

No. 21-5903

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

ANGELA JANE JOHNSON AND
AUDREY JOHNSON-DUNCAN — PETITIONER
(Your Name)

FILED
APR 20 2021
OFFICE OF THE CLERK
SUPREME COURT, U.S.

VS.
USA COURT C/O SOLICITOR
GENERAL OF THE UNITED STATES,
BEHIN. W/ COURT OF APPEALS — RESPONDENT(S)
FOR FEDERAL CIRCUIT COURT, ETAL,

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):

UNITED STATES FEDERAL CLAIMS COURT

UNITED STATES COURT OF APPEALS FOR THE FEDERAL 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.

Angela Jane Johnson,
D. Johnson

(Signature)

Eo Audrey Johnson - Duncan

Co Petitioner

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MAY 18 2021
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SUPREME COURT, U.S.

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

I, Angela Jane Johnson, 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 ^{or sooner} <i>Hopefully</i> | |
|--|--|---------------|--|---------------|
| | You | Spouse | You ^{Over 3 yrs.} | Spouse |
| Employment | \$ <u>Unpaid wages</u> | \$ <u>N/A</u> | \$ <u>Past due wages</u> | \$ <u>N/A</u> |
| Self-employment | \$ <u>Unpaid wages</u> | \$ _____ | \$ <u>once</u> | \$ _____ |
| Income from real property (such as rental income) | \$ <u>N/A</u> | \$ _____ | \$ <u>issuance of PTAN</u> | \$ _____ |
| Interest and dividends | \$ <u>N/A</u> | \$ _____ | \$ <u>N/A</u> | \$ _____ |
| Gifts | \$ <u>N/A</u> | \$ _____ | \$ <u>N/A</u> | \$ _____ |
| Alimony | \$ <u>N/A</u> | \$ _____ | \$ <u>N/A</u> | \$ _____ |
| Child Support <i>(Unpaid, uncollected)</i> | \$ <u><1600</u> | \$ _____ | \$ <u>N/A or <1600</u> | \$ _____ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>N/A</u> | \$ _____ | \$ <u>N/A if unpd & uncollected STN</u> | \$ _____ |
| Disability (such as social security, insurance payments) | \$ <u>N/A</u> | \$ _____ | \$ <u>N/A</u> | \$ _____ |
| Unemployment payments | \$ <u>N/A</u> | \$ _____ | \$ <u>N/A</u> | \$ _____ |
| Public-assistance (such as welfare) | \$ <u>N/A</u> | \$ _____ | \$ <u>N/A</u> | \$ _____ |
| Other (specify): <u>Loan?</u> | \$ <u>Not Income</u> | \$ _____ | \$ <u>N/A</u> | \$ _____ |
| Total monthly income: | \$ <u>?</u> | \$ _____ | \$ <u>4000</u> ^{if PTAN issued} | \$ _____ |

* I am still waiting on Court of Appeals in AHS to release my wages upon issuance of PTAN, held up by an agent who works at Palmetto GBA. I am a freelance home health care provider/phleb.

owned
VW, own
cars
usually

| | You | Your spouse |
|---|----------------------------------|-------------|
| Transportation (not including motor vehicle payments) | \$ 0 | \$ N/A |
| Recreation, entertainment, newspapers, magazines, etc. | \$ N/A | \$ N/A |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's <i>Usually</i> | \$ 10-20 | \$ N/A |
| Life <i>Usually</i> | \$ 10-20 | \$ N/A |
| Health <i>Usually</i> | \$ 3500 | \$ N/A |
| Motor Vehicle <i>Usually For And e l</i> | \$ 150-110 | \$ N/A |
| Other: <i>N/A</i> | \$ | \$ N/A |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <i>Taxes good - Don't owe IRS</i> | \$ | \$ N/A |
| Installment payments | | |
| Motor Vehicle | \$ N/A | \$ N/A |
| Credit card(s) | \$ N/A | \$ N/A |
| Department store(s) | \$ N/A | \$ N/A |
| Other: _____ | \$ N/A | \$ N/A |
| Alimony, maintenance, and support paid to others | \$ N/A | \$ N/A |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ $\leq \$100 \times 2$ | \$ N/A |
| Other (specify): <i>Charitable Contr.</i> | \$ 10% Tithe + | \$ N/A |
| Total monthly expenses: | \$ 2135 | \$ N/A |
| | <i>Before taxes & titles</i> | |

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 |
|----------------------------------|--------------------------------|---------------------|--|
| Freelance Licensed Cosmetol. | Mobile | 2008 - Current | \$ \leq 100 mth |
| Freelance Home Health Care Prov. | 94 Riverchase Jackson TN 38305 | Jan 2018 - Current | \$ 4000 since 2020; \$ 2000 2018 & 2019 |

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 |
|----------|---------|---------------------|-------------------|
| | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |

4. How much cash do you and your spouse have? \$ \approx 1000 using some to file this case. Below, state any money you or your spouse have in bank accounts or in any other financial institution. *make copies, postage & cab fare*

| Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| Regions Checking | \$ \leq 1000 | \$ N/A |
| Regions Savings | \$ \leq 100 | \$ N/A |
| Regions Savings | \$ \leq 100 | \$ 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 _____ *N/A*
- Other real estate Value _____ *N/A*
- Motor Vehicle #1 Year, make & model _____ Value _____ *N/A*
- Motor Vehicle #2 Year, make & model _____ Value _____ *N/A*
- Other assets Description _____ Value _____ *N/A*

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 |
|---------------------------------------|--------------------|----------------------------|
|---------------------------------------|--------------------|----------------------------|

| | | |
|--|--|--------|
| (1) Palmetto Gr BA / Mediz. | \$ 112,000 | \$ N/A |
| (2) Lake Home Health Wages Nationwide Ins | \$ Court Claim \$1M X2 & Car VW | \$ |
| (3) Branson Schools | \$ Court Claim Replac. \$500K X2 Exprot. Expiration | \$ |

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").

(4)
Thos
Case
\$300MTH
+
\$300MTH
X2
Expiration

| Name | Relationship | Age |
|-------------------------------------|--------------|-----|
| Audrey Johnson - Duncan | Daughter | 18 |
| Not Fin, Healthcare - Bev Johnson | Mother | 66 |
| Not Fin, Healthcare - David Johnson | Father | 69 |

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) | \$ 1/2 of 1000 | \$ 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) | \$ Incl in Rent Agr. | \$ N/A |
| Home maintenance (repairs and upkeep) Usually | \$ 100 | \$ N/A |
| Food | \$ 400 est. | \$ N/A |
| Clothing | \$ 200 est. | \$ N/A |
| Laundry and dry-cleaning | \$ 50 est. | \$ N/A |
| Medical and dental expenses | \$ 200 est. | \$ N/A |

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.

I expect past due wages once Appeals Court issues PTAN & I can bill Medicare/Medicaid for work done 2018 -> current.

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? ? I cannot afford a lawyer

If yes, state the attorney's name, address, and telephone number: 107A

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? Copies & Filing Probably Several \$100

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

I and employees at copy center(s)

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

I am already taking out loans to survive and putting off monies owed until I get my past due wages. Recent \$1000 is stimulus, using

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

in part to file this.

Executed on: April 19, , 20 21

My daughter is in college & dependent.
Angela Jane Johnson
(Signature)

Audrey 88 7/16/2021