

21-5143

No. _____

ORIGINAL

Supreme Court, U.S.
FILED

JUL 14 2021

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

Cathy Carr, —PETITIONER

vs.

National Presto Industries and Walmart
Corporation and Industries
and store and unknown defendants and all—

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*.

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

1. 5th Circuit Court of Appeals,
2. The United States District Court for the Western District of Austin, Texas.

And request is ruling for her Supreme Court writ of Certiorari, hearing and writ.

S/Cathy Carr
(Signature)

Cathy Carr

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JUL 20 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

No.

In the Supreme Court of the United States

CATHY CARR

Plaintiff/Petitioner

v.

NATIONAL PRESTO INDUSTRIES-WALMART & ALL

Defendant/Respondent

NO

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: S/CATHY CARR

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 06/29/2021

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 income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Self-employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Income from real property (such as rental income)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Gifts	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Alimony	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Child support	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social security, insurance payments) <i>(1,414.00)</i> →	\$ 1,400.00	\$ 0.00	\$ 0.00	\$ 0.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ 14.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify):	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total monthly income:	\$ 1,414.00	\$ 0.00	\$ 0.00	\$ 0.00

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
0	0	0	\$ 0.00
0	0	0	\$ 0.00

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
0	0	0	\$ 0.00
0	0	0	\$ 0.00
0	0	0	\$ 0.00

4. How much cash do you and your spouse have? \$ 88.00

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
BBVA	CHECKING	\$ 88.00	\$ 0.00
		\$	\$
		\$	\$

If you are a prisoner, 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.

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

Assets owned by you or your spouse	
Home (Value)	\$ 0.00
Other real estate (Value)	\$ 0.00
Motor vehicle #1 (Value)	\$ 0.00
Make and year: 0	
Model: 0	
Registration #: 0	
Motor vehicle #2 (Value)	\$
Make and year: 0	
Model: 0	
Registration #: 0	
Other assets (Value)	\$ 0.00
Other assets (Value)	\$ 0.00

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
0	\$ 0.00	\$ 0.00
0	\$ 0.00	\$ 0.00
0	\$ 0.00	\$ 0.00

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

Name (or, if under 18, initials only)	Relationship	Age
0	0	0
0	0	0
0	0	0

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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	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) 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	\$ 0.00	\$ 0.00
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 100.00	\$ 0.00
Home maintenance (repairs and upkeep)	\$ 0.00	\$ 0.00
Food	\$ 300.00	\$ 0.00
Clothing	\$ 50.00	\$ 0.00
Laundry and dry-cleaning	\$ 14.00	\$ 0.00
Medical and dental expenses	\$ 0.00	\$ 0.00
Transportation (not including motor vehicle payments)	\$ 50.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0.00	\$ 0.00
Life:	\$ 0.00	\$ 0.00
Health:	\$ 0.00	\$ 0.00
Motor vehicle:	\$ 0.00	\$ 0.00
Other:	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0.00	\$ 0.00
Installment payments		
Motor vehicle:	\$ 0.00	\$ 0.00
Credit card (name):	\$ 0.00	\$ 0.00
Department store (name):	\$ 0.00	\$ 0.00
Other: RENT	\$ 900.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify):	\$ 0.00	\$ 0.00
Total monthly expenses:	\$ 1,414.00	\$ 0.00

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

If yes, how much? \$ 0.00

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.
I WAS GRANTED PAUPERS IN THE DISRITC COURT AND IN THE 5TH CIRCUIT COURT OF APPEALS

12. Identify the city and state of your legal residence.
I RENT A 565 SQ FOOT APT IN AUSTIN TEXAS.

Your daytime phone number: (512) 783-2840

Your age: 62 Your years of schooling: 12

No. _____

IN THE
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Cathy Carr—PETITIONER

vs.

National Presto industries, and Walmart Corporation and
Industries and store and other unknown defendants.
RESPONDENT(S)

PROOF OF SERVICE

I, Cathy Carr, do swear or declare that on this date, today is 7-13, 2021, as required by U.S. Supreme Court Rule 29, I have served the enclosed MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS* and PETITION FOR A WRIT OF CERTIORARI on each party to the above proceeding or that party's counsel, and on every other person required to be served, by either depositing an envelope containing the above documents in the United States mail properly addressed to each of them and with first-class postage prepaid, or by delivery to a third-party commercial carrier for delivery within 3 calendar days, or by email to their attorney

The names and addresses of those served are as follows: defendant's attorney Timothy Schupp, tschupp@meagher.com or by mailing it to his address at: 33 S 6 St Ste 4400 Minneapolis MN 55402 phone number 612-338-0661 and fax number 612-877-3107.

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

Executed on 7-13, 2021

(Signature)S/Cathy Carr

