

21-5881

No.

ORIGINAL

Supreme Court, U.S.  
FILED

SEP 24 2021

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

MARJORIE A. CREAMER  
(Your Name) PETITIONER

VS.

D.O.B. 30 yrs 86F.3<sup>rd</sup> 167/10<sup>th</sup> dist 1996  
RESPONDENT(S)

Current KCATA BUS DRIVERS (6 years)  
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Board Bus Tornado - May 14 2019

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

U.S. Supreme Clerk Please stamp date and case # for WRIT  
Please check the appropriate boxes: EXTRAORDINARY

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

Dist of Co #9251673 ALL Parties 28 years #94-1593  
10<sup>th</sup> dist appeal bench #9251673 Dist of Colorado  
Question IFP attached

☐ 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.  
Signature and below on motion  
☐ 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.

Aug 12 2021  
Sept 24, 2021  
1-8  
Marjorie A. Creamer  
(Signature)

2007  
Kansas Medicine wanted  
Marilyn Greener to work again?

One <sup>50</sup> hour

Session with

Dr. Jeff S. Nichols

— See letter July 2, 2007.  
as Kansas wanted

her disability check

All of it +  
taken away; Medicare

#3,000<sup>00</sup> Day to them.  
Attorney Caleb Boone Hays, KS

JEFF S. NICHOLS, M.D.  
Complementary Medicine  
Acupuncture Nutrition Mind-Body Medicine

1023 Kentucky  
Lawrence, Kansas 66044

TEL: (785) 842-6500  
FAX: (785) 843-3219

July 2, 2007

To Whom It May Concern:

The following is the result of a one-hour interview with Marjorie A. Creamer, DOB 7-1-57 conducted in my office today. She presented today in search of a correct diagnosis for what she believes is Posttraumatic Stress Disorder and seeking help for the same. The following letter is the result of that interview.

She described a traumatic incident in 1991 in which she was first sexually harassed and later physically assaulted. She was held on a pool table and threatened with rape by a group of men in her work until the dispatcher pulled the man off her and told all the men to stop. She fled the job site, did not return and later filed suit, which she lost. She reports that she also was raped at 19 or 20 and this memory surfaced when the above trauma occurred. Both of these events qualify as traumatic and she describes herself as helpless and fearful.

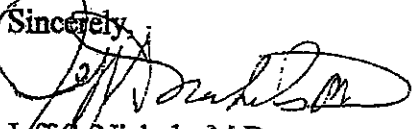
Since the above event, she has experienced and continues to experience flashbacks and intrusive memories of the event. She avoids any situation that reminds her of the trauma and has therefore been unable to work more than part time. She avoids thinking about the details of the event and had difficulty describing it today. She has difficulty with interpersonal relationships, "I hurt the ones who love me," and has restricted affect. She has difficulty concentrating and is often irritable. She is frequently hypervigilant, "I feel like I am cornered." She also experiences significant fatigue. She denies experiencing all of these symptoms prior to the above trauma.

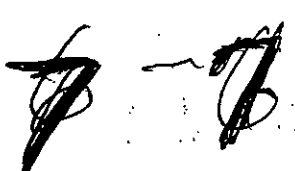
During the interview, she was fearful and confused. She believes that she is still a target and a victim. Her thinking was tangential and confused. She expressed her fear that her disability will be denied, although she is unable to work.

I told her that it is my professional opinion that she does suffer from Posttraumatic Stress Disorder and that I believe that she is unable to work. I indicated that I would write this letter. I also said that it would be impractical for me to attempt to help her when she lives so far away. I suggested that she find a physician or psychotherapist closer to home, possibly in Salina.

My professional opinion is that she does indeed suffer from Posttraumatic Stress Disorder and that she is unable to work.

Sincerely,

  
Jeff S. Nichols, M.D.

 US Supreme  
Court WRIT  
Aug 11, 2021

(03)

1991

1991-104A

Form 104A-Standard (Short) Form  
Colorado Individual Income Tax Return  
FOR FULL-YEAR RESIDENTS ONLY

w/o TRAUMA

APRIL 24, 1991

Use the Colorado mailing label or please print or type.

FIRST NAME AND INITIAL

MAJORIE A.

LAST NAME

CREAMER

SOCIAL SECURITY NUMBER

513-58-3261

# 1991 W-2 and EARNINGS SUMMARY

W-2 City or Local Filing Copy  
Form W-2 Wage and Tax Statement 1991 OMB No. 1545-0002  
Copy 2 to be filed with employee's City or Local Income Tax Return.

Employee's and Employer's copy compared ☐.

