

22-7619

No. 11SCAG No. 21-3838

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.  
FILED

APR 28 2023

OFFICE OF THE CLERK

Earl Anderson — PETITIONER  
(Your Name)

VS.

Aramark Corporation — 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):

United States Court of Appeals for the Sixth Circuit, by  
Circuit Judge Amul R. Thapar. Order entered on 3-11-2022 (Case No. 21-3838)

☐ 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.

Earl Anderson (5-10-2023)  
(Signature)

RECEIVED

MAY 23 2023

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, Earl Anderson, 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	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Self-employment	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Income from real property (such as rental income)	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Alimony	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Child Support	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Disability (such as social security, insurance payments)	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Unemployment payments	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Public-assistance (such as welfare)	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Other (specify): <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
<b>Total monthly income:</b>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</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
State of Ohio Prison	Trumbull Corr. Inst. 5701 Garnett Rd. Leavittsburg, Ohio 44430		\$ 17.00
None	None	None	\$ None
None	None	None	\$ None

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
None	None	None	\$ None
None	None	None	\$ None
None	None	None	\$ None

4. How much cash do you and your spouse have? \$ 123.00

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
State of Ohio Prison	\$ 123.00	\$ None
Trust Fund Account	\$ None	\$ None
None	\$ None	\$ None

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

☐ Home  
Value 0

☐ Other real estate  
Value 0

☐ Motor Vehicle #1  
Year, make & model None  
Value 0

☐ Motor Vehicle #2  
Year, make & model None  
Value 0

☐ Other assets  
Description None  
Value 0

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

Person owing you or  
your spouse money

Amount owed to you

Amount owed to your spouse

None

\$ 0

\$ 0

None

\$ 0

\$ 0

None

\$ 0

\$ 0

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

None

None

0

None

None

0

None

None

0

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)

\$ None

\$ 0

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ None

\$ 0

Home maintenance (repairs and upkeep)

\$ None

\$ 0

Food

\$ None

\$ 0

Clothing

\$ None

\$ 0

Laundry and dry-cleaning

\$ None

\$ 0

Medical and dental expenses

\$ None

\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>None</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>None</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>None</u>	\$ <u>0</u>
Life	\$ <u>None</u>	\$ <u>0</u>
Health	\$ <u>None</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>None</u>	\$ <u>0</u>
Other: <u>None</u>	\$ <u>None</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ <u>None</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>None</u>	\$ <u>0</u>
Credit card(s)	\$ <u>None</u>	\$ <u>0</u>
Department store(s)	\$ <u>None</u>	\$ <u>0</u>
Other: <u>None</u>	\$ <u>None</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>None</u>	\$ <u>0</u>
Other (specify): <u>None</u>	\$ <u>None</u>	\$ <u>0</u>
<b>Total monthly expenses:</b>	\$ <u>0.00</u>	\$ <u>0.00</u>

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? None

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

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? None

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

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

I live off \$9 dollars-a-month state Pay; If I receive any money it would be from my grandmother & she is on a fixed income.

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

Executed on: May 10th, 2023

Earl Kenneth Anderson  
(Signature)

Ignore this side of form!

EARL ANDERSON

v.

Case No: 21-3838 RGF

ARAMARK CORPORATION

~~MOTION FOR PROPER STANDING~~

~~Request for payment of the Appellate filing fee under Fed.R.App.P. 21(b)(2)(ii) and~~  
~~partial. The Appellate Court has not yet ruled on this motion.~~

The issues which I wish to raise on writ for Certiorari

- (1) Whether the Appellate Court erred in affirming District Court's dismissal of Petitioner Anderson's Original Complaint, when it was denied Petitioner Anderson tried to rectify the name of the proper Defendant, due to the fact the Corporate Disclosure Statement illuminates there are 3 different Aramark-subsidaries & affiliate companies (See Exhibit A attached; it's the Corporate Disclosure statement). Standard of Review: *Donald v. Cook County Sheriff's Dept.*, 95 F.3d 548, 556-557 (7th Cir. 1996)
- (2) Whether the Appellate Court erred in affirming District Court's Order striking Supplemental Complaint, when the motion of its body, or better to say, "when the body of its motion" expounded on the language of a Relation Back Amendment & supplemented chronological retaliation. For this Petitioner should've been allowed to add a retaliation claim based on his chronological allegations about the adverse treatment he encountered after filing his original civil rights complaint. Fed.R.Civ.P. 15 (d)(1)(d)... amendment as of right & supplemental pleadings to include events that occurred after the original complaint was filed, plus outright refusal to grant leave to amend, without any justifying reason appearing for the denial, is abuse of discretion. Standard of Review: *Marshall v. Knight*, 445 F.3d 965, 970-971 (7th Cir. 2006).

