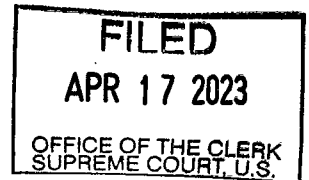


22-7347
No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



Kimberley S. Elkins— PETITIONER

VS.

Kathy Miller — 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):

•New Mexico Court of Appeals: 2019

•New Mexico Supreme Court: 2022

☐ 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:

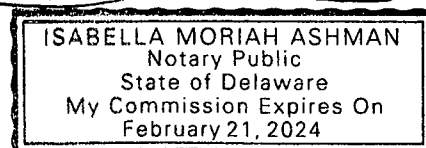
☐ The appointment was made under the following provision of law: _____, or

☐ a copy of the order of appointment is appended.

A handwritten signature in cursive script, appearing to read "Kimberley S. Elkins".

Kimberley S. Elkins

A handwritten signature in cursive script, appearing to read "Isabella Moriah Ashman".



THIS INSTRUMENT WAS
ACKNOWLEDGED BEFORE ME
ON April 17, 2023, BY Kimberley Elkins

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

I, Kimberley S. Elkins, 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 | | Amount expected the | |
|--|-------------------------------|------------|---------------------|-----------------|
| | past 12 months | next month | past 12 months | next month |
| | You | Spouse | You | Spouse |
| Employment | <u>0</u> | <u>N/A</u> | <u>0</u> | <u>N/A</u> |
| | <u>0</u> | \$ | <u>0</u> | \$ |
| Plasma Donation | <u>\$50</u> | \$ | <u>0</u> | <u>\$250</u> |
| | \$ | \$ | \$ | \$ |
| (such as rental income) | | | | |
| Interest and dividends | \$ | \$ | \$ | Self-employment |
| | <u>0</u> | | <u>0</u> | \$ |
| Income from real property | \$ | | <u>0</u> | |
| | <u>0</u> | \$ | <u>0</u> | \$ |
| Gifts | \$ | \$ | <u>700</u> | \$ |
| | <u>400</u> | \$ | \$ | |
| Alimony | \$ | \$ | <u>0</u> | \$ |
| | <u>0</u> | \$ | \$ | |
| Child Support | \$ | \$ | <u>0</u> | \$ |
| | <u>0</u> | <u>✓</u> | \$ | <u>✓</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ | | <u>0</u> | |
| | <u>0</u> | | | |

| | | | | |
|--|---------------|---------------|-----------------|---------------|
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Unemployment payments | \$ <u>0</u> | \$ <u> </u> | \$ <u>0</u> | \$ <u> </u> |
| Public-assistance (such as welfare) | \$ <u>79</u> | \$ <u> </u> | \$ <u>79</u> | \$ <u> </u> |
| Other (specify): <u>Food stamps</u> | \$ <u>281</u> | \$ <u> </u> | \$ <u>281</u> | \$ <u> </u> |
| Total monthly income: | \$ <u>810</u> | \$ <u> </u> | \$ <u>1,310</u> | \$ <u> </u> |

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 |
|--------------------------|-----------------------|-----------------------------|-------------------|
| <u>The Staff Nursing</u> | <u>OHIO + Florida</u> | <u>Aug 2021 to Oct 2021</u> | \$ <u>5,212</u> |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

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 |
|------------|---------|---------------------|-------------------|
| <u>N/A</u> | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

4. How much cash do you and your spouse have? \$ 425

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 |
|---|-----------------|------------------------|
| <u>SAVINGS</u> | \$ <u>5</u> | \$ <u>N/A</u> |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

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

Motor Vehicle #2 N/A

Year, make & model 2004 Chevy Trailblazer Year, make & model _____

Value \$3,500

Value N/A

Other assets Description 0

Value 0

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

| Person owing you or spouse money | Amount owed to you | Amount owed to your spouse |
|----------------------------------|--------------------|----------------------------|
| <u>N/A</u> | <u>0</u> | <u>N/A</u> |
| ____ | \$\$ | ____ |
| ____ | \$\$ | ____ |
| ____ | \$\$ | ____ |

