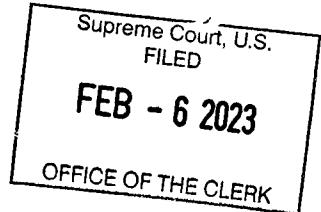


22-6740 ORIGINAL
No. _____

IN THE
SUPREME COURT OF THE UNITED STATES



LISA ANTOINE — PETITIONER
(Your Name)

DELANCY C. LLC VS.
VITAL MEDICAL STAFF INC 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):

4th CIRCUIT COURT OF APPEALS

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.

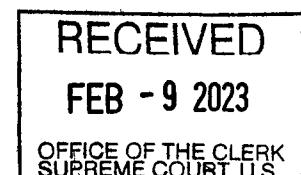
Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

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

, or

a copy of the order of appointment is appended.

Lisa Antoine
(Signature)



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

I, LISA ANTOINE, 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	\$ 1,300	\$ 1	\$ 1,300	\$ 1
Self-employment	\$ 1	\$ 1	\$ 1	\$ 1
Income from real property (such as rental income)	\$ 1	\$ 1	\$ 1	\$ 1
Interest and dividends	\$ 1	\$ 1	\$ 1	\$ 1
Gifts	\$ 1	\$ 1	\$ 1	\$ 1
Alimony	\$ 1	\$ 1	\$ 1	\$ 1
Child Support	\$ 1	\$ 1	\$ 1	\$ 1
Retirement (such as social security, pensions, annuities, insurance)	\$ 1	\$ 1	\$ 1	\$ 1
Disability (such as social security, insurance payments)	\$ 1	\$ 986.00	\$ 1	\$ 1033
Unemployment payments	\$ 1	\$ 1	\$ 1	\$ 1
Public-assistance (such as welfare)	\$ 1	\$ 1	\$ 1	\$ 1
Other (specify):	\$ 1	\$ 1	\$ 1	\$ 1
Total monthly income:	\$ 1,4300	\$ 986.00	\$ 1,300	\$ 1,033

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
BAYADA NURSES	4300 HADDONFIELD DR	12/22 - PRESENT	\$ 1,300
CORNERSTONE STAFFING	725 E TRADE ST, NC	3/22 - 12/22	\$ 1,600.00
CONNECT RN	ONLINE	11/21 - 3/22	\$

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
UNEMPLOYED	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ 376.00

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
CHECKING	\$ 376.00	\$ _____
_____	\$	\$ _____
_____	\$	\$ _____
JOINT ACCT.	\$	\$ _____

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

Home
Value N/A

Other real estate
Value N/A

Motor Vehicle #1 2012
Year, make & model CHEVY IMPALA
Value 3,700

Motor Vehicle #2
Year, make & model N/A
Value N/A

Other assets
Description N/A
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

n/a

Amount owed to you

\$ n/a
\$ _____
\$ _____

Amount owed to your spouse

\$ n/a
\$ _____
\$ _____

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

n/a

Relationship

n/a

Age

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)

\$1,145.00 \$ BILLS ARE
SHARED

Are real estate taxes included? Yes No
Is property insurance included? Yes No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 346 \$ —

Home maintenance (repairs and upkeep)

\$ — \$ —

Food

\$ 300 \$ —

Clothing

\$ 50 \$ —

Laundry and dry-cleaning

\$ — \$ —

Medical and dental expenses

\$ — \$ —

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 200	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ —	\$ —
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$ _____
Life	\$ N/A	\$ _____
Health	\$ N/A	\$ _____
Motor Vehicle	\$ 93	\$ _____
Other: <u>N/A</u>	\$ N/A	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ N/A	\$ _____
Installment payments		
Motor Vehicle	\$ N/A	\$ _____
Credit card(s)	\$ 180	\$ _____
Department store(s)	\$ N/A	\$ _____
Other: <u>N/A</u>	\$ N/A	\$ _____
Alimony, maintenance, and support paid to others	\$ N/A	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ _____
Other (specify): <u>N/A</u>	\$ N/A	\$ _____
Total monthly expenses:	\$ 2,314	\$ _____

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 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? N/A

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

REPRESENTING SELF IN THIS MATTER

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:

MYSELF & MY HUSBAND

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

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

Executed on: JANUARY 29th, 2023

Lisa L. Kuhn
(Signature)

LISA ANTOINE
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