Signed: Earl K. Anderson

Date: 4-19-2023

Address: P.O. BOX 45699

Lucasville, OHIO. 45699

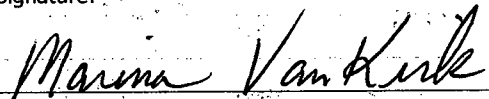
Inmate Id : A317265

AsOf : 4/4/2023

Description	Beginning	Ending	Amount
Resident Id: A317265			
Last Name: ANDERSON			
First Name: EARL			
Middle Name:			
Total Deposits	10/5/2022 12:00:00 AM	4/5/2023 12:00:00 A	\$317.00
Average Monthly Deposits	10/5/2022 12:00:00 AM	4/5/2023 12:00:00 A	\$52.83
Total 1st Day Balances	10/5/2022 12:00:00 AM	4/5/2023 12:00:00 A	\$1,030.56
Average 1st Day Balances	10/5/2022 12:00:00 AM	4/5/2023 12:00:00 A	\$171.76
Balance as of		4/5/2023 12:00:00 A	\$165.89
Current Balance		4/5/2023 12:00:00 A	\$165.89
FFF Initial Payment as of		4/5/2023 12:00:00 A	\$34.35
Total Pay (State, OPI, Commission) Deposits	10/5/2022 12:00:00 AM	4/5/2023 12:00:00 A	\$30.00
Average Total Pay Monthly Deposits	10/5/2022 12:00:00 AM	4/5/2023 12:00:00 A	\$5.00
Total Commissary Expenditures	10/5/2022 12:00:00 AM	4/5/2023 12:00:00 A	\$206.00

I certify this document is a true and accurate account  
of the inmate's financial record on file in my office.

Signature:



Marina L. VanKirk

Southern Ohio Correctional Facility

1724 St. Rt. 728

PO Box 45699

Lucasville OH 45699

**CERTIFIED**

This Financial information was given to the inmate prior to it  
being filed; the information may have been changed after  
certification and before filing.

Date 4/4/23

Staff initials: 



09/14/2022

Trumbull Correctional Institution

Inmate Demand Statement

Inmate Name: **ANDERSON, EARL**

Number: A317265

Lock Location: **TCI, S, SEG, 163B**

Date Range: 03/14/2022 Through

09/15/2022

Beginning Account Balances:

Ending Account Balances:

	Saving	Debt	Payable		Saving	Debt	Payable
Death Benefits	\$0.60	\$0.00	\$0.00	Death Benefits	\$0.00	\$0.00	\$0.00
Pos Exemption	\$0.00	\$0.00	\$0.00	Pos Exemption	\$15.00	\$0.00	\$0.00
Inmate's Perso	\$125.90	\$0.00	\$0.00	Inmate's Personal	\$0.82	\$0.00	\$0.00
<b>Begin Totals</b>	<b>\$126.50</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>End Totals</b>	<b>\$15.82</b>	<b>\$0.00</b>	<b>\$0.00</b>

Transaction Date / Inst.	Transaction Amount	Description	Comment	Saving Balance	Debt Balance	Payable Balance
03/15/2022	(\$7.43)	Inmate's Personal Account	Transfer Funds for JPay Media Credits	\$119.07	\$0.00	\$0.00
TCI						
03/15/2022	\$7.43	Pos Exemption	Transfer Funds for JPay Media Credits	\$126.50	\$0.00	\$0.00
TCI						
03/15/2022	(\$7.43)	JPay Media Credits	Automated JPay Media Credits	\$119.07	\$0.00	\$0.00
TCI						
03/15/2022	(\$34.09)	Commissary Sale	Ticket Number 453252	\$84.98	\$0.00	\$0.00
TCI						
03/17/2022	(\$4.50)	Inmate's Personal Account	Transfer Funds for JPay Media Credits	\$80.48	\$0.00	\$0.00
TCI						
03/17/2022	\$4.50	Pos Exemption	Transfer Funds for JPay Media Credits	\$84.98	\$0.00	\$0.00
TCI						
03/17/2022	(\$4.50)	JPay Media Credits	Automated JPay Media Credits	\$80.48	\$0.00	\$0.00
TCI						
03/29/2022	(\$37.43)	Commissary Sale	Ticket Number 453660	\$43.05	\$0.00	\$0.00
TCI						
04/01/2022	(\$15.00)	Inmate's Personal Account	POS Exemption Transfer	\$28.05	\$0.00	\$0.00
TCI						
04/01/2022	\$15.00	Pos Exemption	POS Exemption Transfer	\$43.05	\$0.00	\$0.00
TCI						
04/04/2022	(\$24.62)	Commissary Sale	Ticket Number 453881	\$18.43	\$0.00	\$0.00
TCI						
04/08/2022	\$12.00	State Pay	State Pay	\$30.43	\$0.00	\$0.00

