

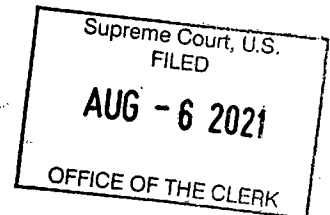
21-5334

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Cecile A. Brown — PETITIONER
(Your Name)



VS.

Solicitor General — 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):

U.S. District Court Western District of Washington
U.S. Court of Appeals for the Ninth Circuit

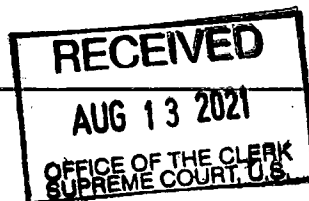
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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.



Cecile A. Brown
(Signature)

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

I Charles A. Bann, 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	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
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	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify):	\$ 897 ⁸⁴	\$	\$ 897 ⁸⁴	\$
Total monthly income:	\$ 897⁸⁴	\$	\$ 897⁸⁴	\$

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

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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.) N/A

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ 0
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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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 GMC Terrain 2017
Value \$12,000

☐ 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
Depho of U.A.S	\$ Billions	\$ N/A
	\$	\$
	\$	\$

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 N/A
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$
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)	\$ 0	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food	\$ 100 ⁰⁰	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 100 ⁰⁰	\$
Medical and dental expenses	\$ 0	\$

	You	Your spouse <i>N/A</i>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments) <i>N/A</i>		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: <u> </u>	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments) <i>N/A</i>		
(specify): <u> </u>	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <u> </u>	\$ _____	\$ _____
Alimony, maintenance, and support paid to others <i>N/A</i>	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u> </u>	\$ _____	\$ _____
Total monthly expenses:	\$ <u>2000</u>	\$ _____

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.

Govt. Benefits (litigation case).

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.

*Litigation is the only source of income I receive.
I do not work.*

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

Executed on: August 6, 2021

Quile A. Brown
-- (Signature) --



Department of Veterans Affairs
5000 Wissahickon Avenue
P.O. Box 8079
Philadelphia, PA 19101

August 03, 2021

CECILE BROWN
3222 VIOLET ST APT A
ALEXANDRIA LA 71301

In Reply Refer To: 310/NCC/YC
XSS XXXXX0987
Ellis W H

Dear Cecile Brown,

This letter from the Department of Veterans Affairs certifies that Cecile Brown is receiving Dependency Indemnity Compensation (DIC).

The current benefit paid is as follows:

Gross Benefit Amount	\$897.84/mo.
Net Amount Paid	\$897.84/mo.
Effective Date	12/1/2019

Do You Have Questions or Need Assistance?

If you have any questions, you may contact us by telephone, email or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.
Use the Internet	www.VA.gov
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below: Department of Veterans Affairs Claims Intake Center PO Box 5235 Janesville, WI 53547-5235

With sincere regard for the Veteran's service,

RO Director
VA Regional Office

To email us visit <https://iris.custhelp.va.gov>