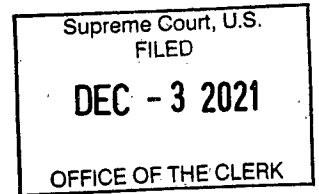


21-6842

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



Benson, Ada María — PETITIONER
(Your Name)

VS.

Census 2020 - US Department
of Commerce. — 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 Central District Court of
California, Riverside County Dec 28, 2020

☐ 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.

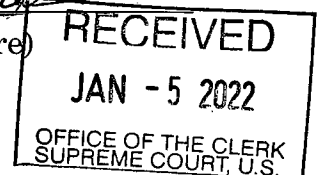
☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____

_____, or

☐ a copy of the order of appointment is appended.

Benson, Ada María
(Signature)



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

I, Benson, Ada Maria, 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>dead</u>	\$ <u>1,500⁰⁰ Possibly</u>	\$ <u>dead</u>
Self-employment	\$ <u>200⁰⁰</u>	\$ <u>dead</u>	\$ <u>150⁰⁰</u>	\$ <u>dead</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>dead</u>	\$ <u>0</u>	\$ <u>dead</u>
Interest and dividends	\$ <u>0</u>	\$ <u>dead</u>	\$ <u>0</u>	\$ <u>dead</u>
Gifts	\$ <u>0</u>	\$ <u>dead</u>	\$ <u>0</u>	\$ <u>dead</u>
Alimony	\$ <u>0</u>	\$ <u>dead</u>	\$ <u>0</u>	\$ <u>dead</u>
Child Support	\$ <u>0</u>	\$ <u>dead</u>	\$ <u>0</u>	\$ <u>dead</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>dead</u>	\$ <u>0</u>	\$ <u>dead</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>dead</u>	\$ <u>0</u>	\$ <u>dead</u>
Unemployment payments	\$ <u>600⁰⁰</u>	\$ <u>dead</u>	\$ <u>0</u>	\$ <u>dead</u>
Public-assistance (such as welfare)	\$ <u>198⁰⁰</u>	\$ <u>dead</u>	\$ <u>198⁰⁰</u>	\$ <u>dead</u>
Other (specify): <u>0</u>	\$ <u>0</u>	\$ <u>dead</u>	\$ <u>0</u>	\$ <u>dead</u>
Total monthly income:	\$ <u>998⁰⁰</u>	\$ <u>dead</u>	\$ <u>1,500⁰⁰</u>	\$ <u>dead</u>

will be working
as a Substitute Teacher.

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
Census 2020-Dep. of Comm.	1401 Constitution Ave NE W. DC.	07/31 - 01/2021	\$2,000 ⁰⁰ They owe.
IHSS - DPSS	Mogreno Valley, CA	10/2019 - 04/2020	\$1,500 ⁰⁰ They owe.
Hemet Home Health Care	Hemet, CA	03/18 - 10/2019	\$1,500 ⁰⁰

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
I am a Widow - Dead Husband			\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

4. How much cash do you and your spouse have? \$ 300⁰⁰
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
Savings	\$ 1,500 ⁰⁰	\$ Dead
Savings	\$ 3,000 ⁰⁰	\$ Dead
	\$	\$ Dead

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

☐ Home Value 0 ☐ Other real estate Value 0

☒ Motor Vehicle #1 Year, make & model 2005 Dodge Value 2,500⁰⁰ ☐ Motor Vehicle #2 Year, make & model N/A Value

☒ Other assets Description Not Applicable 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

Novitas Solution (labor) \$ 14,000.
 IHSS - DPSS. owes workers compensation wages, unemployment in court. \$ dead
 Census 2020. \$ 1,177.
 Department of Commerce. \$ dead.

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
Self.	Self	59.
N/A	N/A	N/A
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)	\$ 212. ⁰⁰	\$ dead
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 150. ⁰⁰	\$ dead
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 40. ⁰⁰	\$ dead.
Clothing	\$ 40. ⁰⁰	\$ dead.
Laundry and dry-cleaning	\$ 25	\$ dead.
Medical and dental expenses	\$ 0	\$ dead

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>20.⁰⁰</u>	\$ <u>dead</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>dead</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>dead</u>
Life	\$ <u>0</u>	\$ <u>dead</u>
Health	\$ <u>0</u>	\$ <u>dead</u>
Motor Vehicle	\$ <u>46.⁰⁰</u>	\$ <u>dead</u>
Other: _____	\$ <u>0</u>	\$ <u>dead</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>dead.</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>dead.</u>
Credit card(s)	\$ <u>0</u>	\$ <u>dead.</u>
Department store(s)	\$ <u>0</u>	\$ <u>dead.</u>
Other: _____	\$ <u>0</u>	\$ <u>dead.</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>dead.</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>dead.</u>
Other (specify): <u>Personal Hygiene</u>	\$ <u>40.⁰⁰</u>	\$ <u>dead.</u>
Total monthly expenses:	\$ <u>573.⁰⁰</u>	\$ <u>dead.</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.

I expect to Substitute Teach at a local School District.

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? Persona Propia.

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

Self as a Per Se.

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? N/A.

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

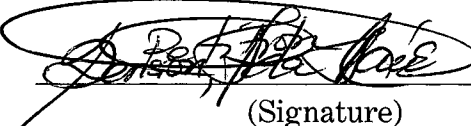
- Self -

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

I was assaulted in the workplace in April 2020 left injured. former employer garnished wages illegally failed to pay workers compensation nor unemployment. I had a long period of disability. I expect to go back to work soon with a local school.

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

Executed on: November 30, 2021

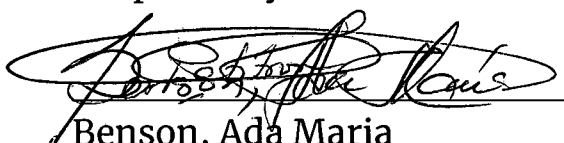

(Signature)

Case: Benson, Ada Maria v. Census 2020-Department Of Commerce
Appeals Ninth Circuit No: 21-55791 District No: 5:20-cv-02642

AFFIDAVIT-DECLARATION UNDER Rule 29 OF THE SUPREME COURT

I Benson, Ada Maria, (Persona Propia) declare under penalty of perjury and under the Constitutional laws of the United States, that I am serving via PACER and USPS mail delivery a copy of the petition made to the Supreme Court to all parties involved in this matter in compliance with the Rule 29 of the Supreme Court and in compliance with the 28 U. S. C. § 1746.

Respectfully Submitted November 30, 2021

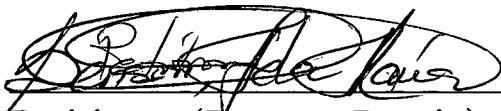

Benson, Ada Maria
(Persona Propia)

Original

UNSWORN DECLARATIONS UNDER PENALTY OF PERJURY
28 U.S. CODE § 1746 -

I, Benson, Ada Maria (Persona Propia), declare (or certify, verify, or state) under penalty of perjury under the laws of the United States that the foregoing Petition For Writ Of Certiorari submitted to the United States Supreme Court is true and correct under 28 U.S. CODE § 1746.

Executed on this date, November 30, 2021

A handwritten signature in black ink, appearing to read "Ada Maria Benson", is written over a horizontal line.

Petitioner (Persona Propia)

Benson, Ada Maria

Original