shaving, etc.) \$5

**Total monthly expenses:** \$60.00

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 X No If yes, describe on an attached sheet.

\*\*\*Not sure I will be able to obtain employment accommodating my disabilities\*\*\*

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 X No

If yes, how much? N/A

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 X No

If yes, how much? N/A

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.

\*\*\*Because I have disabilities, and because my mom and I are being black-balled, I have been unable to obtain employment that will accommodate my disabilities. Additionally, because we have been tortured, intimidated, and terrorized, my mom and I become fearful when an employer acts suspicious during the interview process, treating us differently from other applicants, (like wanting to interview me alone in the back when other applicants are being interviewed right there in the open), so we leave. I want to be able to work, according to my capabilities, in a SAFE environment.\*\*\*

\*\*\*I, Luisa Liberto, have prepared this form for Jeffrey and have explained it to him.\*\*\*

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

  
(signature - Luisa M. Liberto)

Executed on: June 16, 2021

  
(signature - Jeffrey M. Liberto)