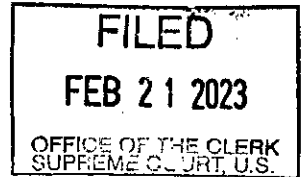


23-5019  
No. 22-55487

ORIGINAL

5:22-CV-00424-JWH-SHK

IN THE  
SUPREME COURT OF THE UNITED STATES



JIN, et al — PETITIONER  
(Your Name)

VS.

Velasquez, et al — 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):

SUPERIOR COURT RIVERSIDE, APPEAL COURT DISTRICT CENTRAL CT  
and NINE Circuit

☐ 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.



\*(Signature)

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

I, KEVIN JIN, 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 (K.J.)	Spouse (M.W.)	You (Kevin)	Spouse (Ming)
Employment	\$ <u>2539.50</u> <sub>100</sub>	\$ _____	\$ <u>2200.00</u> <sub>100</sub>	\$ _____
Self-employment	\$ _____	\$ <u>0</u>	\$ _____	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ <u>4846.00</u> <sub>100</sub>	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ <u>2539.50</u> <sub>100</sub>	\$ <u>4846.00</u> <sub>100</sub>	\$ <u>2200.00</u> <sub>100</sub>	\$ <u>0</u>

*For spouse*

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
Foot Loose	7270 Dinwiddie #104 Rancho Mirage, CA 92270	2013	\$ 2220. <sup>00</sup> / <sub>100</sub>
			\$
			\$

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
Self-Employed	67722 Hacienda D.H.S. CA 92240	2009	\$ <sup>0</sup> / <sub>100</sub>
			\$
			\$

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	\$ 250. <sup>00</sup> / <sub>100</sub>	\$ 0
	\$	\$
	\$	\$

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

☒ Home <sup>Approx</sup>  
Value \$ 100,000. <sup>00</sup>/<sub>100</sub> Century  
in the center

☐ Other real estate  
Value

☐ Motor Vehicle #1  
Year, make & model 2013 Toyota Corolla  
Value \$ 500. <sup>00</sup>/<sub>100</sub> approximately make 100

☒ Motor Vehicle #2  
Year, make & model 2008, Mercedes GL450  
Value \$ 9,200. <sup>00</sup>/<sub>100</sub>

☐ 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	Amount owed to you	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	Relationship	Age
L. J.	SON	16

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)	\$ 0	\$ 0
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 500.00	\$ 0
Home maintenance (repairs and upkeep)	\$ 100.00	\$ N/A
Food	\$ 1200.00	\$ N/A
Clothing	\$ 100.00	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 200.00	\$ 0

	You	Your spouse
Transportation (not including motor <sup>942</sup> vehicle payments)	\$ <u>200.</u> $\frac{x}{100}$	\$ <u>350.</u> $\frac{x}{100}$
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>Ø</u>	\$ <u>Ø</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>100.</u> $\frac{x}{100}$	\$ <u>Ø</u>
Life	\$ <u>Ø</u>	\$ <u>Ø</u>
Health	\$ <u>Ø</u>	\$ <u>Ø</u>
Motor Vehicle	\$ <u>100.</u> $\frac{x}{100}$	\$ <u>100.</u> $\frac{x}{100}$
Other: <u>N/A</u>	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ <u>Ø</u>	\$ <u>Ø</u>
Credit card(s)	\$ <u>100.</u> $\frac{x}{100}$	\$ <u>150.</u> $\frac{x}{100}$
Department store(s)	\$ <u>Ø</u>	\$ <u>Ø</u>
Other: _____	\$ <u>N/A</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ <u>Beth L. Pence City</u> <u>129.</u> $\frac{x}{100}$
Other (specify): <u>N/A</u>	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ <u>2600.</u> $\frac{x}{100}$	\$ <u>729.</u> $\frac{x}{100}$

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? \_\_\_\_\_

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? \_\_\_\_\_

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.

Low Incomeer = MEDICAL Insurer, Because of Injury in this case, Bob Jim and Mary can't extra work for pay this

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

Executed on: 06/27, 2023



κ (Signature)

PLEASE SEE ATTACHED

# ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }


County of Riverside }

On June 28, 2023 before me, Dennis J. Mitchell, Notary Public,  
(Here insert name and title of the officer)

personally appeared Kevin Jin  
who proved to me on the basis of satisfactory evidence to be the person(s) whose  
name(s) (s) are subscribed to the within instrument and acknowledged to me that  
(he) ~~he~~/she/they executed the same in (his) ~~his~~/her/their authorized capacity(ies), and that by  
(his) ~~his~~/her/their signature(s) on the instrument the person(s), or the entity upon behalf of  
which the person(s) acted, executed the instrument.

