

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Cassandra B. Charles — PETITIONER
(Your Name)

U.S. Office of VS.
Personnel Management — RESPONDENT(S)

PROOF OF SERVICE

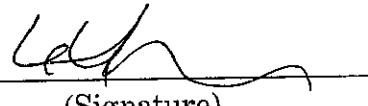
I, Cassandra B. Charles, do swear or declare that on this date, January 29, 2022, as required by Supreme Court Rule 29 I have served the enclosed MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS and PETITION FOR A WRIT OF CERTIORARI on each party to the above proceeding or that party's counsel, and on every other person required to be served, by depositing an envelope containing the above documents in the United States mail properly addressed to each of them and with first-class postage prepaid, or by delivery to a third-party commercial carrier for delivery within 3 calendar days.

The names and addresses of those served are as follows:

See Attachment 1

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

Executed on January 29, 2022


(Signature)

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SUPREME COURT, U.S.

W A I V E R

SUPREME COURT OF THE UNITED STATES

No. [redacted]

Cassandra B. Charles
(Petitioner)

v.

U.S. Office of Personnel Management
(Respondent)

I DO NOT INTEND TO FILE A RESPONSE to the petition for a writ of certiorari unless one is requested by the Court.

Please check the appropriate box:

I am filing this waiver on behalf of all respondents.
 I only represent some respondents. I am filing this waiver on behalf of the following respondent(s):

Please check the appropriate box:

I am a member of the Bar of the Supreme Court of the United States. (Filing Instructions: File a signed Waiver in the Supreme Court Electronic Filing System. The system will prompt you to enter your appearance first.)
 I am not presently a member of the Bar of this Court. Should a response be requested, the response will be filed by a Bar member. (Filing Instructions: Mail the original signed form to: Supreme Court, Attn: Clerk's Office, 1 First Street, NE, Washington, D.C. 20543).

Signature: Cassandra B. Charles

Date: January 29, 2022

(Type or print) Name

Mr.

Ms.

Mrs.

Miss

Firm

Address

City & State

Zip

Phone

Email

A copy of this form must be sent to petitioner's counsel or to petitioner if *pro se*. Please indicate below the name(s) of the recipient(s) of a copy of this form. No additional certificate of service or cover letter is required.

cc:

See Attachment /

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