1. DEL	2. 317103	3. Corp.	4. Employer use only
5. Laidlaw Transit Inc	6. BOX 25096	7. TITTLE WA 98125	8. LAIDLAW TRANSIT INC
9. 2364035	10. 746-000	11. 513-58-3261	12. 1234.48
13. 76.54	14. 1234.48	15. 1234.48	16. 1234.48
17. 17.90	18. 1234.48	19. 1234.48	20. 1234.48
21. 1234.48	22. 1234.48	23. 1234.48	24. 1234.48
25. 1234.48	26. 1234.48	27. 1234.48	28. 1234.48
29. 1234.48	30. 1234.48	31. 1234.48	32. 1234.48

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 1991 paystub plus any adjustments submitted by your employer.

Gross Pay	1234.48	Social Security Tax Withheld Box 11 of W-2	76.54	CO. State Income Tax Box 24 of W-2	39.00
Fed. Income Tax Withheld Box 9 of W-2	114.42	Medicare Tax Withheld Box 15 of W-2	17.90	Local Income Tax Box 27 of W-2	5.70
				SUI/SDI Box 18 of W-2	

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 10 of W-2	Social Security Wages Box 12 of W-2	Medicare Wages Box 14 of W-2	CO. State Wages, Tips, Etc. Box 25 of W-2	DENVER Local Wages, Tips, Etc. Box 28 of W-2
Gross Pay	1,234.48	1,234.48	1,234.48	1,234.48	1,234.48
Reported W-2 Wages	1,234.48	1,234.48	1,234.48	1,234.48	1,234.48

3. Employee W-4 Profile To change your Employee W-4 Profile Information, file a new W-4 with your payroll department.

MAJORIE A CREAMER  
8824 E FLORIDA AVE  
#210  
DENVER CO 80231

Social Security Number: 513-58-3261  
Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 1  
STATE: 1  
CITY: 1

Aug 11, 2021  
US Supreme Court WRIT

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

I MARJORIE A CREAMER, 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.

- WRIT EXTRAORDINARY**
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	\$ <u>0</u>	\$ <u>deceased</u>	\$ <u>Same</u>	\$ <u>deceased</u>
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>773<sup>00</sup></u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ <u>773<sup>00</sup></u>	\$ _____	\$ <u>773<sup>00</sup></u>	\$ _____

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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>NONE</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>Deceased</u>			\$

*In RE: Howard LeRoy Ellis #13 PR 22 Smith County Dist*  
*Property Fraud Kansas Court*

4. How much cash do you and your spouse have? \$ Kansas Court  
 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>Checking</u>	\$ <u>7,000</u>	\$ <u>Deceased</u>
<u>Checking</u>	\$ <u>277</u>	\$ <u>200</u>
<u>Savings</u>		\$ <u>311</u>

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

<input checked="" type="checkbox"/> Home Value <u>1988 BISON KS manufactured</u>	<input type="checkbox"/> Other real estate Value <u>400</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>2002 Audi Quattro</u> Value <u>Both Damaged</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>RV 2008</u> Value <u>Vandals</u>
<input type="checkbox"/> Other assets Description _____ Value _____	

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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

Estate Howard Leroy Ellis  
Dist Smith Co. Kansas \$ 13 PR 22  
Last W & T Testament \$ 10,000  
Cheated of property code

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

Unknown if Grand children  
my son - Zach (father) 38  
Robert Gottschalk

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.

Rent or home-mortgage payment  
(include lot rented for mobile home)

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

Clothing

Laundry and dry-cleaning

Medical and dental expenses

You

Your spouse

40.00  
12/550  
87.00  
96.00  
87.00  
57.00  
57.00  
300.00  
300.00  
20.00  
Unknown

12 months

New washing machine \$400.00

Amount owed

employment  
aid law  
6 - 8 see taxes of  
Cremer  
Bus Driver  
Men  
Never arrested for rape at work  
1983 police  
excuse free  
April 24  
1991

Transportation (not including motor vehicle payments)

Recreation, entertainment, newspapers, magazines, etc.

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's

Life

Health

Motor Vehicle

Other:

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):

Total monthly expenses:

40.00 per fill up gas only  
You \$160.00  
Your spouse \$  
Not included

\$0  
\$0  
\$0  
\$69.00  
\$

property  
Not employed

\$  
\$ unknown  
\$  
\$ unknown  
\$

Medical

Buy Books to sell  
LAW SCHOOLS

THE HUSBAND  
raped & work a  
Bus Drive

240.00  
5.20  
\$760 expenses

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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.

violation of  
CIVIL RIGHTS

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:

AT Brake Colorado attorney  
#92S1673

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:

Dist of Color #92S1673

30 YEARS RETIREMENT w/o TRAUMA

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

See Letter Nichols and 1991 W-2  
\$770<sup>00</sup> since April 24, 1991  
Social Security 1991  
See Tax W-2 for pen - Raped at work and  
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_, 2021

Aug 16, 2021  
Sept 24, 2021

FALSE CASE  
LAW 30 yrs  
Agua A. Garcia  
(Signature)

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