

22-7478

ORIGINAL

No. _____

IN THE

FILED
APR 22 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

**SUPREME COURT OF THE
UNITED STATES**

DR. MARLA FAITH CRAWFORD,
Petitioner

v.

SCHOOL BOARD FOR RICHMOND CITY,
DAVID CORRIGAN, AND
HARMAN, CLAYTOR, CORRIGAN & WELLMAN
Respondent(s)

On Petition For Writ Of Certiorari to
the United States Court of Appeals
for the Fourth Circuit No. 21-1956

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Dr. Marla Faith Crawford, *pro se*
Elite Educational Consulting
6523 South Stevens Hollow Drive
Chesterfield, Virginia 23832
Tel.: (804) 397-4480

Email: eliteeducationalconsulting9@gmail.com

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MAY - 5 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Pursuant to Supreme Court Rule 39.1, Petitioner, Dr. Marla F. Crawford requests leave to file the attached Petition for Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*. Petitioner, is currently on medical leave without pay. (Exhibit 1)

DECLARATION STATEMENT

I, Petitioner, is currently on medical leave without pay. (Exhibit 1)

Respectfully submitted,

/s/ Dr. Marla Faith Crawford
Dr. Marla Faith Crawford, *pro se*



Prince George's County Public Schools

14201 School Lane • Absence Management Room 132 • Upper Marlboro, Maryland 20772

April 13, 2023

Leave of Absence (LOA) Extension

Dear Marla Crawford,

Your request for an extension of your LOA for Personal Illness is approved effective, **February 12, 2023 through June 30, 2023**.

1. Your leave usage will be determined by your negotiated union contract. If you are a member of the sick leave bank, you may apply to the bank and receive paid time during your unpaid LOA. **Please note: Your leave is only paid if earned and projected sick leave/annual leave is available to use.**
2. An employee on an **unpaid-LOA** leave must arrange to pay 100 % of the insurance premiums to maintain coverage. Please contact your Benefits Specialist at 301-952-6600.
3. If an employee is unable to return to work once LOA approval has exhausted, you must apply for an extension.
4. If an employee is on leave for 12 months or more, the basic life insurance provided by the Board of Education and administered by MetLife will terminate. However, if the employee wishes to continue life insurance, the employee may convert that life insurance provided by the Board of Education under the group plan to a personal life insurance option. An employee who wishes to convert life insurance (Basic and/or Optional Life Insurance) to a personal life insurance option must contact MetLife's Transition Solutions at 1-877-275-6387 Monday – Friday from 9:00 a.m. to 6:00 p. m. Eastern time to process the required paperwork. Please contact Benefits Services if you have further questions at 301-952-6600.
5. If you are on Maternity/Paternity Leave, please remember you must add newborns to your benefits within 35 days of birth. Please contact Benefits Services at 301-952-6600 to enroll.
6. **Mandatory for ALL employees on Leave without Pay or being charged Unpaid Leave:**
 - a. You must submit the attached Qualified Leave of Absence Request or Notification of Military Service Entry form (Form 46) to be placed on a qualified approved leave of absence with the Maryland State Retirement Agency.
 - b. Complete the identification boxes at the top of the form to include social security number, phone number, name and address.
 - c. Check the type of qualifying leave you are requesting and complete the boxes for the beginning and ending dates. It is important to sign and date at the bottom of the Type of Qualifying Leave section.
 - d. Attach a written explanation and your FMLA or LOA Approval letter.



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- e. Submit the completed Form 46, your written explanation and approval to your respective retirement coordinator. You can contact Benefits Services at 301-952-6600 to schedule an appointment.

Employees on leave due to their own serious health condition must submit to Absence Management a Certificate of Medical Release from their treating health care provider ten (10) days before the ending date of your approved leave.

****Please note: If temporary restrictions are required, your release will be reviewed for Temporary Restriction Placement. This program is not associated with Risk Management or Worker's Compensation****

Employees on leave due to a non-personal illness must submit to Absence Management a written notification of intent to return to work ten (10) days before the ending date of your approved leave.

If you have questions about this letter, please contact Case Management Clerk II Stepphon Jackson in Absence Management at stepphon.jackson@pgcps.org.

Sincerely,

Lorri Plater
Supervisor, Case Management

LDP: saj

Enclosure(s): Request for Extension Form
Certificate of Medical Release

cc: The Academy for Health Sciences at Prince George's Community College – Daria Valentine
Human Resources Partner – Phong Nguyen
Payroll Specialist – Emma Yetter
Personnel File/ EIN – Crawford, Marla EIN 82695
PGCEA

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

I, Marla F. Crawford, 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	\$ 7400	\$ N/A	\$ 7200	\$ N/A
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify): _____	\$ 0	\$	\$ 0	\$
Total monthly income:	\$ 7400		\$ 7200	

Note! I'm off on disability and is
submitting Retirement Disability.

