

ORIGINAL

SCOTUS NO. 22-6588

IN THE SUPREME COURT OF THE UNITED STATES
Original Jurisdiction Division

Appeal No. 22-90019 (22-12727) Case No. 1:22-cv-20241-RNS
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Ms. Jenkins, Beverly A. *[Signature]* [Pro se]

Petitioner/Appellant/Plaintiff

RESPECTFULLY

vs.

Signature Healthcare, LLC, 7919, d/b/a Signature Healthcare
of Brookwood Gardens a/k/a LP Homestead, LLC, 9333,
BRANCH "et al"

Respondents.

Motion for Leave to proceed in forma pauperis

Pursuant to SCOTUS Rule 39: Petitioner files this motion for leave (not out of the state or Country) for to proceed with filing petition [pursuant to 28 U.S.C 1651(a) and pursuant to 28 U.S.C 1254(1), *[REDACTED]* and U.S. Constitution Amendments 5 and 14] for Writ of Mandamus in forma Pauperis.

Petitioner has not previously been granted leave (the court's permission) To proceed in forma pauperis in the LT.

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Petitioner's Affidavit or Declaration is attached hereto.

The LT did not appoint counsel for the petitioner / Plaintiff.

Petitioner / plaintiff proceeded pro se.

Legal grounds for this Motion: There's a showing in the record[Accompanying Petition unpaginated pages 1-15, paginated pages 1-15 (30 pages in total) and Accompanying Appendix A All pages All lines] that the LT [as well as the respondent -Defendant] has made an unlawful Departure from the usual course of judicial proceedings [It falls short of Enforcement of the required Due Process and of Equal protections of the Law: sufficient notice, legality, and fair (civil) procedure, and has done so without required compelling or controlling Justification] as has happened.

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This constitutes Abridging of ministerial Duties it owed to
the Petitioner/plaintiff [which is No abridging of her life,
liberty, and property, without required Due Process]

This action as is shown here in the record, constitutes a
showing of how the Respondents herein has rendered invalid
florida statutes and parts of the U.S. Constitution, the 5TH
and 14TH Amendments . This constitutes a plain illegal error;
a violation of Abuse of Discretion [while this is the legal
grounds for this motion, this is NOT a matter whereby
Petitioner / plaintiff is seeking to overturn a State court's
Order, and is a matter of last resort to redress a manifest
injustice here in **this Federal court case**. This Court hereby
has precedent Authority and Constitutional subject-matter
jurisdiction in this civil matter. *pc prose*

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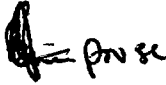
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See AFFIDAVIT OR DECLARATION IN SUPPORT OF
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
accompanying this motion, along with an accompanying
Petition vs. a separate brief [as is mentioned in SCOTUS rule
21].

Supporting Legal Precedent Authority:

NAACP v. Patterson, 357 U.S. 449 (1958) *See American
Communications Assn. v. Douds, supra*, at 339 U.S.
400; *Schneider v. State*, 308 U.S. 147, 308 U.S. 161. such a... "
subordinating interest of the State must be compelling," *Sweezy
v. New Hampshire*, 354 U.S. 234, 354 U.S. 265 (concurring
opinion). Like so as it applies in this case , such a subordinating
Interest 

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[Lawsuit Denial without controlling or compelling justification]
of the LT and of the Respondent- Defendant must be
Compelling. 265 Ala. 349, 91 So. 2d 214, reversed, and cause
remanded. Like so as it applies in this case, The LT's orders
must be reversed, and cause remanded as a matter of Law
under precedent Authority. Page 357 U.S. 451

[see Affidavit to this motion page 7 of 10]

Wherefore, On motion, on just terms, and having
shown just cause, Petitioner files this motion for leave (not
out of the state or Country) for to proceed with filing petition
[pursuant to 28 U.S.C 1651(a) and 1251 and U.S.
Constitution Amendments 5 and 14] for Writ of Mandamus
in forma Pauperis. *A* 5 of 10

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Motion for Leave to proceed in forma pauperis is hereby:

