

No. 21- _____

Supreme Court of the United States

LILLIAN J. CUADRADO-CONCEPCION,

Petitioner,

v.

UNITED STATES OF AMERICA,

Respondent.

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

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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 17th 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

From: prd_docketing@prd.uscourts.gov
To: prd_docketing@prd.uscourts.gov
Date: Monday, May 13, 2019, 12:34 PM GMT-4

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.

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

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)

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. Cradock Conception, 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)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (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>	\$ 134.00 APX	\$ _____	\$ 134.00 APX	\$ _____
	Dept. de la Familia Mercado Familiar			
Total monthly income:	\$ 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
<i>N/A</i>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

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
<i>W/K</i>	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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 H34L350
 Value \$5,000 Apk

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)	\$ <u>300.00</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)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ <u>200</u> ^{+up} <u>250.00</u> Apx	\$ _____
Clothing	\$ <u>40</u> ^{+up} <u>50.00</u> Apx	\$ _____
Laundry and dry-cleaning	\$ <u>25.00</u> Apx	\$ _____
Medical and dental expenses + over-the-counter	\$ <u>20.00</u> - <u>65.00</u> Apx	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	<u>\$ 120.00-150.00</u>	<u>Apx \$</u>
Recreation, entertainment, newspapers, magazines, etc.	<u>\$</u>	<u>\$</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	<u>\$</u>	<u>\$</u>
Life	<u>\$ 44.98</u>	<u>\$</u>
Health	<u>DEC 2019 - Nov 2020 \$ 9.60</u>	<u>\$</u>
Motor Vehicle	<u>\$ 15.00</u>	<u>Apx \$</u>
Other: <u>personal hygiene things and</u> <u>items for protection against Covid 19, etc.</u>	<u>\$ 40.00-50.00</u>	<u>Apx \$</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	<u>\$</u>	<u>\$</u>
Installment payments		
Motor Vehicle	<u>\$</u>	<u>\$</u>
Credit card(s)	<u>\$</u>	<u>\$</u>
Department store(s)	<u>\$</u>	<u>\$</u>
Other: _____	<u>\$</u>	<u>\$</u>
Alimony, maintenance, and support paid to others	<u>\$</u>	<u>\$</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	<u>\$</u>	<u>\$</u>
Other (specify): _____	<u>\$</u>	<u>\$</u>
Total monthly expenses:	<u>\$ 769.00-914.00</u>	<u>\$</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 judgement or compromise settlement

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

Javier A. MORALES
P.O. Box 362677
San Juan, P.R. 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.



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

0201BEV650R9MTY2 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.

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