

ORIGINAL

23-6670

IN THE
SUPREME COURT OF THE UNITED STATES

FILED

JAN 27 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Catherine Fernandez pro se — PETITIONER
(Your Name)

VS.

Board of Ed Pemberton — RESPONDENT(S) "et al".
Township

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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

District Court of Camden, NJ

3rd Circuit Appeals Court Philadelphia, Pa

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.

Catherine Fernandez

(Signature)

Verified by 
01/09/2024

RECEIVED

JAN 30 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Catherine Fernandez, 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	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 287	\$ 0	\$ 0	\$ 0
Other (specify): <u>SSI</u>	\$ 11,340	\$ 0	\$ 975	\$ 0
Total monthly income:	\$ 945	\$ 0	\$ 975	\$ 0

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
_____	_____	_____	\$ 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
_____	_____	_____	\$ 0
_____	_____	_____	\$ 0
_____	_____	_____	\$ 0

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
_____	_____	\$ 0	\$ _____
_____	_____	\$ 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 0 Other real estate Value 0

Motor Vehicle #1
Year, make & model 2000 Dodge Dakcota Motor Vehicle #2
Year, make & model 0
Value \$ 1,000 Value _____

Other assets
Description _____
Value 0

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
_____	\$ 0	\$ _____
_____	\$ 0	\$ _____
_____	\$ 0	\$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
Catherine Fernandez	self	54
_____	_____	_____
_____	_____	_____

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)	\$ 750	\$ _____
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)	\$ 73	\$ _____
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 287	\$ _____
Clothing	\$ 200	\$ _____
Laundry and dry-cleaning	\$ 0	\$ _____
Medical and dental expenses	\$ 0	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 40	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ _____
Life	\$ 0	\$ _____
Health	\$ 0	\$ _____
Motor Vehicle	\$ 1	\$ _____
Other: _____	\$ 0	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Dollar a day car insurance</u>	\$ 1	\$ _____
Installment payments		
Motor Vehicle	\$ 1	\$ _____
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:	\$ 1351	\$ _____

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:

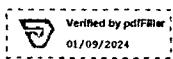
12. Provide any other information that will help explain why you cannot pay the costs of this case.

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

Executed on: January 9, 2024

Catherine Fernandez

(Signature)



SOCIAL SECURITY
SUITE E
532 FELLOWSHIP ROAD
MOUNT LAUREL NJ 08054

**Social Security Administration
Supplemental Security Income
Notice of Change in Payment**

Date: November 26, 2023
BNC#: 23S1642H43652 DI



0052874 00052874 1 AB 0.537 CN6LNA T196 P6
COLA MO4 11/19 C73 23S1642H43652

FOR CATHERINE PACITA FERNANDEZ
24 CARPENTER LANE
BROWNS MILLS NJ 08015-3059



We plan to increase CATHERINE P. FERNANDEZ' monthly Supplemental Security Income (SSI) payment from \$945.25 to \$974.25 beginning January 2024. The amount will change because of a rise in the cost of living. She will continue to get the new amount each month unless there is a change in the information we use to figure her payment. The new amount includes \$31.25 from the State of New Jersey.

The rest of this letter explains more about CATHERINE P. FERNANDEZ' SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet at the end of this letter. The explanation shows how her income, other than any SSI payments, affects her SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Her Payments

Your bank or other financial institution will receive her monthly payment of \$974.25 around January 1, 2024, and on the first of each month after that.

See Next Page