GRANTED / DENIED

U.S. SUPREME COURT JUDGE


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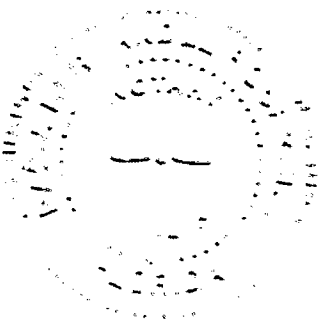
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AFFIDAVIT OF TRUTH MADE IN GOOD FAITH
IN COMPLIANCE WITH 28 U.S.C : 1746 I, ATTEST
TRUTHFULLY, UNDER PENALTIES FOR PERJURY (IF SO
FOUND/EXPLANATION WILL BE PROVIDED) THAT I'M
AAOX3 COMPETENT U.S. CITIZEN. LPN IN THE STATE OF
FLORIDA. THE INFORMATION SHOWN, PROVEN, AND FILED
HEREIN THIS RECORD IS COMPLETED AS BEST AS
REASONABLY POSSIBLE, (AGAINST DISCREPANCIES), AND
ARE TRUE TO THE BEST OF MY KNOWLEDGE AND GOOD
FAITH BELIEF, AND THIS AFFIDAVIT MAY REQUIRE
COPYING [REDACTED] TODAY , AND HERE
AFTER _____ , AND SHALL BE USED FOR THAT PURPOSE.

X  Prose



FOR AN ACKNOWLEDGEMENT IN AN INDIVIDUAL CAPACITY:	
STATE OF FLORIDA	COUNTY OF <u>Miami Dade</u>
The foregoing instrument was acknowledged before me on this <u>6th</u> day of <u>January</u> , <u>2023</u> , by <u>Beverly Anna Jenkins</u> (name of person acknowledged).	
 MARIA PEREZ RODRIGUEZ / NOTARY PUBLIC / EXPIRES: DEC 19, 2025 Bonded through 1st State Insurance (NOTARY SEAL)	 Signature of Notary Public
Personally known _____ OR Produced Identification _____ Type of Identification <u>XXXX-XXX-XX</u> Produced <u>Driver License</u> <u>-842-D</u>	

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Petitioner/Appellant/Plaintiff RESPECTFULLY

vs.

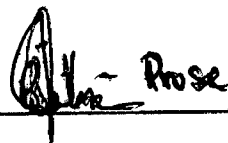
Signature Healthcare, LLC, 7919, d/b/a Signature Healthcare of
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"et al"

Respondents.

COVERSHEET TO
ACCOMPANYING AFFIDAVIT OR DECLARATION IN
SUPPORT OF MOTION TO PROCEED IN FORMA
PAUPERIS

[USE FORMS PROVIDED AS PER PRO SE LITIGANT'S
INSTRUCTIONS]

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X  Ms. Jenkins, Beverly A.

HOMESTEAD, FL

PH(XXX)XXX-XXXX

SCOTUS APPEAL NO. _____

IN THE SUPREME COURT OF THE UNITED STATES

Original Jurisdiction Division

Ms. Jenkins, Beverly A. [Pro se]

Petitioner/Appellant/Plaintiff

vs.

The Geogroup, Inc., d/b/a WellPath Recovery

Solutions, LLC, a/k/a Geocare, LLC,

BRANCH "et al",

Respondents.

AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION

FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Ms. Jenkins, Beverly , 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 therefore; and I believe I am entitled to redress. 1. For both you and your spouse (none) estimate the average amount of money received from each of the following sources during the past 12 months.

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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		Amount	
expected	the past 12 months		next month	
	You	Spouse -none	You	Spouse-none
Employment	\$ 0	N/A	\$ 0	N/A
Self-employment	0		0	

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Income from real property (such as rental income)

Interest and dividends 0

Gifts 0

Alimony 0

Child Support 0

Retirement (such as social security, pensions, annuities,
insurance) 0

Disability (such as social security, insurance payments) 0

Unemployment payments 0

Public-assistance (such as welfare) 0

Other (specify) 0 Family provides food and shelter as a love
gift.

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Total monthly income: \$__0__

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 : I, Ms. Jenkins, have been Unemployed

since 1/1/20. 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.) NO SPOUSE.

4. How much cash do you and your spouse have? I have No

spouse. I have No income. Below, State any money you or

your spouse(none) have in bank accounts or in any other

financial institution. \$ 0.

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Type of account (e.g., checking or savings) Amount you have \$0.

Amount your spouse has \$ N/A.

5. List the assets, and their values, which you own or your spouse owns.

Do not list clothing and ordinary household furnishings (THESE WERE LOST IN UNPAID STORAGE). Home was foreclosed

Other real estate Value N/A Motor Vehicle #1 2009 NEW

USED CHEVY MALIBU 2009 – was recently REPOSSESSED

Motor Vehicle #2 2002 CHEVY TRAILBLAZER WAS A FORCED

SELL Year, make & model Year, make & model Value Other

assets Description Value

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6. State every person, business, amount owed, or organization
owing you or your spouse (none) money, Person owing you or
your spouse money, and the amount owed .

