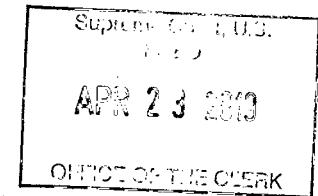


18-9039 ORIGINAL

No. \_\_\_\_\_

IN THE SUPREME COURT OF THE UNITED STATES

PHAN, KENT VU, Petitioner



v.

THE NATIONAL JEWISH HOSPITAL, ET AL, Respondents.

On Petition for a Writ of Certiorari to the  
Colorado Court of Appeal, [Tenth Circuit] Appellate District

**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

The petitioner, **Phan, Kent Vu**, asks leave to file the accompanying petition for writ of certiorari, without prepayment of costs, and to proceed *in forma pauperis*. In support of this motion, Petitioner sets forth the following:

- 1- Petitioner is 65 years old, disabled on both physical and mental.
- 2- Petitioner is currently receiving the Social Security Supplemental Income (SSI).
- 3- Petitioner is indigent and cannot afford the filing fees and more significantly cost associated with filing this Petition for Writ of Certiorari.

Dated: 04/22/2019

Respectfully submitted,



Phan, Kent Vu  
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Aurora, CO 80011  
Phone: (303) 875-5224  
Email: [hvacademy@gmail.com](mailto:hvacademy@gmail.com)

NOTARY

Subscribed and sworn to before me, in my presence,  
this 22 day of April, 20 19.  
State of Colorado }  
County of Arapahoe }   
Notary Public

|   |
|---|
| <b>NICOLE MOON</b><br><b>NOTARY PUBLIC</b><br><b>STATE OF COLORADO</b><br><b>NOTARY ID 20194008127</b><br><b>MY COMMISSION EXPIRES 02/27/2023</b> |
|---|

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

I, PHAN, KENT VU, 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<br>the past 12 months |                 | Amount expected<br>next month |                    |
|--|---|-----------------|-------------------------------|--------------------|
|  | You   | Spouse          | You                           | Spouse             |
| Employment   | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ <u>Deceased</u> |
| Self-employment  | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ _____           |
| Income from real property<br>(such as rental income)                       | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ _____           |
| Interest and dividends   | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ _____           |
| Gifts  | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ _____           |
| Alimony  | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ _____           |
| Child Support  | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ _____           |
| Retirement (such as social<br>security, pensions,<br>annuities, insurance) | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ _____           |
| Disability (such as social<br>security, insurance payments)                | \$ <u>771.00</u>                                    | \$ _____        | \$ <u>771.00</u>              | \$ _____           |
| Unemployment payments  | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ _____           |
| Public-assistance<br>(such as welfare)                                     | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ _____           |
| Other (specify): _____   | \$ <u>0.00</u>                                      | \$ _____        | \$ <u>0.00</u>                | \$ _____           |
| <b>Total monthly income:</b>   | <b>\$ <u>771.00</u></b>                             | <b>\$ _____</b> | <b>\$ <u>771.00</u></b>       | <b>\$ _____</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 |
|------------|---------|---------------------|-------------------|
| <u>n/a</u> |         |                     | \$                |
|            |         |                     | \$                |
|            |         |                     | \$                |

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 |
|------------|---------|---------------------|-------------------|
| <u>n/a</u> |         |                     | \$                |
|            |         |                     | \$                |
|            |         |                     | \$                |

4. How much cash do you and your spouse have? \$ 15.00

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 |
|---|--------------------|------------------------|
| <u>Wellsfargo Bank</u>                      | \$ <u>Checking</u> | \$ <u>120.00</u>       |
| <u>Wellsfargo Bank</u>                      | \$ <u>Savings</u>  | \$ <u>4.07</u>         |

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

Home

Value 72,000.00

Other real estate

Value 000

Motor Vehicle #1

Year, make & model 0.00

Motor Vehicle #2

Year, make & model 0.00

Value \_\_\_\_\_

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>              |
| _____                                 | \$ _____           | \$ _____                   |
| _____                                 | \$ _____           | \$ _____                   |

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<br>(include lot rented for mobile home)                               | \$ <u>262.00</u> | \$ <u>n/a</u> |
| Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>HOA Fees</u>  |               |
| Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                  |               |
| Utilities (electricity, heating fuel,<br>water, sewer, and telephone)                               | \$ <u>129.00</u> | \$ _____      |
| Home maintenance (repairs and upkeep)   | \$ <u>35.00</u>  | \$ _____      |
| Food  | \$ <u>90.00</u>  | \$ _____      |
| Clothing  | \$ <u>35.00</u>  | \$ _____      |
| Laundry and dry-cleaning  | \$ <u>20.00</u>  | \$ _____      |
| Medical and dental expenses   | \$ <u>45.00</u>  | \$ _____      |

|   | <b>You</b>       | <b>Your spouse</b> |
|---|------------------|--------------------|
| Transportation (not including motor vehicle payments)                                       | \$ 30.00         | \$ n/a             |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$ 0.00          | \$                 |
| Insurance (not deducted from wages or included in mortgage payments)                        |                  |                    |
| Homeowner's or renter's   | \$ 34.00         | \$                 |
| Life  | \$ 0.00          | \$                 |
| Health  | \$ 0.00          | \$                 |
| Motor Vehicle   | \$ 0.00          | \$                 |
| Other: _____  | \$ 0.00          | \$                 |
| Taxes (not deducted from wages or included in mortgage payments)                            |                  |                    |
| (specify): _____  | \$ 0.00          | \$                 |
| Installment payments  |                  |                    |
| Motor Vehicle   | \$ 0.00          | \$                 |
| Credit card(s)  | \$ 60.00         | \$                 |
| Department store(s)   | \$ 0.00          | \$                 |
| Other: _____  | \$ 0.00          | \$                 |
| Alimony, maintenance, and support paid to others  | \$ 10.00         | \$                 |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0.00          | \$                 |
| Other (specify): _____  | \$ 0.00          | \$                 |
| <b>Total monthly expenses:</b>  | <b>\$ 760.00</b> | \$                 |

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.

*Petitioner is disabled, and currently receiving the Social Security Supplemental Income (SSI); therefore, petitioner is unaffordable for the cost of this case.*

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

Executed on: 04/22/19, 20\_\_\_\_

*Phan Lu*  
(Signature)