

18-9039

ORIGINAL

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

PHAN, KENT VU, Petitioner

v.

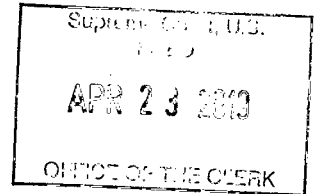
THE NATIONAL JEWISH HOSPITAL, ET AL, Respondents.

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
14896 E 2nd Ave, Apt: H106
Aurora, CO 80011
Phone: (303) 875-5224
Email: hvacademy@gmail.com

NOTARY

Subscribed and sworn to before me, in my presence,
this 22 day of April, 2019.
State of Colorado)

County of Arapahoe)


Notary Public

<p>NICOLE MOON NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20194008127 MY COMMISSION EXPIRES 02/27/2023</p>
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original

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

I, PHIAN, 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 the past 12 months		Amount expected 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 (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 security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>771.00</u>	\$ _____	\$ <u>771.00</u>	\$ _____
Unemployment payments	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Other (specify): _____	\$ <u>0.00</u>	\$ _____	\$ <u>0.00</u>	\$ _____
Total monthly income:	\$ <u>771.00</u>	\$ _____	\$ <u>771.00</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
<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>Wellsfargo Bank</u>	\$ <u>Checking</u>	\$ <u>120.00</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 0.00

☐ Motor Vehicle #1

Year, make & model 0.00

Value _____

☐ Motor Vehicle #2

Year, make & model 0.00

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

n/a

\$ n/a

\$ n/a

\$ _____

\$ _____

\$ _____

\$ _____

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

n/a

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)

\$ 262.00

\$ n/a

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

HDA Fees

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 129.00

\$ _____

Home maintenance (repairs and upkeep)

\$ 35.00

\$ _____

Food

\$ 90.00

\$ _____

Clothing

\$ 35.00

\$ _____

Laundry and dry-cleaning

\$ 80.00

\$ _____

Medical and dental expenses

\$ 45.00

\$ _____

	You	Your spouse
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	\$
Total monthly expenses:	\$ 760.00	\$

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/Vu
(Signature)