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 |
|------------|--------------|-------|
| <u>N/A</u> | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 |
|--|---|---------------|
| <u>Rent</u> or home mortgage payment (include lot rented for mobile home) | \$ <u>850</u> | \$ <u>N/A</u> |
| Are real estate taxes included? Yes No | <u>Unknown</u> | ↓ |
| Is property insurance included? Yes No | <u>Unknown</u> | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ <u>140</u> | |
| Home maintenance (repairs and upkeep) | \$ <u>0</u> | |
| Food | \$ 281 <u>0</u> (Food stamps) | \$ <u>↓</u> |

| | | |
|---|--------------|--------------------|
| Clothing | \$ <u>0</u> | \$ <u>N/A</u> |
| Laundry and dry-cleaning | \$ <u>10</u> | \$ _____ |
| Medical and dental expenses | \$ <u>0</u> | \$ _____ |
| | You | Your spouse |
| Transportation (not including motor vehicle payments) | \$ <u>0</u> | \$ <u>N/A</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>0</u> | \$ _____ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u>0</u> | \$ _____ |
| Life | \$ <u>0</u> | \$ _____ |
| Health | \$ <u>0</u> | \$ _____ |
| Motor Vehicle | \$ <u>74</u> | \$ _____ |
| Other: <u>N/A</u> | \$ <u>0</u> | \$ _____ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ <u>0</u> | \$ _____ |
| Installment payments | | |
| Motor Vehicle | \$ <u>0</u> | \$ _____ |
| Credit card(s) | \$ <u>0</u> | \$ _____ |
| Department store(s) | \$ <u>0</u> | \$ _____ |
| Other: <u>Pawn</u> | \$ <u>26</u> | \$ _____ |
| Alimony, maintenance, and support paid to others | \$ <u>0</u> | \$ _____ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>0</u> | \$ _____ |

Total monthly expenses:

\$ 1,150

\$

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.

See Attached Sheet 5

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: N/A

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: N/A

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

See attached sheets

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

Executed on: April 17, 2023

Isabella Moriah Ashman

ISABELLA MORIAH ASHMAN
Notary Public
State of Delaware
My Commission Expires On
February 21, 2024

ANSWERS TO QUESTIONS #9 & #12.

Question 9). Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

[X] Yes [] No If yes, describe on an attached sheet:

I'm looking for work in & outside Healthcare & hope to have a job in a couple of months. It is unknown what the pay or longevity of the work will be, as most of my work is contracted & short term; & pay varies. I'm not sure this could be defined as a "major change" to monthly income; but it would be a welcome change. I have some catching up on bills to do, so my monthly expenses will increase, as the pay increases.

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

I came to Delaware from Texas, in August 2021 for a Travel Nurse Contract during the Pandemic, having lost a Covid Contract in Texas due to a "Reduction in Workforce", after contracting Covid during the contract, losing over \$12k. Texas Workforce Commission has refused to pay nearly \$35k in Covid Unemployment they owe me. The Delaware Contract was in the Fall of 2021, but once the National Vaccine Mandate for Healthcare Workers began in early 2022, I've been unable to find work in a 5 state region near Delaware. Additionally, since Covid began over 3 years ago, I've lost in excess of \$200,000+++ in income, exhausted my savings over a year ago & am financially destitute.

I'm medically contraindicated for the Covid Vaccine for 2 major reasons:

1). Blood Pressure Spike & Weakened Blood Vessels: In April of 2020 I was exposed to Covid during Hospital Orientation during a Covid-Nursing Contract. Six days later, I suddenly began hemorrhaging venous & arterial blood from weakened blood vessels in my sinuses (face), where the covid virus lands prior to spreading in the airway, & was taken to an E.R by ambulance. My Blood Pressure was in the 200's/100's (high stroke level), & my airway was compromised, as blood was pouring out my nose, down my throat & out my mouth. I was NOT given an IV (to prevent shock & for medication access); NOT given Oxygen (O2) (for blood loss & O2 depletion); was NOT given an EKG to monitor for heart arrhythmias during a potential stroke & shock emergency. I was in the E.R. twice that same day, both by ambulance. Both times, the ambulance crews were afraid to ride in the back of the ambulance with me & left me there alone, while driving Code-3. I'm a former Paramedic & this lack of minimal care is against protocols & safe patient standards. I lost nearly a liter of blood & was ill for quite a while. A few days later, my liver enzyme, Transaminase was high.