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
PGCPS	14201 School Lane Upper Marlboro, MD 20775	9/22/14 - Present	\$ 11,000
			\$
			\$

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
N/A	N/A	N/A	\$ N/A
			\$
			\$

4. How much cash do you and your spouse have? \$ _____
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

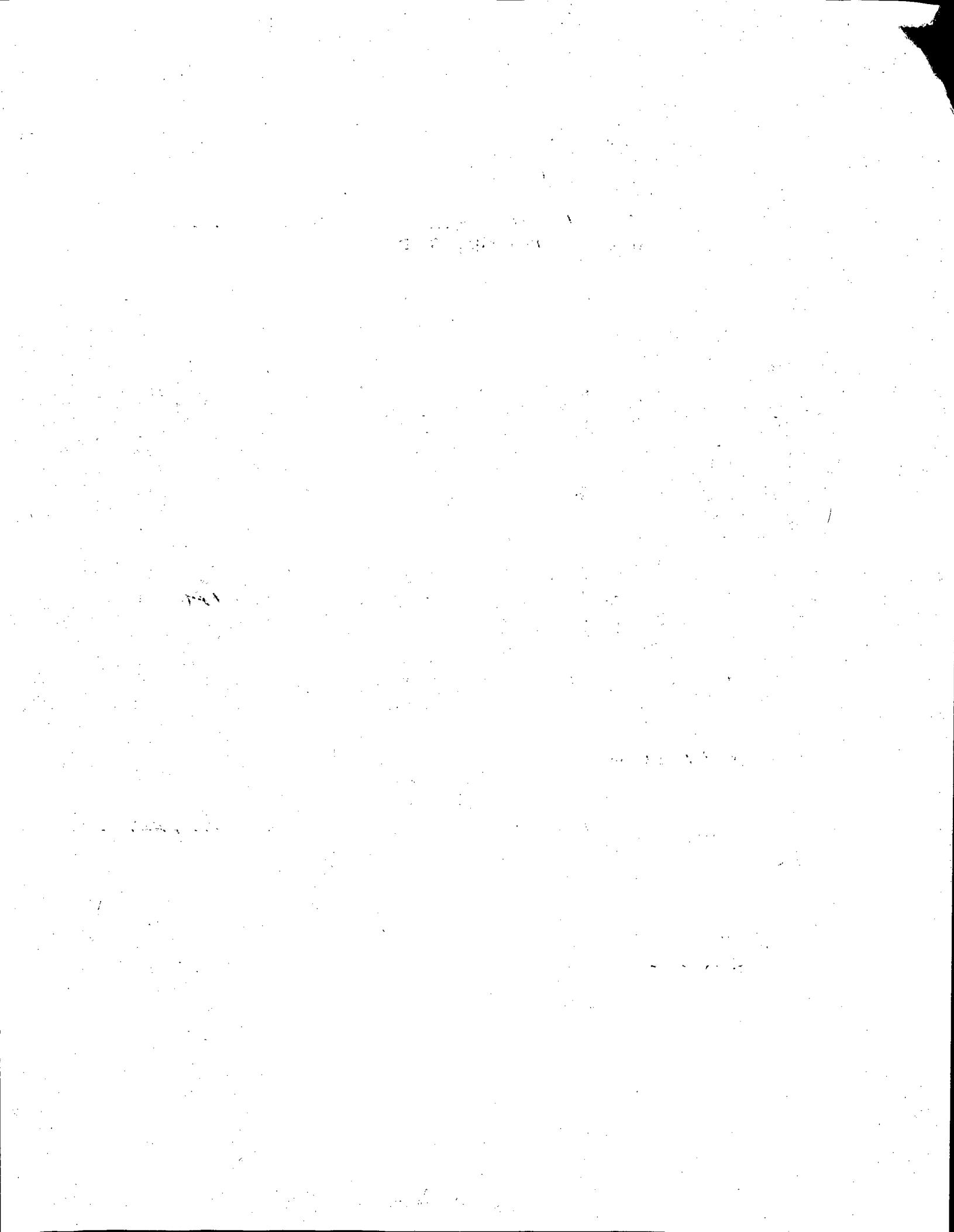
Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Checking Savings	\$ 513.00	\$ N/A
	\$ 90.10	\$
	\$	\$

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

Home
Value 249,800 Other real estate
Value N/A

Motor Vehicle #1
Year, make & model Arcadia 2019
Value 12,000 Motor Vehicle #2
Year, make & model Dodge RAM 2017
Value 11,000

Other assets
Description Buick 2012 Car
Value 3200



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

Person owing you or your spouse money

School Board for Richmond City

Amount owed to you

\$ 27,000

Court gave them
immunity
from paying
the debt.

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

Candace Robinson

Relationship

sister

Age

56

Tierral Robinson

nephew

37

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)

800 (mortgage)
\$1700 (rental for ^{week} \$)

Are real estate taxes included? Yes No

Is property insurance included? Yes No

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

800
\$ 650

\$ N/A

Home maintenance (repairs and upkeep)

250

\$

Food

375

\$

Clothing

300

\$

Laundry and dry-cleaning

140

\$

Medical and dental expenses

485

\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>248</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>125</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>152</u>	\$ _____
Life	\$ <u>475</u>	\$ _____
Health (Dental)	\$ <u>52</u>	\$ _____
Motor Vehicle	\$ <u>527</u>	\$ _____
Other:	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Personal Property Tax</u> <u>\$ 961/year</u>	\$ <u>80</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>976</u>	\$ _____
Credit card(s)	\$ <u>281.50</u>	\$ _____
Department store(s)	\$ <u>65</u>	\$ _____
Other:	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>Business not operating</u>	\$ _____
Other (specify):	\$ _____	\$ _____
Total monthly expenses:	\$ <u>6382.50</u>	