

No.

In the
Supreme Court of the United States

BARBARA JOHNSON-LUSTER,
Petitioner,

v.

CHRISTINE WORMUTH, SECRETARY OF THE ARMY
Respondent.

***On Petition for Writ of Certiorari
to the United States Court of
Appeals for the Fifth Circuit***

PETITION FOR WRIT OF CERTIORARI

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Counsel for Petitioner

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Pursuant to Supreme Court Rule 39, the Petitioner, BARBARA JOHNSON-LUSTER, by and through his court-appointed attorneys, request that the Court grant HER leave to proceed in forma pauperis. In support of this Motion, the Petitioner avers that:

I.

Petitioner is unable to afford the cost of representation in this matter, and printing of their petition for *writ of certiorari*. See, affidavit.

II.

Petitioner proceeded below in the district court with court- appointed counsel twice.

III.

Petitioner was granted *informa paupris* status in the District Court and the Fifth Circuit Court of Appeals.

WHEREFORE, the petitioner, BARBARA JOHNSON-LUSTER, by and through undersigned counsel, respectfully requests that She be allowed to proceed in forma pauperis without payment of filing fees or service of notice fees, and for such other relief as the Court deems just and proper.

Respectfully submitted this 15th day of December 2023.

Respectfully Submitted:

/s/Kissinger N. Sibanda Esq

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ORDER

**REGARDING MOTION TO PROCEED IN FORMA PAUPERIS ON
WRIT**

The court has considered the appellant's motion to proceed in forma pauperis
on writ:

IT IS ORDERED that the motion be _____.

Washington DC, this _____ day of _____, 2023.

JUSTICE

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Barbara Johnson-Wuster — PETITIONER
(Your Name)

VS.

Sec. of the Army, Christine Wormuth 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 District Court of the Eastern District of Louisiana;
US Fifth Circuit Court of Appeals

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.

Barbara Johnson-Wuster
(Signature)

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

I, Barbara Johnson-Luster, 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>1</u>	\$ <u>0</u>	\$ <u>1</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
Interest and dividends	\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
Gifts	\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
Alimony	\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
Child Support	\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
Disability (such as social security, insurance payments)	\$ <u>1189.00</u>	\$ <u>1</u>	\$ <u>1189.00</u>	\$ <u>1</u>
Unemployment payments	\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
Other (specify): <u>SNAP Food</u>	\$ <u>76.00</u>	\$ <u>1</u>	\$ <u>76.00</u>	\$ <u>1</u>
Total monthly income:	\$ <u>1265.00</u>	\$ <u>1</u>	\$ <u>1265.00</u>	\$ <u>1</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
Procter WA State Bar Exam	Seattle, WA	Feb 2023	\$ 525.00 (Fee Based)
0	0	0	\$ 0
0	0	0	\$ 0

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
N/A	N/A	N/A	\$ N/A
1	1	1	\$ 1

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
10/23 Checking (Verity Credit Union)	\$ 12.27	\$ N/A
Checking (Bancu)	\$ 16.25	\$ 1
Savings	\$ 0	\$ 0

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

Home
Value N/A

Other real estate
Value N/A

Motor Vehicle #1
Year, make & model N/A
Value _____

Motor Vehicle #2
Year, make & model N/A
Value _____

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
<u>N/a</u>	\$ <u>N/a</u>	\$ <u>N/a</u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>

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
<u>N/a</u>	<u>N/a</u>	<u>N/a</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

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)	\$ <u>283.00</u>	\$ <u>N/a</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/a</u>		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/a</u>		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>60.00</u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u>60.00</u>	\$ <u> </u>
Food <u>Include SNAP \$76</u>	\$ <u>303.42</u>	\$ <u> </u>
Clothing	\$ <u>50.00</u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u>20.00</u>	\$ <u> </u>
Medical and dental expenses	\$ <u>0</u>	\$ <u> </u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 30.00	\$ <u>1/9</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>1/9</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or <u>renter's</u>	\$ 15.58	\$ <u>1/9</u>
Life	\$ 80.00	\$ <u>1</u>
Health	\$ <u>1</u>	\$ <u>1</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>1</u>
Other: _____	\$ <u>1</u>	\$ <u>1</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>1</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>1</u>
Credit card(s)	\$ 130.00	\$ <u>1</u>
Department store(s)	\$ <u>1</u>	\$ <u>1</u>
Other: <u>Personal Loans</u>	\$ 232.00	\$ <u>1</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>1</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>1</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>1</u>
Total monthly expenses:	\$ 1265.00	\$ <u>1</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? 15,000

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

KISSINGER N. Sibanda, Esq.
P.O. Box 714
Livingston, N.J. 07039 tel # 862-250-9684

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 will raise funds for attorney fees.

Social Security Disability Insurance is my only income.

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

Executed on: October 23, 2023

Barbara J. Harrington
(Signature)