TRUMBULL CORRECTIONAL INST.  
CASHIER OFFICE  
P.O. BOX 901  
LEAVITTSBURG, OHIO 44430

TCI					
04/12/2022	(\$15.04) Commissary Sale	Ticket Number 454505	\$15.39	\$0.00	\$0.00
TCI					
04/21/2022	(\$1.96) Postage Charges (USPS)	Sixth Circuit Court of Appeals/U.S. Court of Appeals	\$13.43	\$0.00	\$0.00
TCI					
04/22/2022	(\$5.33) Inmate's Personal Account	Transfer Funds for JPay Media Credits	\$8.10	\$0.00	\$0.00
TCI					
04/22/2022	\$5.33 Pos Exemption	Transfer Funds for JPay Media Credits	\$13.43	\$0.00	\$0.00
TCI					
04/22/2022	(\$5.33) JPay Media Credits	Automated JPay Media Credits	\$8.10	\$0.00	\$0.00
TCI					
04/26/2022	(\$7.83) Commissary Sale	Ticket Number 456057	\$0.27	\$0.00	\$0.00
TCI					
05/01/2022	(\$0.27) Death Benefits	POS Exemption Transfer	\$0.00	\$0.00	\$0.00
TCI					
05/01/2022	\$0.27 Inmate's Personal Account	POS Exemption Transfer	\$0.27	\$0.00	\$0.00
TCI					
05/01/2022	\$0.00 \$15.00 Reservation to Pos Exemption	Odr Pos Exemption	\$0.27	\$0.00	\$0.00
TCI					
05/06/2022	\$12.00 State Pay	State Pay	\$12.27	\$0.00	\$0.00
TCI					
05/11/2022	\$50.00 OffConnect Kiosk Deposit	9169925871386501510/AN DERSON, ROSETTA	\$62.27	\$0.00	\$0.00
TCI					
05/19/2022	(\$29.36) Commissary Sale	Ticket Number 458316	\$32.91	\$0.00	\$0.00
TCI					
05/19/2022	(\$4.42) Commissary Sale	Ticket Number 458336	\$28.49	\$0.00	\$0.00
TCI					
05/31/2022	(\$3.31) Commissary Sale	Ticket Number 458711	\$25.18	\$0.00	\$0.00
TCI					
06/01/2022	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$10.18	\$0.00	\$0.00
TCI					
06/01/2022	\$15.00 Pos Exemption	POS Exemption Transfer	\$25.18	\$0.00	\$0.00
TCI					
06/01/2022	(\$15.00) Fresh Favorites - Aramark	PIZZA SALE	\$10.18	\$0.00	\$0.00
TCI					

06/01/2022	(\$5.00) Fresh Favorites - Aramark	PIZZA SALE			\$0.00
TCI					
06/01/2022	(\$5.00) Fresh Favorites - Aramark	PIZZA SALE	\$0.18	\$0.00	\$0.00
TCI					
06/03/2022	\$7.50 State Pay	State Pay	\$7.68	\$0.00	\$0.00
TCI					
06/08/2022	(\$7.46) Commissary Sale	Ticket Number 459812	\$0.22	\$0.00	\$0.00
TCI					
07/01/2022	\$0.00 \$15.00 Reservation to Pos Exemption	OdrC Pos Exemption	\$0.22	\$0.00	\$0.00
TCI					
07/08/2022	\$12.00 State Pay	State Pay	\$12.22	\$0.00	\$0.00
TCI					
07/12/2022	(\$12.01) Commissary Sale	Ticket Number 462308	\$0.21	\$0.00	\$0.00
TCI					
08/01/2022	\$14.79 Reservation to Pos Exemption	OdrC Pos Exemption	\$0.21	\$0.00	\$0.00
TCI					
08/05/2022	\$15.75 State Pay	State Pay	\$15.96	\$0.00	\$0.00
TCI					
08/11/2022	(\$14.24) Commissary Sale	Ticket Number 464653	\$1.72	\$0.00	\$0.00
TCI					
08/18/2022	(\$0.89) Inmate's Personal Account	Transfer Funds for JPay Media Credits	\$0.83	\$0.00	\$0.00
TCI					
08/18/2022	\$0.89 Pos Exemption	Transfer Funds for JPay Media Credits	\$1.72	\$0.00	\$0.00
TCI					
08/18/2022	(\$1.65) JPay Media Credits	Automated JPay Media Credits	\$0.07	\$0.00	\$0.00
TCI					
09/01/2022	\$0.00 \$15.00 Reservation to Pos Exemption	OdrC Pos Exemption	\$0.07	\$0.00	\$0.00
TCI					
09/09/2022	\$15.75 State Pay	State Pay	\$15.82	\$0.00	\$0.00
TCI					

Outstanding Debts:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
08/11/2016	RIB - No Cash Slip Signature	8/3/16 ARAMARK CUPS SOCF	Aramark / Offender Financial Responsibility Fund		(\$0.43)	\$0.43	\$0.00
Total Outstanding Case Balances					\$0.00		

Outstanding Holds:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
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<b>Total Outstanding Case Holds</b>	<b>\$0.00</b>
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Outstanding Investments / EPC:

Investment Type	Investment Type Description	Invest Company	Company Description	Balance
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TRUMBULL CORRECTIONAL INST.  
CASHIER OFFICE  
P.O. BOX 901  
LEWISBURG, OHIO 44430

*[Handwritten signature]*  
POS  
TCI

Two musical staves are shown. The top staff has a large 'X' drawn over it. The bottom staff has handwritten notes and a large 'X' drawn over it.

~~Handwritten text, mostly illegible due to heavy scribbling and crossing out.~~

~~REDACTED~~  
~~REDACTED~~

~~XXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXX~~

~~SECRET~~

~~CONFIDENTIAL~~