The Geogroup, INC. Amount owed to me \$10 million or +
(contingent on hidden costs and fees that may arise and /or if a
fast settlement is reached).

Signature Healthcare, INC. Amount owed to me \$10 million
or + (contingent on hidden costs and fees that may arise and /or
if a fast settlement is reached). No Spouse.

7. State the persons who rely on you or your spouse(none) for
support. No one. [For minor children, list initials instead of
names (e.g. "J.S." instead of "John Smith"). Name Relationship
Age].

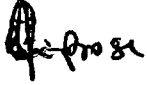
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8. Estimate the average monthly expenses of you and your family \$2500+ Show separately the amounts paid by your spouse(no spouse). Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

Rent \$1,426.00/mo. or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? No. Is property insurance included? No. Utilities Approx. \$260.00/mo. (electricity , heating fuel, water, sewer, and telephone,) \$ Home maintenance (repairs and upkeep) Food 400.00/mo . Clothing , Laundry \$120.00/mo. and dry-cleaning \$0. Medical and dental expenses \$20.00/mo. spouse (none) Transportation \$200+(gas) (not including motor vehicle payments) Recreation, entertainment, newspapers, magazines, etc. (internet and TV services) \$250.00/mo. Insurance  7 of 14

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(not deducted from wages or included in mortgage payments)

Homeowner's or renter's \$ 0 Life \$ 0 Health \$ 0 Motor Vehicle \$

350.00 Other: \$ 0 Taxes (not deducted from wages or included in

mortgage payments) \$0 (specify): Installment payments Motor

Vehicle Approx \$450 /mo Credit card(s) \$200+ Department

store(s) Other: Alimony, maintenance, and support paid to others

0 Regular expenses for operation of business, profession, or farm

(attach detailed statement) 0 / N/A.

Other (specify): Total monthly expenses: approx.\$3,676.00

9. Do you expect any major changes to your monthly income or

expenses or in your assets or liabilities during the next 12

months? I have NO income and am in need of proper closure for

licensed re-employment/ income and YES (see note on this

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attached sheet) as follows: I do hope for financial recovery during the next 12 months or asap.

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? I completed this form, and (see note on this attached sheet) as follows: only if any "Legitimate" hidden costs and fees arise against me in this matter, after I win my case. how much? The shown facts, the shown evidence, and the shown Applicable Law, determines this amount .

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? No. I'm a Pro se Litigant.

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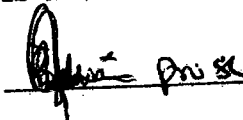
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12. Provide any other information that will help explain why you cannot pay the costs of this case: My life, liberty, and property were abridged without Due Process of Law. Abrupt loss of employment, and loss of income with damaged reputability in need of repair and restoration, to get my life out of limbo for to move forward again.

I declare under penalty of perjury (if so found) that the foregoing is true and correct. Executed on: 1/5-10/23

 (Signature)


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HEREIN THIS RECORD IS COMPLETED AS BEST AS
REASONABLY POSSIBLE, (AGAINST DISCREPANCIES), AND
ARE TRUE TO THE BEST OF MY KNOWLEDGE AND GOOD
FAITH BELIEF, AND THIS AFFIDAVIT MAY REQUIRE
COPYING [REDACTED] TODAY , AND HERE
AFTER _____ , AND SHALL BE USED FOR THAT PURPOSE.


X  Prose

FOR AN ACKNOWLEDGEMENT IN AN INDIVIDUAL CAPACITY	
STATE OF FLORIDA	COUNTY OF <u>Miami Dade</u>
The foregoing instrument was acknowledged before me	
this <u>6th</u> day of <u>January</u> , 20 <u>23</u> , by	
<u>Beverly Ann Jenkins</u>	
(name of person acknowledging)	
 NOTARY SEAL	 Signature of Notary Public
OR Produced Identification <input checked="" type="checkbox"/>	
Type of Identification	<u>XXXX - XXX - XX</u>
Produced	<u>Driver license</u> - <u>8425-D</u>

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**[Respectfully, Petitioner's signatures with or without
text, should not be used as Authorization for removal of
petitioner/plaintiff out of the state or country. No
infringing. No unlawful activity. Constitutional
Protections Apply].**

X  Pro se Ms. Jenkins, Beverly A.

Homestead, Fl.

Ph: (xxx) xxx-xxxx