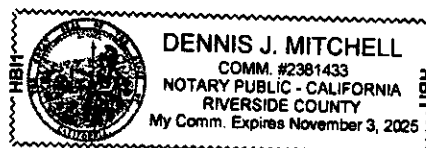
I certify under PENALTY OF PERJURY under the laws of the State of California that  
the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public Signature

(Notary Public Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit or Declaration in Support of

(Title or description of attached document)

Motion for Leave to Proceed

(Title or description of attached document continued)

Number of Pages 5 Document Date 6/28/23

### CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

23-5019

ORIGINAL

No. 22-55487

5:22-CV-00421-JWH-SHA

FILED

FEB 21 2023

OFFICE OF THE CLERK  
SUPREME COURT U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

JIN, et al

PETITIONER

(Your Name)

VS.

VELASQUEZ, et al

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):

SUPERIOR COURT of RHODES, APPEAL COURT, DISTRICT COURT and CIRCUIT

☐ 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.

(Signature)



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

I, Mary Ltm, 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>2539.<sup>50</sup>/<sub>100</sub></u>	\$ _____	\$ <u>2200.<sup>00</sup>/<sub>100</sub></u>	\$ _____
Self-employment	\$ _____	\$ <u>Ø</u>	\$ _____	\$ <u>Ø</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ <u>4846.<sup>00</sup>/<sub>100</sub></u>	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ <u>2539.<sup>50</sup>/<sub>100</sub></u>	\$ <u>4846.<sup>00</sup>/<sub>100</sub></u>	<sup>YR AVG.</sup> \$ <u>2200.<sup>00</sup>/<sub>100</sub></u>	\$ <u>Ø</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
FootLoose	7277 Pinetree #104 Rochester, NY 14620	2013	\$ 2,220.00

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
Self-Employed	677-22 Haggan Rochester, NY 14620	2009	\$ 0.00

4. How much cash do you and your spouse have? \$ 250.00  
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	\$ 250.00	\$ 0.00

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

☒ Home  
Value \$ 100,000.00 (currently unknown)

☐ Other real estate  
Value

☒ Motor Vehicle #1  
Year, make & model 2013, Toyota Corolla  
Value \$ 500.00

☒ Motor Vehicle #2  
Year, make & model 2008, Honda Accord  
Value \$ 9,200.00

☐ 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	Amount owed to you	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	Relationship	Age
L. J	SON	16

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)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 500.00	\$
Home maintenance (repairs and upkeep)	\$ 100.00	\$ N/A
Food	\$ 1200.00	\$ N/A
Clothing	\$ 100.00	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$ 200.00	\$

	You	Your spouse
Transportation (not including motor vehicle <sup>945</sup> payments)	\$ 200. <sup>xx</sup> / <sub>100</sub>	\$ 350. <sup>xx</sup> / <sub>100</sub>
Recreation, entertainment, newspapers, magazines, etc.	\$ $\emptyset$	\$ $\emptyset$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 100.00	\$ $\emptyset$
Life	\$ $\emptyset$	\$ $\emptyset$
Health	\$ $\emptyset$	\$ $\emptyset$
Motor Vehicle	\$ 100. <sup>10</sup> / <sub>100</sub>	\$ 100. <sup>10</sup> / <sub>100</sub>
Other: <u>N/A</u>	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$	\$
Installment payments		
Motor Vehicle	\$ $\emptyset$	\$ $\emptyset$
Credit card(s)	\$ 150. <sup>xx</sup> / <sub>100</sub>	\$ 150. <sup>xx</sup> / <sub>100</sub>
Department store(s)	\$ $\emptyset$	\$ $\emptyset$
Other: <u>N/A</u>	\$	\$
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$ <u>Business</u> 129. <sup>xx</sup> / <sub>100</sub>
Other (specify): <u>N/A</u>	\$	\$
<b>Total monthly expenses:</b>	\$ 2600. <sup>xx</sup> / <sub>100</sub>	\$ 729. <sup>xx</sup> / <sub>100</sub>

Mary LIM  
  
 04-27-2023

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? \_\_\_\_\_

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? \_\_\_\_\_

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.

Low Incomeer - Medical, Because of Injury of this case,  
Both Jim & Mary Can't extra work for pay this.

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

Executed on: 04/27, 2023



(Signature)

Please see attached

Please see attached

# ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }


County of Riverside }

On April 27, 2023 before me, Abraham Dante Millan, Notary Public,  
(Here insert name and title of the officer)

personally appeared Mary Hyp Jin Lim  
who proved to me on the basis of satisfactory evidence to be the person(s) whose  
name(s) is are subscribed to the within instrument and acknowledged to me that  
he she they executed the same in his her their authorized capacity(ies), and that by  
his her their signature(s) on the instrument the person(s), or the entity upon behalf of  
which the person(s) acted, executed the instrument.

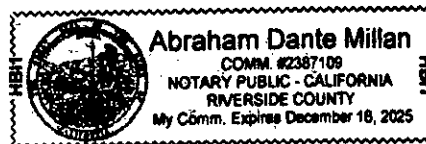
I certify under PENALTY OF PERJURY under the laws of the State of California that  
the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public Signature

(Notary Public Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit or Declaration in Support of

(Title or description of attached document)

motion for Leave

(Title or description of attached document continued)

Number of Pages 5 Document Date 4/27/2023

### CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~, is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.