

USCA9 No. 21-5938
20-36039

Johnson v. Electronic Transaction

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

FILED
JUN 18 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

PRO SE BRENDA M. JOHNSON — PETITIONER
(Your Name)

Electronic Transaction VS Washington Department
of Transportation, Office of Administrative Hearings
— RESPONDENT(S)

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):

Pierce County Superior Court, U.S. District
Court of Western Washington, Ninth Circuit
Dept of Labor, DSHS

☐ 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: GR 34
(a)(1)(2), and 28 USC 1915 14-2-12697-8, or
3:20162405727-RJD

☐ a copy of the order of appointment is appended.

Brenda M. Johnson
PRO-SE (Signature) 8/21/2021

IN THE SUPREME COURT OF THE UNITED STATES

Brenda M. Johnson

NO. _____

Petitioner,

USCA9
No. 20-36039

Vs.

Motion and Declaration For Waiver
of the Fees and Surcharge GR34

Electronic Transaction Consultants Corporation et.al

Respondent(s)

MOTION TO PROCEED IN FORMA PAUPERIS

1. Motion

1.1 I am the Brenda M. Johnson petitioner/plaintiff in this action.

The court may grant a motion to proceed in forma pauperis if you show that your cannot pay the filing fees and you have a non-frivolous legal issue on appeal.

When a Demand Is Made. When a jury trial has been demanded under Rule 38, the action must be designated on the docket as a jury action. The trial on all issues so demanded must be by jury in which one was denied to Petitioner.

II. Basis for Motion

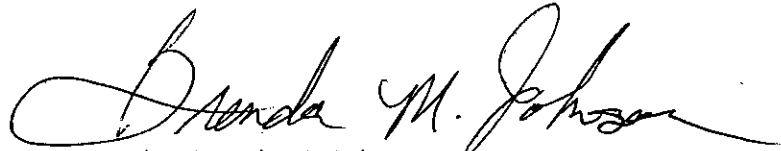
2.1. GR 34 allows the court to waive "fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is indigent. As outlined below, I am indigent.

Declaration I Brenda M. Johnson declare that,

3.1 I Brenda M. Johnson cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court. Please see the

Attached Financial Declaration in which incorporated as part of this declaration.

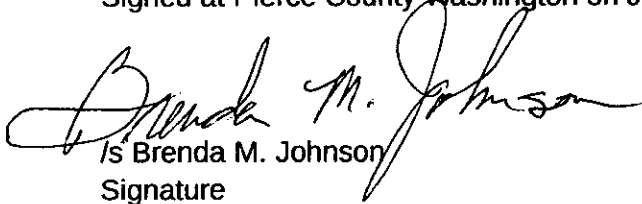
Dated: July 3, 2021



/s/ Brenda M. Johnson Pro-se
Signature of Requesting Party

3.2 In addition to the information in the financial statement I would like the court to consider. The Petitioner is under protective activity governed under 29 U.S. code 182 : 6u.s.c. 1142 and 1132. I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed. I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at Pierce County Washington on July 3, 2021



/s/ Brenda M. Johnson
Signature

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

I, Brenda N. 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	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Gifts	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Alimony	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Child Support	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Other (specify): <u>Food Stamps</u>	\$ <u>234.00</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 N/A</u>
Total monthly income:	\$ <u>234.00</u>	\$ <u>0 N/A</u>	\$ <u>0</u>	\$ <u>0 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
Washington DDT		Sep 4, 2013	\$ Proactive Act
Electronic Transaction Consultants		" "	\$ Proactive act
Office of Administration Hearings		" "	\$ 29450 182
			2014-N TS-00006

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.) N/A

Employer	Address	Dates of Employment	Gross monthly pay
			\$
			\$
			\$

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
checking	\$	\$ N/A
	\$	\$ N/A
	\$	\$ N/A

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

<input type="checkbox"/> Home Value	<input type="checkbox"/> Other real estate Value
<input type="checkbox"/> Motor Vehicle #1 Year, make & model Value	<input type="checkbox"/> Motor Vehicle #2 Year, make & model Value
<input type="checkbox"/> 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
Pioneer Human Services	\$16,000,000.00 Appx	\$ 0
Terry Lee Rembold	\$3,000,000.00 Appx	\$ 0
Electron Transatins	\$25,000,000.00 Appx	\$ 0
WSDDT, 8,000,000.00 Appx, DASH 198,000,000.00 Appx		See Attached

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"). N/A

Name	Relationship	Age
N/A		
N/A		
N/A		

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)	\$ 925.00	\$ 0 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)	\$ 25.00	\$ 0 N/A
Home maintenance (repairs and upkeep)	\$ 25.00	\$ 0 N/A
Food	\$ 234.00	\$ 0 N/A
Clothing	\$	\$ 0 N/A
Laundry and dry-cleaning	\$ 10.00	\$ 0 N/A
Medical and dental expenses	\$	\$ 0 N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>10.00</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>0</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>1220.00</u>	\$ <u>N/A</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.

Other litigants matter's in District Court Western Washington pertaining to Defendants who owe me .

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:

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? \$10 a page **10.00**

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

632 Broadway, Tacoma, WA 98402

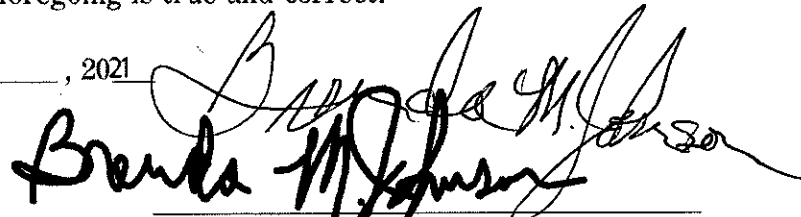
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am indigent if he or she receives certain types of public assistance, is involuntarily committed, or has an annual net income of 125% or less of the federal poverty level. (RCW10.101.010.) Gr 34

I have been cut off abd in which I received from 2018-December 2020 and non- payment of wages for a person Under protective Activity 29 usc 182 and have suffered irreparable harm, redness , and injuries.

I declare under penalty of perjury ^{29 U.S.C. 660} that the foregoing is true and correct.

Executed on: September 23, , 2021


(Signature) phose