

21-6213  
No. \_\_\_\_\_

IN THE

SUPREME COURT OF THE UNITED STATES

*In re Mac Truong, Debtor*

Supreme Court, U.S.  
FILED

OCT 16 2021

OFFICE OF THE CLERK

ROSEMARY IDA MERGENTHALER,  
PETITIONER

vs.

R. KENNETH BARNARD, U.S. TRUSTEE  
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):

UNITED STATES COURT OF APPEALS FOR THE THIRD CIRCUIT

UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT

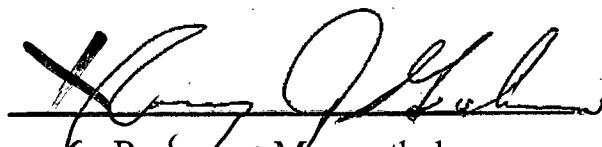
Petitioner has not previously been granted leave to proceed in *forma pauperis* in any other court.

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.

  
Rosemary Mergenthaler

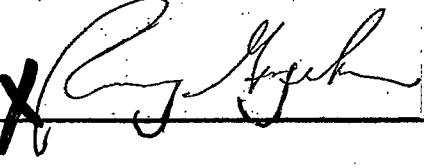
UNITED STATES SUPREME COURT

Rosemary Mergenthaler, )  
Petitioner )  
v. )  
R. Kenneth Barnard et al. ) Case No. \_\_\_\_\_  
Respondents )

**AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO FILE  
PETITION FOR A WRIT OF CERTIORARI  
IN FORMA PAUPERIS**

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees for my Petition for a Writ of Certiorari or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: 

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 10/30/2021

My issues on Petition are: *Did the USCA3 criminally abuse and/or exceed its legal authority when the Court has willfully and calculatedly violated Petitioner's constitutional right to due process and justice by knowingly dismissing without any rational explanation whatsoever an appeal from the U.S. District Court for the District of New Jersey that had undisputedly acted in concert with Appellees to convert and/or conceal the conversion of Petitioner's \$2,793,000.16 by issuing false orders based on knowing misstatements of fact and/or law in violation of 18 USC 153, 155, 157 & 1961?*

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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$0	\$0	\$0	\$0
Self-employment	\$0	\$0	\$0	\$0
Income from real property (such as rental income)	\$0	\$0	\$0	\$0
Interest and dividends	\$0	\$0	\$0	\$0
Gifts	\$0	\$0	\$0	\$0
Alimony	\$0	\$0	\$0	\$0
Child support	\$0	\$0	\$0	\$0
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$1,060	\$	\$
Disability (such as social security, insurance payments)	\$0	\$0	\$0	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$0	\$0	\$0	\$0
Other (specify):	\$0	\$0	\$0	\$0
<b>Total monthly income:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

<b>Employer</b>	<b>Address</b>	<b>Dates of employment</b>	<b>Gross monthly pay</b>
0	n/a	n/a	\$0

			\$
			\$

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
0	n/a	n/a	\$0
			\$
			\$

4. How much cash do you and your spouse have? \$ 0 \_\_\_\_\_

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
n/a	n/a	\$0	\$0
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$0	(Value) \$0	(Value) \$0
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:	n/a	n/a
Model:		
Registration #:		

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
none	\$0	\$0
	\$	\$
	\$	\$
	\$	\$

7. *State the persons who rely on you or your spouse for support.*

Name [or, if under 18, initials only]	Relationship	Age
None	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, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$0	\$0
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)	\$0	\$0
Home maintenance (repairs and upkeep)	\$0	\$0
Food	\$0	\$0
Clothing	\$0	\$0
Laundry and dry-cleaning	\$0	\$0
Medical and dental expenses	\$0	\$0
Transportation (not including motor vehicle payments)	\$0	\$0
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$0	\$0
Life:	\$0	\$0
Health:	\$0	\$0
Motor vehicle:	\$0	\$0
Other:	\$0	\$0
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$0
Installment payments		
Motor Vehicle:	\$0	\$0
Credit card (name):	\$0	\$0
Department store (name):	\$0	\$0
Other:	\$0	\$0

Alimony, maintenance, and support paid to others	\$0	\$0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$0
Other (specify):	\$0	\$0
<b>Total monthly expenses:</b>	<b>\$0</b>	<b>\$0</b>

Alimony, maintenance, and support paid to others	\$0	\$0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$0
Other (specify):	\$0	\$0
<b>Total monthly expenses:</b>	<b>\$0</b>	<b>\$0</b>

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 spent - or will you be spending - any money for expenses or attorney fees in connection with this lawsuit?*  Yes  No

*If yes, how much?* \$ N/A

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal. I have no money even for food or rent*

12. *State the city and state of your legal residence:*

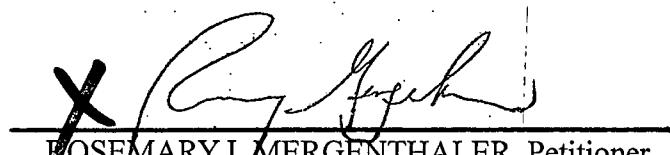
*I am currently residing in Wallingford, Connecticut but will soon move to Boston, Massachusetts. The last four digits of my Social Security Number are: 8840*

*My age is: 64*

*Number of years of schooling: 15 years*

*I declare under the penalty of perjury that the foreign is true and correct*

*Executed on: October 30, 2021*

  
 ROSEMARY I. MERGENTHALER. Petitioner  
 C/o IMDIT Pro Se  
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