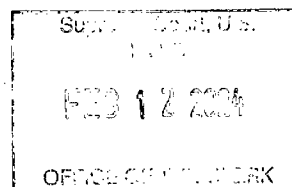


23-6805  
No. \_\_\_\_\_

IN THE

SUPREME COURT OF THE UNITED STATES

BHARANI  
PADMANABHAN MD, PLD PETITIONER  
(Your Name)



VS.  
CAMBRIDGE  
HEALTH ALLIANCE 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. SUPREME COURT

MASS. SUP. JUDICIAL 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:

☐ The appointment was made under the following provision of law: \_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

Bharani

(Signature)

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

I, BIHARANI PADMANABHAN, 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>—</u>	\$ <u>0</u>	\$ <u>—</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>—</u>	\$ <u>0</u>	\$ <u>—</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>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</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>
<b>Total monthly income:</b>	<b>\$ <u>ZERO</u></b>	<b>\$ <u>—</u></b>	<b>\$ <u>ZERO</u></b>	<b>\$ <u>—</u></b>

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
RANDALL BOCK M.D., REVERE		07/23 →	\$ ZERO
SHELDON SCHWARTZ M.D.		07/2020 --	\$ ZERO
	LEXINGTON, MA	06/2023	

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 57 (FIFTY SEVEN)  
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	\$ 57	\$ N/A
SAVINGS	\$ ZERO	\$
	\$	\$

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

<input type="checkbox"/> Home Value N/A	<input type="checkbox"/> Other real estate Value N/A
<input type="checkbox"/> Motor Vehicle #1 Year, make & model 1998 VOLVO Value \$ 600 570	<input type="checkbox"/> Motor Vehicle #2 Year, make & model N/A Value
<input type="checkbox"/> 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
CAMBRIDGE	\$ <u>MILLIONS!</u>	\$ <u>N/A</u>
HEALTH	\$ _____	\$ _____
ALLIANCE (RESPONDENT)	\$ _____	\$ _____

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>	_____	_____
_____	_____	_____
_____	_____	_____

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>2875</u>	\$ _____
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)	\$ <u>220</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>300</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>29</u>	\$ _____
Medical and dental expenses	\$ <u>30</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>30</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>81</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
<b>Total monthly expenses:</b>	\$ <u>3565</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? \_\_\_\_\_

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? \_\_\_\_\_

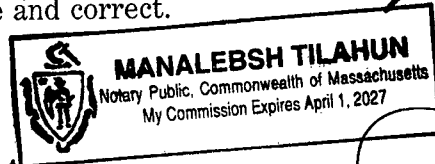
If yes, state the person's name, address, and telephone number:

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

MEDICAL LICENSE SUSPENDED DUE  
TO WHISTLEBLOWER RETALIATION BY  
RESPONDENT WHO LIED TO THE  
GOVERNMENT ABOUT ME

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

Executed on: FEB. 12<sup>th</sup>, 2024



On this 12 of February, 2024, before me, Manalebsh Tilahun, the undersigned notary public, personally appeared Bharani Padmanabham (name(s) of document signer(s)) (Signature) through satisfactory evidence of identification, which were MA/ DL, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.