

No. 23 - 7325

FILED

MAR 27 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

LINDA ANN WRIGHT-PETITIONER

VS.

THE UNITED STATES OF AMERICA, ET AL., -RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for an extra ordinary writ 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):

The Third Circuit Court of Appeals Case No. 22-1164, Linda Wright v. USA, et al.

The United States District Court-PAWD Case No. 2:21-cv-1152, Wright v. USA, et al.,

The Fifth Circuit Court of Appeals Case No. 16-10318 Wright v. United States;

The United States District Court-Amarillo, Texas Case No. 2:25-cv-00214-J;

Superior Court of CA-Humboldt Case No. DR093036. REMOVED to U.S.D.C.

Petitioner has **not** previously been granted leave to proceed in *forma pauperis* in any other court. N/A.

RECEIVED
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SUPREME COURT, U.S.

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: N/A.

The appointment was made under the following provisions of law the order: N/A.

a copy of the order of appointment is appended. N/A.



/s/ Linda Ann Wright, Petitioner
(Signature)

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

I, Linda Ann Wright, am the petitioner in the above-entitled case. In support of my motion to proceed in *form pauperis*, I state that because of my poverty I am unable to pay the cost 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>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>
Self-employment	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>
Income from real property (such as rental income)	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>
Interest and dividends	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>
Gifts	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>
Alimony	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>
Child Support	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>
Retirement (such as social security, pensions, annuities', insurance)	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>

<u>Disability (such as social security, insurance payments)</u>	<u>\$1,360.00</u>	<u>\$N/A</u>	<u>\$ 1,360</u>	<u>\$N/A</u>
Unemployment payments	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>
Public Assistance	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>	<u>\$N/A</u>
Other Veterans	<u>\$ 4216.59</u>		<u>\$ 4216.59</u>	
Total monthly income	<u>\$ 5576.59</u>	<u>\$N/A</u>	<u>\$ 5576.59</u>	<u>\$N/A</u>

2. List your employment history for the past two years, most recent first (Gross monthly pay before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$N/A</u>

3. List your spouse's employment history for the past two years, most recent employer first, (Gross monthly pay before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$N/A</u>

4. How much cash do you and your spouse have? \$150.00

Type of account (e.g., checking or savings)

	Amount you have	Amount your spouse has
<u>Checking and Savings</u>	<u>\$150.00</u>	<u>\$N/A</u>

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

<input checked="" type="checkbox"/> Home Illegally Taken	<input checked="" type="checkbox"/> Other real estate Destroyed
Value <u>\$300,000.00</u>	Value <u>\$300,000.00</u>

While I was kept illegally in Nursing Home U.S.A., et.al., involved!

<input checked="" type="checkbox"/> Vehicle #1	<input checked="" type="checkbox"/> Vehicle #2
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Year, make and model 2000, Silverado 2003, VW, Convertible

Illegally taken while I was in Nursing home Illegally U.S.A., et.al., involved!

See Attachment. Other assets N/A.

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
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<u>The U.S.A., et.al.,</u>	<u>\$50,000,000.00</u>	<u>\$N/A</u>
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<u>The State of CA. et.al.,</u>	<u>\$50,000,000.00</u>	<u>\$N/A</u>
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<u>The State of Texas, et.al.,</u>	<u>\$50,000,000.00</u>	<u>\$N/A</u>
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<u>Humboldt County, et.al.,</u>	<u>\$50,000,000.00</u>	<u>\$N.A</u>
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<u>Humboldt Cty Tax Collector</u>	<u>\$1,000,000.00</u>	<u>\$N/A</u>
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<u>Humboldt Cty Waste Mgmt.</u>	<u>\$ 1,000,000.00</u>	<u>\$N/A</u>
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<u>Saint Joseph Hospital, et.al.,</u>	<u>\$40,000,000.00</u>	<u>\$N/A</u>
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<u>Janssen, Malloy Needham,</u>		
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<u>Reinholtzen, Crowley, & Griego</u>	<u>\$25,000,000.00</u>	<u>\$N/A</u>
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<u>Michael Morrison of Janssen...;</u>	<u>\$10,000,000.00</u>	<u>\$N/A</u>
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<u>Mitchell, Brisso, Delaney,</u>	<u>\$25,000,000.00</u>	<u>\$N/A</u>
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<u>Vrieze, of Mitchell, Brisso;</u>	<u>\$5,000,000.00</u>	<u>\$N/A</u>
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<u>Sutter Delta Hospital, Antioch</u>	<u>\$10,000,000.00</u>	<u>\$N/A</u>
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<u>Irina Kolomey, MD, Antioch</u>	<u>\$ 5,000,000.00</u>	<u>\$N/A</u>
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<u>American Express, et.al.,</u>	<u>\$40,000,000.00</u>	<u>\$N/A</u>
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<u>Boies, Schiller & Flexnor</u>	<u>\$25,000,000.00</u>	<u>\$N/A</u>
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<u>The Moore Group</u>	<u>\$10,000,000.00</u>	<u>\$N/A</u>
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<u>Arnold Russo, Department</u>	<u>\$20,000,000.00</u>	<u>\$N/A</u>
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<u>of Veterans Affairs</u>		
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<u>Edmund Brown Junior</u>	<u>\$25,000,000.00</u>	<u>\$N/A</u>
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<u>Sheila Cullen, Sierra Pacific</u>	<u>\$25,000,000.00</u>	<u>\$N/A</u>
<u>Coast Central Credit Union</u>	<u>\$5,000,000.00</u>	<u>\$N/A</u>
<u>Wells Fargo</u>	<u>\$10,000,000.00</u>	<u>\$N/A</u>
<u>American Modern Insurance</u>	<u>\$ 1,000,000.00</u>	<u>\$N/A</u>
<u>Allegiance Behavioral Health</u>	<u>\$10,000,000.00</u>	<u>\$N/A</u>
<u>Kirkland Court Rehabilitation</u>	<u>\$25,000,000.00</u>	<u>\$N/A</u>
<u>City of Amarillo, Police, Bldg.</u>	<u>\$20,000,000.00</u>	<u>\$N/A</u>
<u>The Arbors Rehabilitation</u>	<u>\$10,000,000.00</u>	<u>\$N/A</u>
<u>NW Texas Hospital</u>	<u>\$20,000,000.00</u>	<u>\$N/A</u>
<u>BSA Rehabilitation</u>	<u>\$10,000,000.00</u>	<u>\$N/A</u>
<u>Thomas E. Creek V.A MC</u>	<u>\$ 5,000,000.00</u>	<u>\$N/A</u>
<u>Michael D. Kaitcer, Guardianship</u>	<u>\$10,000,000.00</u>	<u>\$N/A</u>
<u>University of Pittsburgh M.C.</u>	<u>\$15,000,000.00</u>	<u>\$N/A</u>
<u>Butler Veterans Medical Center</u>	<u>\$ 5,000,000.00</u>	<u>\$N/A</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>Antoinette Perry</u>	<u>Niece</u>	<u>31 * Disabled</u>
		<u>Spouse 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, bi-weekly, quarterly, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment. (include lot rented for mobile home)	<u>\$ 2,000.00</u>	<u>\$N/A</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>900.00</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>300.00</u>	\$ <u>N/A</u>
Food	\$ <u>400.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>300.00</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>300.00</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>400.00</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle payments	\$ <u>400.00</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>350.00</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payment(s)		
Homeowner's or renter's	\$ <u>100.00</u>	\$ <u>N/A</u>
Life	\$ <u>100.00</u>	\$ <u>N/A</u>
Health	\$ <u>150.00</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>80.00</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted) from wages or included in mortgage payment(s)		
(specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession or farm (attach a detailed statement)	\$ _____	\$ <u>N/A</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>

