

No. 21- \_\_\_\_\_

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**Supreme Court of the United States**

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LILLIAN J. CUADRADO-CONCEPCION,

Petitioner,

v.

UNITED STATES OF AMERICA,

Respondent.

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

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**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

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Petitioner Lillian J. Cuadrado-Concepción was granted *in forma pauperis* status by the Honorable Judge Francisco A. Besosa on 5/13/2019, via Order, Docket Entry 9, case 3:19-cv-01430, in the United States District Court for the District of Puerto Rico, attached herewith as Exhibit A. The United States Court of Appeals for the Eleventh Circuit recognized said status on 10/23/2020. *See* Exhibit B. In

compliance with Supreme Court Rule 39.1, an updated affidavit or declaration (and supporting documents) in compliance with 28 U.S.C. §1746 is attached herewith as Exhibit C. It is requested that Petitioner be allowed to proceed *in forma pauperis* before this Honorable Court.

Respectfully submitted,

In San Juan, Puerto Rico, this 17<sup>th</sup> day of August 2021.

S/ Javier A. Morales-Ramos  
Javier A. Morales-Ramos  
Law Offices of Javier A. Morales Ramos  
P.O. Box 362677  
San Juan, PR 00936-2677  
Tel. (787) 356-4616  
E-mail: jamprlaw@yahoo.com  
For Petitioner Lillian J. Cuadrado-Concepcion

# EXHIBIT A

Activity in Case 3:19-cv-01430-FAB Cuadrado-Concepcion v. United States of America Order on Motion for Leave to Proceed in forma pauperis

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From: prd\_docketing@prd.uscourts.gov

To: prd\_docketing@prd.uscourts.gov

Date: Monday, May 13, 2019, 12:34 PM GMT-4

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**This is an automatic e-mail message generated by the CM/ECF system. Please DO NOT RESPOND to this e-mail because the mail box is unattended.**

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United States District Court

District of Puerto Rico

### Notice of Electronic Filing

The following transaction was entered on 5/13/2019 at 12:34 PM AST and filed on 5/13/2019

**Case Name:** Cuadrado-Concepcion v. United States of America

**Case Number:** [3:19-cv-01430-FAB](#)

**Filer:**

**Document Number:** 9(No document attached)

**Docket Text:**

**ORDER re [2] Motion for Leave to Proceed in forma pauperis: GRANTED. Signed by Judge Francisco A. Besosa on 5/13/2019. (ab)**

**3:19-cv-01430-FAB Notice has been electronically mailed to:**

Javier A. Morales-Ramos jamprlaw@yahoo.com, jamoroso1957@yahoo.com, jamprlaw@gmail.com,  
nmv.law@gmail.com

**3:19-cv-01430-FAB Notice has been delivered by other means to:**

## EXHIBIT B

20-13747-C Lillian Cuadrado-Concepcion v. USA "USDC Order or Motion on IFP" (4:19-cv-00305-WTM-CLR)

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From: ecf\_help@ca11.uscourts.gov

To: jamprlaw@yahoo.com

Date: Friday, October 23, 2020, 02:40 PM GMT-4

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**United States Court of Appeals for the Eleventh Circuit**

**Notice of Docket Activity**

The following transaction was filed on 10/23/2020

**Case Name:** Lillian Cuadrado-Concepcion v. USA

**Case Number:** [20-13747](#)

**Docket Text:**

USDC order granting IFP as to Appellant Lillian J. Cuadrado-Concepcion was filed on 05/13/2019. Docket Entry 9. ORDER re 2 Motion for Leave to Proceed in forma pauperis: GRANTED. Signed by Judge Francisco A. Besosa on 5/13/2019. (ab) (Entered: 05/13/2019)

**Notice will be electronically mailed to:**

Clerk - Southern District of Georgia, Clerk of Court  
Justin Davids, Assistant U.S. Attorney  
Javier A. Morales-Ramos  
U.S. Attorney Service - Southern District of Georgia

**Notice sent via US Mail to:**

Chuck R. Pardue  
Pardue & Associates  
211 BOBBY JONES EXPRESSWAY # A  
MARTINEZ, GA 30907

