

No. **20-8426** **ORIGINAL**

Supreme Court, U.S.  
FILED

JUN 10 2021

OFFICE OF THE CLERK

IN THE  
SUPREME COURT OF THE UNITED STATES

Bin Yang — PETITIONER  
(Your Name)

VS.

The Board of Registered Nursing — 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 CA, CA Court of Appeal, Supreme Court of CA,  
District Court of TX, WI Circuit Court

☐ 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.

Bin Yang  
(Signature)

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

I, Bin Yang, 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	\$ <u>0</u>	\$ <u>N/A</u>	\$ _____	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts <u>from family</u>	\$ <u>350</u>	\$ _____	\$ <u>350</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): <u>COVID-19 Disaster Relief</u>	\$ <u>1868</u>	\$ _____	\$ <u>1961</u>	\$ _____
<b>Total monthly income:</b>	\$ <u>2218</u>	\$ _____	\$ <u>2311</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
The Prince Synergy	9454 Wilshire Blvd	Since Dec, 2006	\$ _____
	# 600		\$ _____
	Beverly Hills, CA 90212		\$ _____

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? \$ 810 + 18.8  
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	\$ <u>850</u>	\$ _____
saving	\$ <u>18.8</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 N/A

☐ Other real estate  
Value N/A

☒ Motor Vehicle #1  
Year, make & model Lexus 1999  
Value \$3500

☐ Motor Vehicle #2  
Year, make & model N/A  
Value \_\_\_\_\_

☐ Other assets  
Description N/A  
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>former attorneys</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").

Name	Relationship	Age
<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.

	You	Your spouse <u>N/A</u>
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>560</u>	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>30</u>	\$ _____
Food	\$ <u>154</u>	\$ _____
Clothing	\$ <u>20</u>	\$ _____
Laundry and dry-cleaning	\$ <u>20</u>	\$ _____
Medical and dental expenses	\$ <u>40</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 120	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 20	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 20	\$
Life	\$ 54	\$
Health	\$ Medi-Cal	\$
Motor Vehicle	\$ 131	\$
Other: _____	\$ 4	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 4	\$
Installment payments		
Motor Vehicle	\$ 4	\$
Credit card(s)	\$ 200	\$
Department store(s)	\$ 4	\$
Other: _____	\$	\$
Alimony, maintenance, and support paid to others	\$ 4	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 510	\$
Other (specify): <u>CRISIS management</u>	\$ 460	\$
<b>Total monthly expenses:</b>	<b>\$ 2339</b>	\$

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

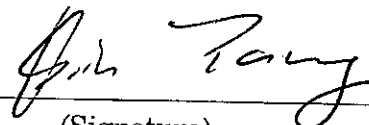
If yes, how much? \_\_\_\_\_

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: June 10th, 2021



(Signature)

