23-5963
case#
No. 2023-0922

FILED
OCT 20 2023
OFFICE OF THE CLERK
SUPREME COURT, U.S.

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

John Roberts — PETITIONER
(Your Name)

vs. Jason Hollar/past ceo Mike Kaufman
(Cardinal Health) ceo — 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):
Union county courthouse marysville Ohio 43040, & also The Ohio Supreme Court.

☑ 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: I was not granted a "real" affidavit so case was dismissed.

☑ The appointment was made under the following provision of law: Last case# was 2023-0922 original case-I took case# 2022-1352 about case# 21DV0207, or Union county Ohio

☐ a copy of the order of appointment is appended.

John Roberts
(Signature)

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SUPREME COURT, U.S.

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

I, John Roberts, 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	$4,512	$ NA	$376.00	$ NA
Self-employment	$12,000	$ 1	$1,000	$ 1
Income from real property (such as rental income)	$	$	$	$
Interest and dividends	$	$	$	$
Gifts	$	$	$	$
Alimony	$	$	$	$
Child Support	$	$	$	$
Retirement (such as social security, pensions, annuities, insurance)	currently a month. $609.34 year $7,308	$	$609.34	$
Disability (such as social security, insurance payments)	$	$	$	$
Unemployment payments	$	$	$	$
Public-assistance (such as welfare)	$	$	$	$
Other (specify): Food stamps	$50.00 a month $600.00	$	$50.00 $600.00	$
Total monthly income:	$	$	$	$

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
Columbus Family Healthcare LLC	1425 E Dublin Granville Road, #110 Columbus, Ohio 43229	3/24/2020 to now Still working	$
			$
			$

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
Shine A Ride I am the owner.	821 milcrest drive Apt# 204 marysville Ohio 43040	4/5/2006 to now Still working	$
			$
			$

4. How much cash do you and your spouse have? $ NA Spouse I have $178 currently. 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	$ 178.00	$ NA
	$	$
	$	$

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

☐ Home
Value NA

☐ Other real estate
Value

☐ Motor Vehicle #1
Year, make & model I own a
Value 2012 Chevy Impala.

☐ Motor Vehicle #2
Year, make & model
Value

☐ Other assets
Description NA
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
Cardinal Health	$ 2 billion dollars	$ NA
WWW.cardinalHealth.	$ NA	$ NA
com	$ NA	$ NA

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
Lynn Roberts	mother	76
Breeanna Roberts	daughter	18
OA	granddaughter	1

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)	$ NA	$ NA
Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ NA	$
Home maintenance (repairs and upkeep)	$ NA	$
Food	$ NA	$
Clothing	$ NA	$
Laundry and dry-cleaning	$ NA	$
Medical and dental expenses	$ NA	$

	You	Your spouse
Transportation (not including motor vehicle payments)	$	$ NA
Recreation, entertainment, newspapers, magazines, etc.	$	$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$	$
Life	$	$
Health	$	$
Motor Vehicle	$	$
Other: _____	$	$
Taxes (not deducted from wages or included in mortgage payments).		
(specify): _____	$	$
Installment payments		
Motor Vehicle	$ 120.00	$
Credit card(s)	$	$
Department store(s)	$	$
Other: _____	$	$
Alimony, maintenance, and support paid to others	$	$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$	$
Other (specify): I keep my car running for work, & give my money to my kid for Schooling.	$	$
Total monthly expenses:	$	$