Total monthly expenses: \$_____ \$N/A

9. Do you expect any major changes in 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
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 cost of this case. See Attachment.

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

Executed on: 29 March, 2024


/s/ Linda Ann Wright, Petitioner
(Signature)

ATTACHMENT QUESTION 12.

After suffering a Stroke, having my Home and Truck illegally taken; I moved to

Pittsburgh, PA. in an Emergency. I have been paying Court Cost since 2021, Case No. 2:21-cv-01152-NR. As shown in this petition Money has been kept purposely from me, e.g., Third Circuit Court of Appeals, first Awarded Attorney's Fees, then Closed Case. Funds due me from the Veterans Affairs for back pay, was illegally withheld, Denying my Privileges, through fraud. My Home was taken through Fraud and Violation of the Fourth Amendment of the U.S. Constitution. Black Mold and pictures of home included with Insurance copy and Motion for Extension. Reason why my property was taken, Evidence.



SCAN LAW1

2 messages

Linda A. Wright <1lawrightone@gmail.com>

Sat, Dec 23, 2017 at 2:33 PM

To: Linda A. Wright <1Lawrightone@gmail.com>, jacqueline rice <ricejacqueline1@gmail.com>

jacqueline rice <[REDACTED]@gmail.com>

Thu, Oct 4, 2018 at 10:39 AM

To: LINDA WRIGHT <1lawrightone@gmail.com>

On Sat, Dec 23, 2017, 2:33 PM Linda A. Wright <1lawrightone@gmail.com> wrote:

25/1/2008

Signed because house
Flooded 3 times size

Feb 2017 and my Documents
and Health can take no more

L. Jaffet

Date: Apr 24, 2017



AMERICAN MODERN HOME INS CO.
P.O. Box 5323
Cincinnati, OH 45201-5323
1-800-543-2644

Policy:	0047769526
Claim #	319407AA
Insured	LINDA WRIGHT
Check #	0000575039
Loss Date	02/21/2017
Cause of Loss	Weather - Wind
Adjuster	Tom Theis

Send To: LINDA WRIGHT

4579 CUMMINGS RD
EUREKA, CA 95503-9752

Please find enclosed payment which has been processed on the above referenced claim

STATEMENT OF LOSS

Item	Gross Amount	Depreciation	Deductible	Prior Pymt	Over Limit(s)	Coinurance	Total
Other	0.00	0.00	-500.00	0.00	0.00	0.00	-500.00
Loss Amount	18927.34	-2008.84	0.00	0.00	0.00	0.00	16918.50

NET AMT PAID 16418.50

Each Payee must endorse this check separately in order for it to be valid. Wind damage to your property that occurred on or about 02/21/2017. Payment is made under Dwelling Coverage(s). Claimant: LINDA WRIGHT;

If you have any questions regarding payment, please contact: Tom Theis 513-947-5147

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER.



AMERICAN MODERN HOME INS CO.
P.O. Box 5323
Cincinnati, OH 45201-5323
1-800-543-2644

Date: Apr 24, 2017
56-503/422

CHECK #: 0000575039

Claim: 319407AA

\$ *****16418.50

PAY EXACTLY ***SIXTEEN THOUSAND FOUR HUNDRED EIGHTEEN AND 50 / 100 DOLLAR***

To The LINDA WRIGHT AND COAST CENTERAL CREDIT UNION
Order Of

James E. Frantz
Authorized Signature

US BANK
Miamisburg, Ohio

0000575039 10422050381 130120275016





