

21-5345
No. 21-

In the
Supreme Court of the United States



LEONARD THURMAN,

Petitioner,

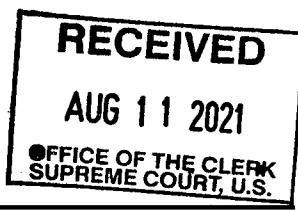
v.

MEDICAL TRANSPORTATION MANAGEMENT, INC.,
Respondent.

On Petition for Writ of Certiorari to the
United States Court of Appeals for the Fifth Circuit

**MOTION FOR LEAVE TO FILE IN FORMA PAUPERIS AND
PETITION FOR A WRIT OF CERTIORARI**

Leonard Thurman
Petitioner Pro Se
120 Rucker Lane
Bentonia, MS 39040
662-673-2795



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*. The Petitioner's affidavit or declaration in support of this motion is attached hereto. The Petitioner was initially granted a motion to proceed *in forma pauperis* by Magistrate Judge F. Keith Ball on July 31, 2018. (Dkt. 18-cv-00282, Doc. 3). In the Fifth Circuit, Petitioner applied for indigent status and pro bono counsel, which was granted by order of May 12, 2020, and appointed pro bono counsel (see copy of motion and order granting said motion).

Respectfully submitted,

/s/ Leonard Thurman
Petitioner Pro Se
120 Rucker Lane
Bentonia, MS 39040
662-673-2795

AUGUST 5, 2021

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

I, Leona Thomas, 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	\$ 783.00	\$ N/A	\$ 783.00	\$ N/A
Self-employment	\$ None	\$ N/A	\$ None	\$ N/A
Income from real property (such as rental income)	\$ None	\$ N/A	\$ None	\$ N/A
Interest and dividends	\$ None	\$ N/A	\$ None	\$ N/A
Gifts	\$ None	\$ N/A	\$ None	\$ N/A
Alimony	\$ None	\$ N/A	\$ None	\$ N/A
Child Support	\$ None	\$ N/A	\$ None	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ None	\$ N/A	\$ None	\$ N/A
Disability (such as social security, insurance payments)	\$ 783.00	\$ N/A	\$ 783.00	\$ N/A
Unemployment payments	\$ None	\$ N/A	\$ None	\$ N/A
Public-assistance (such as welfare)	\$ None	\$ N/A	\$ None	\$ N/A
Other (specify): <u>EBT</u>	\$ 236.00	\$ N/A	\$ 236.00	\$ N/A
Total monthly income:	<u>\$ 1,019</u>	<u>\$ N/A</u>	<u>\$ 1,019</u>	<u>\$ N/A</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
None	None	None	\$ None
None	None	None	\$ None
None	None	None	\$ None

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	N/A	None	\$ None
N/A	N/A	None	\$ None
N/A	N/A	None	\$ None

4. How much cash do you and your spouse have? \$ None
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
SAVING	\$ None	\$ N/A
	\$ None	\$ 21/4
	\$ None	\$ N/A

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

Home
Value None

Other real estate
Value None

Motor Vehicle #1
Year, make & model None
Value None

Motor Vehicle #2
Year, make & model None
Value _____

Other assets
Description None
Value None

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
None	\$ None	\$ None
None	\$ None	\$ None
None	\$ None	\$ None

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
None	N/A	None
None	N/A	None
None	N/A	None

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)	\$ 100.00	\$ N/A
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)	\$ 50.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ 200.00	\$ N/A
Food	\$ 283.00	\$ N/A
Clothing	\$ 150.00	\$ N/A
Laundry and dry-cleaning	\$ 50.00	\$ N/A
Medical and dental expenses	\$ 100.00	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$200.00	\$ None
Recreation, entertainment, newspapers, magazines, etc.	\$100.00	\$ None
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$100.00	\$ None
Life	\$ None	\$ None
Health	\$ 60.00	\$ None
Motor Vehicle	\$ None	\$ None
Other: <u>None</u>	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ None	\$ None
Installment payments		
Motor Vehicle	\$ None	\$ None
Credit card(s)	\$ None	\$ None
Department store(s)	\$ None	\$ None
Other: _____	\$ 50.00	\$ None
Alimony, maintenance, and support paid to others	\$ 100.00	\$ None
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 45.00	\$ None
Other (specify): <u>GAS, LAWN</u>	\$ None	\$ None
Total monthly expenses:	\$ None	\$ None

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? Don't Know Yet!

