

Original

ORIGINAL

23-6189
No.

FILED

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OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Karen Gil Brainerd Brainerd
(Your Name) PETITIONER

U.S. Bankruptcy Judge, The Hon. Cynthia John
& Chapter 13 Trustee, Richard V. Tally, 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):

U.S. Court of Appeals, 8th Cir.
Case #22-1963; #22-2051

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.

Karen Gil Brainerd
(Signature)

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

I, K. S. O. Ferroni, 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</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1,022.</u>	\$ _____	\$ <u>6022</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance <u>SNAP</u> (such as welfare)	\$ <u>184.</u>	\$ _____	\$ <u>203.</u>	\$ _____
Other (specify): <u>EIC - United Check 100. 90.</u> <u>Care New Program</u>	\$ _____		\$ <u>180.</u> (<u>4HC Program</u>)	\$ _____
Total monthly income:	\$ <u>1,396</u>	\$ _____	\$ <u>1405</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
<i>Sabrina E. Kleinman "Levva"</i> Deft's home was her dependent, disabled daughter's "in Home" caregiver under Medicaid program See, attached copy of her contract.		<i>1/24/85 - 7/21/85</i>	<i>\$1,440.</i>

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
<i>N/A</i>			<i>\$</i>
			<i>\$</i>
			<i>\$</i>

4. How much cash do you and your spouse have? \$ 20.

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
<i>Bank of Long Island (Checking)</i>	<i>\$ - 383 (overdraft protection)</i>	
<i>Bank - Not specified/All accounts</i>	<i>\$ 140.</i>	
<i>Reopened Demand Deposit</i>		

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

Home *Sabrina E. Kleinman "Levva"* Other real estate *None*

Motor Vehicle #1
Year, make & model *2000 Chrysler Town & Country ("swamp")*
Value *\$1,500.*

Motor Vehicle #2
Year, make & model *None*
Value *None*

Other assets
Description *Medical Equipment/Notching Device & Hand Office Equipment*
Value *\$4,000.*

* to 11 U.S.C. 522(l), to which no objections were filed as required pursuant to the RBP 4003(b). See, *Taylor v. Freedman & Levy* 503 U.S. 638 (1992) (Thomas, J.)

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
Deutsche Bank National Trust Co.		Very substantial
as Trustee for Standard Homeowner 2006-0012, trust Deed Certificate Series 2006-017; their equity in the property		\$
of 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").		
Deacon Pepper, as purported "lessee in interest"		Age
Federal Gov't Employee (ret'd) Raymond H. Fink, U.S. of service; in very poor condition of the health		
Karen B. Kleinman Self		80+

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)	\$ 700.*	\$ 111
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)	\$ included with Rent	
Home maintenance (repairs and upkeep)	\$ 149.	\$
Food (SNAP: 203) (UHC: 180.) Covers etc., etc., Supplementary Food	\$ 383.	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 20.	\$
Medical and dental expenses	\$ 0	\$
United Health Care Plan Complete (Medicare & Medicaid)		

*(indicates - when, as & if funds are available)

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 88*	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ _____
Life	\$ 0	\$ _____
Health	\$ 0	\$ _____
Motor Vehicle	\$ 67.	\$ _____
Other: <u>Verizon Cell Phone Service</u>	\$ 27.	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Est. 10% of taxable items</u>	\$?	\$ _____
Installment payments		
Motor Vehicle	\$ 0	\$ _____
Credit card(s)	\$ 0	\$ _____
Department store(s)	\$ 0	\$ _____
Other: <u>Dept 3 Payment Plan</u> <u>& Fancys. Suspended due to proposed division of case</u>	\$ 0*	\$ _____
Alimony, maintenance, and support paid to others	\$ 0	\$ _____
Regular expenses for office, office expenses, profession, or farm (attach detailed statement)	\$ 100-200*	\$ _____
Other (specify): <u>17. m/s to CreditBk</u> <u>in overage of personal advance</u>	\$ 17.	\$ _____
Total monthly expenses:	\$ 1,531-1,651*	

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

3% income is Dr. fee, but 12% income in last 6 months.

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.

At 80+ years of age, Plaintiff is struggling to survive & keeping many basic necessities of life.

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

Executed on: October 28

, 2028

Theresa D. Berlin
(Signature)

**Additional material
from this filing is
available in the
Clerk's Office.**