I do not have unusually high blood pressure & have never had a blood pressure in the 200's/100's, before or since being exposed to Covid at work. However, since my blood vessels were weakened by the above episodes, there is no way to know where other weakened vessels are in the rest of my body. Given that vaccines, & especially Covid vaccines, cause the disease symptoms, I cannot & will not risk another sudden spike in high blood pressure, & weakened blood vessel-induced rupture of arteries or veins, as even the most brief of symptom responses could cause a deadly rupture & hemorrhage. I'm lucky the first 2 rupture & hemorrhage episodes were from deep in my sinuses, & not my brain. I cannot risk death or serious stroke & paralysis for an experimental vaccine.

2). Breast Cancer Scare: Research has found that the Covid Vaccine causes a serious depletion of certain elements of the immune system. These cells temporarily drop to dangerously low levels, leaving patients vulnerable to a variety of cancers, whether lying dormant or active, to the point of potentially deadly proliferation & spread of cancer throughout the body. Once this happens, treatment & eradication can be next to impossible, leading to death. It's unknown how long it takes for these immune cells to bounce back after exposure to the vaccine, or to what level of effectiveness, but, in the meantime, damage is done to the patient; sometimes, irreversibly. Examples available on request.

A few years ago, I discovered an infected wound on my left breast. I sought medical attention, but was treated very poorly by several rural doctors in **New Mexico**. The first doctor had been sued years before by someone else, for "failure to diagnose" an obvious case of breast cancer &, instead of making sure this didn't happen again, she went out of her way to pass me off to another doctor to cover her ass, & thereby endangered my safety anyway. This new doc did all he could to delay imaging & biopsy, to put time & distance between a cancer diagnosis & the first doctor, stating, "the lawyers get all the money, anyway". I didn't have a lawyer & wasn't the patient who sued the first doc. I then went to a Public Health doctor, thinking I would receive better treatment. They then proceeded to use me to line the pockets of the Radiologist, with image, after image, over a 4 year period. I had mammograms, ultra sounds & finally a Breast MRI, that required special permission to authorize.

With each image, I was told by both doctors, that a biopsy was needed, but BOTH repeatedly refused to order the biopsy. At one point, a different radiologist claimed to see a suspicious lump on my Right Breast (NOT where the infected wound erupted on my Left Breast); & ordered a biopsy for that, but NOT the left side. That test came back benign, with the claim that the minuscule "lump" had been "obliterated" by the biopsy procedure. They NEVER ordered the very much needed biopsy for the Left Breast, where the problem first started. This nightmare went on for 4 years, in spite of the fact that I was the victim of a near-fatal wreck with an 18-wheeler, on a dangerous rural road, while enroute to a meeting to talk with lawyers about getting a second-opinion. I at least hoped they could refer me to a doc they played golf with, just so I could get the REAL biopsy over with. I then had to do wound care of the infected breast lesion, with a broken arm - no cast, no surgery, no physical therapy, just a splint. They still carried on their farce of covering for the first doctor, in spite of my trauma & losses.

With this trauma & the looming threat of a pre-cancerous or cancerous lump in my left breast waiting to be biopsied by competent medical professionals, I cannot risk my immune system crashing from an experimental vaccine, that could lead to irreversible proliferation of cancer cells. I've been through too much & I'm not risking my life for an experimental vaccine that has been shown to cause so much damage to so many people worldwide. I'm glad some people have been helped with the vaccine, but my situation is different & I cannot take the risk. I'm willing to wear masks in the workplace & have weekly testing as the mandate allows; but, securing those jobs is very difficult.