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? \$1000.00

If yes, state the person's name, address, and telephone number:

SIR-SPEEDY

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Because I am only on a Fixed Income SS, I am Indigent

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

Executed on: August 2, 2021

 Leonard Turner
(Signature)

UNITED STATES COURT OF APPEALS
FIFTH CIRCUIT

OFFICE OF THE CLERK

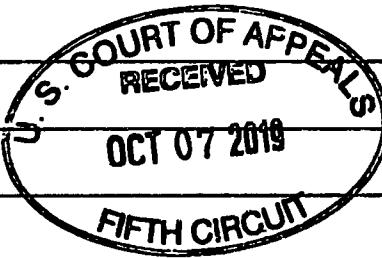
CASE NO. 19-60596

USDC NO. 3:18-CV-282

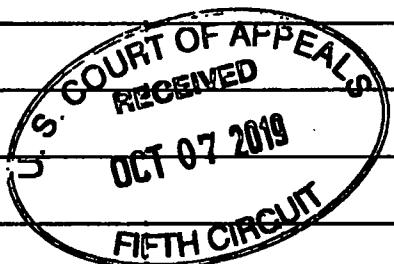
600 S. MAESTRI PLACE,
SUITE 115

NEW ORLEANS, LA 70130

LYLE W. CAYCE, CLERK



United States Court of Appeals
FIFTH CIRCUIT
Office of The CLERK



October 02, 2019

No. 19-60596

USDC No. 318-cv-282

I Leonard Thurman, Acting pro-se
Motion 22.3 To The Fifth Circuit
Court of Appeals And Petition 1:22
b:3: for This Court To Appoint me An
ATTORNEY due to The fact I am Indigent,¹
I only receive \$771.00 A Month To
Support myself because I am disabled
Physical and mentally my mental-
STATE of mind goes out come at will,
I do NOT have control of my mind All
of The Time, This is part of The reason
This case is Now in This court of Appeals,
my Income will NOT allow me To afford
A Lawyer, So do The math yourself
and The courts will see my point.

IN THE UNITED STATES COURT OF APPEALS
FOR THE FIFTH CIRCUIT

No. 19-60596

LEONARD THURMAN,

Plaintiff - Appellant

v.

MEDICAL TRANSPORTATION MANAGEMENT, INCORPORATED,

Defendant - Appellee

Appeal from the United States District Court
for the Southern District of Mississippi

**IN THE UNITED STATES COURT OF APPEALS
FOR THE FIFTH CIRCUIT**

No. 19-60596

LEONARD THURMAN,
Plaintiff – Appellant

v.

MEDICAL TRANSPORTATION MANAGEMENT, INCORPORATED,
Defendant – Appellee

Appeal from the United States District Court
for the Southern District of Mississippi

O R D E R:

IT IS ORDERED that attorney Lindsey Watson, a member in good standing of the bar of this court, is appointed as PRO BONO counsel for the appellant Leonard Thurman for purposes of the proceedings in this court. The clerk is DIRECTED to establish a briefing schedule.

/s/ James L. Dennis
JAMES L. DENNIS
UNITED STATES CIRCUIT JUDGE

O R D E R :

Having reviewed the briefing, the court is of the belief that it would be best served by appointing pro bono counsel to represent appellant Leonard Thurman for the proceedings before this court. Counsel will be appointed from the court's Pro Bono Program. Counsel is ORDERED to file a supplemental brief addressing whether an administrative regulation may establish a federal right enforceable under 42 U.S.C. § 1983, *see Texas RioGrande Legal Aid, Inc. v. Range*, 594 F. App'x 813, 815 n.4 (5th Cir. 2014) (unpublished) (recognizing the split of authority and declining to weigh in), as well as all other issues meriting discussion. The clerk is DIRECTED to establish a supplemental briefing schedule upon the appointment of counsel. Should oral argument be granted, pro bono counsel will be expected to participate.

/s/ James L. Dennis

JAMES L. DENNIS
UNITED STATES CIRCUIT JUDGE