# EXHIBIT C

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

I, Lillian J. Cuadras Concepcion, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
<u>Disability</u> (such as <u>social security</u> , insurance payments)	Dec 2019 - Nov 2020 \$ 666.00 Dec 2020 - Now \$ 681.00	\$ _____	\$ 681.00	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): <u>Asistencia Nutricional</u> <u>Dept. de la Familia</u> <u>Mercado Familiar</u>	Around + up \$ 134.00 Apx	\$ _____	Around + up \$ 134.00 Apx	\$ _____
<b>Total monthly income:</b>	\$ 815.00	\$ _____	\$ 815.00	\$ _____



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
<u>N/A</u>	<u></u>	<u></u>	\$ <u></u>
<u></u>	<u></u>	<u></u>	\$ <u></u>
<u></u>	<u></u>	<u></u>	\$ <u></u>

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
<u>N/A</u>	<u></u>	<u></u>	\$ <u></u>
<u></u>	<u></u>	<u></u>	\$ <u></u>
<u></u>	<u></u>	<u></u>	\$ <u></u>

4. How much cash do you and your spouse have? \$   
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
<u></u>	\$ <u></u>	\$ <u></u>
<u></u>	\$ <u></u>	\$ <u></u>
<u></u>	\$ <u></u>	\$ <u></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

☐ Other real estate  
Value

☒ Motor Vehicle #1  
Year, make & model 2007 Hb 14L350  
Value \$5,000 App

☐ Motor Vehicle #2  
Year, make & model   
Value

☐ Other assets  
Description   
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

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

\$ 300.<sup>00</sup>

\$ \_\_\_\_\_

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel, water, sewer, and telephone)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Home maintenance (repairs and upkeep)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Food

\$ 200<sup>+</sup>up 250.<sup>00</sup>  
ApX

\$ \_\_\_\_\_

Clothing

\$ 40<sup>+</sup>up 50.<sup>00</sup>  
ApX

\$ \_\_\_\_\_

Laundry and dry-cleaning

\$ 25.<sup>00</sup> APX

\$ \_\_\_\_\_

Medical and dental expenses

+ over the counter

\$ 20.<sup>00</sup> - 65.<sup>00</sup>  
ApX

\$ \_\_\_\_\_

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>120.<sup>00</sup>-150.<sup>00</sup> Apr</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ <u>44.98</u> Dec 2019 - Nov 2020	\$ _____
Health	\$ <u>9.60</u> Dec 2020 - Nov 2021	\$ _____
Motor Vehicle	\$ <u>15.<sup>00</sup> Apr</u>	\$ _____
Other: <u>personal hygiene things and</u> <u>mask for protection against Covid 19, etc.</u>	\$ <u>40.<sup>00</sup>-50.<sup>00</sup> Apr</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ <u>769.<sup>00</sup>-914.<sup>00</sup></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.

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? 25% of any judgment or compromise settlement

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

Javier A. Morales  
P.O. Box 362677  
San Juan, PR 00936-2677  
(787) 356-4616

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.

N/A

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

Executed on: August 13, 2021

  
\_\_\_\_\_  
(Signature)



# Social Security Administration Benefit Verification Letter

Date: August 8, 2021  
BNC#: 21UR467K41507  
REF: A, DI



LILLIAN JANET CUADRADO  
PO BOX 231  
AGUAS BUENAS PR 00703-0231

\*0201BEV650R9MY2\* CCM M72 BEV65 R210809

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

## Information About Current Social Security Benefits

Beginning December 2020, the full monthly Social Security benefit before any deductions is \$684.90.

We deduct \$3.90 for medical insurance premiums each month.

The regular monthly Social Security payment is \$681.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on July 1, 2010.

## Information About Past Social Security Benefits

From December 2019 to November 2020, the full monthly Social Security benefit before any deductions was \$676.20.

We deducted \$9.60 for medical insurance premiums each month.

The regular monthly Social Security payment was \$666.00.  
(We must round down to the whole dollar.)

## Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

## 2020

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

LILLIAN J CUADRADO

Box 2. Beneficiary's Social Security Number

7354

Box 3. Benefits Paid in 2020

\$8,107.20

Box 4. Benefits Repaid to SSA in 2020

NONE

Box 5. Net Benefits for 2020 (Box 3 minus Box 4)

\$8,107.20

### DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	\$7,992.00
Medicare Part B premiums deducted from your benefits	\$115.20
Total Additions	\$8,107.20
Benefits for 2020	\$8,107.20

### DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

LILLIAN JANET CUADRADO  
PO BOX 231  
AGUAS BUENAS PR 00703-0231

Box 8. Claim Number (Use this number if you need to contact SSA.)

7354A