

No. USAP No. 23-1203

23-6146

10/20/2023

IN THE

SUPREME COURT OF THE UNITED STATES

FILED

OCT 20 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

ORIGINAL

Catherine Denise Randolph PETITIONER
(Your Name)

VS.

Regional management Inc, 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):

US Court of Appeals 4th 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.

Catherine Randolph
(Signature)

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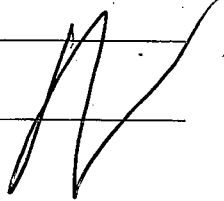
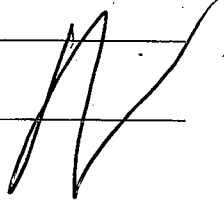
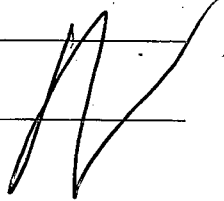
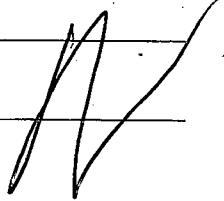
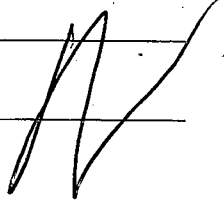
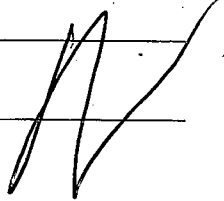
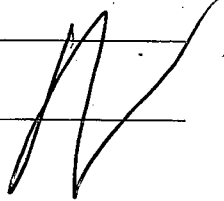
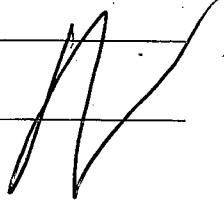
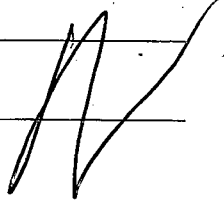
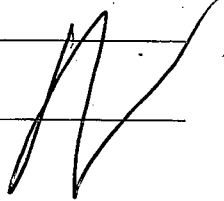
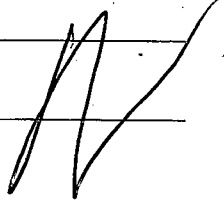
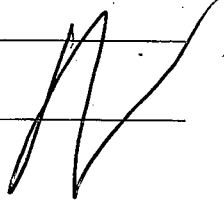
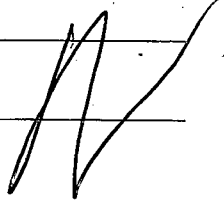
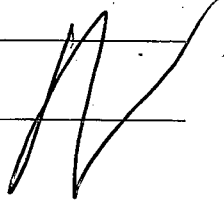
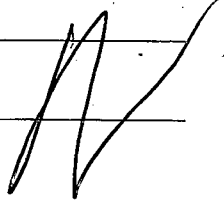
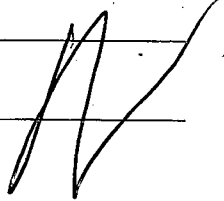
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SUPREME COURT, U.S.

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

Catherine Denise Randolph,
I, _____, 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>600</u>	\$ <u>/</u>	\$ <u>600</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>/</u>	\$ <u>0</u>	\$ <u>/</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>/</u>	\$ <u>0</u>	\$ <u>/</u>
Interest and dividends	\$ <u>0</u>	\$ <u>/</u>	\$ <u>0</u>	\$ <u>/</u>
Gifts	\$ <u>0</u>	\$ <u>/</u>	\$ <u>0</u>	\$ <u>/</u>
Alimony	\$ <u>0</u>	\$ <u>A</u>	\$ <u>0</u>	\$ <u>A</u>
Child Support	\$ <u>0</u>	\$ <u>/</u>	\$ <u>0</u>	\$ <u>/</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>/</u>	\$ <u>0</u>	\$ <u>/</u>
Disability (such as social security, insurance payments)	\$ <u>767</u>	\$ <u>/</u>	\$ <u>767</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>/</u>	\$ <u>0</u>	\$ <u>/</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>/</u>	\$ <u>0</u>	\$ <u>/</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>/</u>	\$ <u>0</u>	\$ <u>/</u>
Total monthly income:	\$ <u>1367.00</u>	\$ <u>/</u>	\$ <u>1367.00</u>	\$ <u>/</u>

	You	Your spouse
<i>bus fare / Uber</i> Transportation (not including motor vehicle payments)	\$ 60.00	\$ 
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 
Life	\$ 90	\$ 
Health	\$ 0	\$ 
Motor Vehicle	\$ 0	\$ 
Other: _____	\$ 0	\$ 
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 
Installment payments		
Motor Vehicle	\$ 0	\$ 
Credit card(s)	\$ 0	\$ 
Department store(s)	\$ 0	\$ 
Other: _____	\$ 0	\$ 
Alimony, maintenance, and support paid to others	\$ 0	\$ 
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 
Other (specify): _____	\$ 0	\$ 
Total monthly expenses:	\$ 1360.00	\$ 

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.

I am suffering financial hardship (emotional upset) due to intentional disclosure with misappropriation of name (degrading publicity)

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

Executed on: October, 2023

11/16/2023



(Signature)