

21-6365

IN THE SUPREME COURT OF THE UNITED STATES

On Petition for a Writ of Certiorari to
The U.S. Court of Appeals for The Ninth Circuit
Denial of panel rehearing and en banc review
(dated: August 26, 2021)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

PETITION FOR WRIT OF CERTIORARI AND
NATIONWIDE MANDATE FOR UNANIMOUS PRIOR
APPROVAL FROM ALL MEMBERS OF THE U.S. CONGRESS
BEFORE FEDERAL OR STATE JUDGES MAY ISSUE ANY
FURTHER ORDERS IN ANY CASE OR CONTROVERSY
PENDING IN THE UNITED STATES OF AMERICA

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Plaintiff and Appellant
In Propria Persona

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IN THE SUPREME COURT OF THE UNITED STATES

ANTHONY A. PATEL,) U.S. Supreme Court Case No.:
Plaintiff and Appellant,)
vs.)
PATRICIA MILLER; *et al.*,) United States Court of Appeals for the
Defendants and Appellees.) Ninth Circuit Case: No. 21-55192
)
) U.S. District Court for Central District
) of California (Los Angeles) Case
) Number: 2:19-cv-00080-CBM-AFM

On Petition for a Writ of Certiorari to
The U.S. Court of Appeals for The Ninth Circuit
Denial of panel rehearing and en banc review
(dated: August 26, 2021)

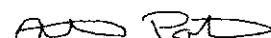
PETITION FOR WRIT OF CERTIORARI AND
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Petitioner was not previously granted leave to proceed in forma pauperis.

Affidavit in support of motion and attached Form 4:

I, Anthony A. Patel, 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. I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this attached form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.



DATED: November 17, 2021

Anthony A. Patel
Plaintiff and Appellant
In Pro Per

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	\$ 0	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
Self-Employment	\$ 1,000	\$ <input type="text"/>	\$ 2,500	\$ <input type="text"/>
Income from real property (such as rental income)	\$ 0	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
Interest and Dividends	\$ 0	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
Gifts	\$ 0	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
Alimony	\$ 0	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
Child Support	\$ 0	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
Disability (such as social security, insurance payments)	\$ 0	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
Unemployment Payments	\$ 1,000	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
Public-Assistance (such as welfare)	\$ 0	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
Other (specify) <input type="text"/>	\$ 0	\$ <input type="text"/>	\$ 0	\$ <input type="text"/>
TOTAL MONTHLY INCOME:	\$ 2,000	\$ <input type="text"/>	\$ 2,500	\$ <input type="text"/>

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

2. List your 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
Self-Employed (monthly pay varies, but an average estimate is given)	Currently at 553 N. Pacific Coast Hwy, B-522, Redondo Beach, CA	From <input type="text" value="2018"/> To <input type="text" value="2021"/>	\$ <input type="text" value="2,500"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>

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
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>

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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.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
Citi	Checking	\$ 1,468	\$
		\$ 	\$
		\$ 	\$
		\$ 	\$

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 furnishing.

Home	Value	Other Real Estate	Value
N/A	\$ 0	N/A	\$ 0

Motor Vehicle 1: Make & Year	Model	Registration #	Value
2019 Ford	Mustang	Lease (No Net Value)	\$ 0
Motor Vehicle 2: Make & Year	Model	Registration #	Value
			\$

Other Assets	Value
No Marketable Assets	\$ 0
	\$
	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
None currently	\$ 0	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age
RR	Son	12
KS	Daughter	10

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	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 2,500	\$ []
- Are real estate taxes included? <input type="radio"/> Yes <input checked="" type="radio"/> No		
- Is property insurance included? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 350	\$ []
Home maintenance (repairs and upkeep)	\$ 350	\$ []
Food	\$ 950	\$ []
Clothing	\$ 100	\$ []
Laundry and dry-cleaning	\$ 75	\$ []
Medical and dental expenses	\$ 50	\$ []
Transportation (not including motor vehicle payments)	\$ 200	\$ []
Recreation, entertainment, newspapers, magazines, etc.	\$ 300	\$ []
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's	\$ 50	\$ []
- Life	\$ 100	\$ []
- Health	\$ 650	\$ []
- Motor Vehicle	\$ 200	\$ []
- Other []	\$ 0	\$ []
Taxes (not deducted from wages or included in mortgage payments)		
Specify []	\$ 0	\$ []

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	You	Spouse
Installment payments		
- Motor Vehicle	\$ 900	\$ []
- Credit Card (name) a large number of unsecured creditors	\$ 7,250	\$ []
- Department Store (name) []	\$ 0	\$ []
Alimony, maintenance, and support paid to others	\$ 0	\$ []
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ 300	\$ []
Other (specify) []	\$ 0	\$ []
TOTAL MONTHLY EXPENSES	\$ 14,325	\$ []

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? \$ []

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

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

City [Redondo Beach]

State [California]

Your daytime phone number (ex., 415-355-8000) [424-350-0123]

Your age [44]

Your years of schooling [Post-Graduate]