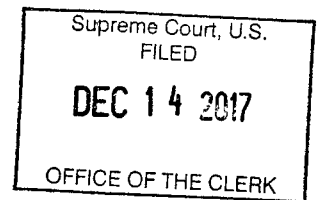


19-6387



IN THE SUPREME COURT OF THE UNITED STATES  
TERM 2020,  
CASE NO. \_\_\_\_\_

**TRENT STEVEN GRIFFIN, SR.**  
Petitioner - Appellant

v. WRIT OF CERTIORARI

**AMERICAN ZURICH INSURANCE COMPANY; WALGREENS COMPANY;  
GREG WASSON, Chief Executive Officer; JIM REILLY, SR., Director Human  
Resources; CHESTER STEVENS, District Manager; JANUARI LEWIS,  
Pharmacy Supervisor; JERRY PADILLA, Pharmacy Supervisor; FELICIA  
FELTON, Store Manager; JERLINE WASHINGTON, Pharmacy Manager;  
VANESSA STRONG, Store Manager; MIRANDA MARTINEZ, Pharmacy  
Technician; DARAVANH KHANMANIVANH, Pharmacy Technician; TEXAS  
DEPARTMENT OF INSURANCE, Division of Workers' Compensation; RYANN  
BRANNAN, Texas Workers' Compensation Commissioner; ROD BORDELON,  
in his individual capacity; Texas Workers' Compensation Commissioner;  
GREG ABBOTT, Governor, State of Texas and in his individual capacity; RICK  
PERRY, in his individual capacity; KEN PAXTON, Attorney General; OFFICE  
OF THE ATTORNEY GENERAL; HENRY WHITMAN, JR., Commissioner C.P.S.;  
STEPHEN MCKENNA, Child Support Officer; MARY IVERSON, Authorized  
Agent; WELLS FARGO BANK, N.A.; ANDREW COLE, Designated Doctor;  
NICOLE BUSH, Market Scheduler; VALERIE RIVERA, Ombudsman; THOMAS  
HIGHT, Hearing Officer; TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE  
SERVICES,**

Respondents - Appellees.

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

Pursuant to Rule 39 of the rules of this court, petitioner-appellant, Trent

GRITMAN<sup>1</sup>

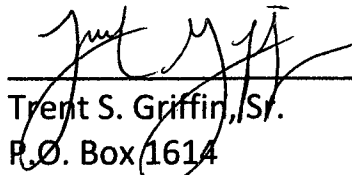
Steven Griffin, Sr., asks for leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner-Appellant has previously been granted leave to proceed *in forma pauperis* on appeal.

The petitioner-appellant's affidavit in compliance with 28 U.S.C. 1746 in support of this motion I attached hereto.

Dated: October 9, 2019.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Trent S. Griffin, Sr.", is written over a horizontal line.

Trent S. Griffin, Sr.

P.O. Box 1614

Cedar Hill, Texas 75106

678-608-8336

Email: doc.1tgriffin@gmail.com

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

I, Trent S. Griffin, Sr., 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>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>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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 (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>VASC Benefits</u>	\$ <u>~935</u>	\$ <u>N/A</u>	\$ <u>~935</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>~935</u>	\$ <u>N/A</u>	\$ <u>~935</u>	\$ <u>N/A</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
N/A	N/A	N/A	\$ N/A
			\$
			\$

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	N/A	N/A	\$ N/A
			\$
			\$

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
Chase Bank	Veterans Checking	\$ ~88 (VA benefits)	\$ N/A
		\$	\$
		\$	\$

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

☐ Home  
Value N/A

☐ Other real estate  
Value N/A

☒ Motor Vehicle #1  
Year, make & model 2003 Ford Expedition  
Value ~1000

☒ Motor Vehicle #2  
Year, make & model 2008 Ford Expedition  
Value ~5000

☐ 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
Walgreens + Walgreens Employees	\$ 125 X 10 <sup>9</sup>	\$ N/A
Wells Fargo Bank, N.A.	\$ 125 X 10 <sup>9</sup>	\$ N/A
Amer. Zurich Ins. Co.	\$ 125 X 10 <sup>9</sup>	\$ N/A

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

Name	Relationship	Age
S.J.G	daughter	13
D.M.G	son	12

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) (hotel fees)	\$ 850-1500	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 100	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ ~ 100-300	\$ N/A
Clothing	\$ ~ 100-300	\$ N/A
Laundry and dry-cleaning	\$ ~ 50	\$ N/A
Medical and dental expenses	\$ N/A	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>~200</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(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 detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>Storage</u>	\$ <u>255</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	\$ <u>~2080T</u> or ~1655↓	\$ <u>N/A</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.

① Homeless, staying in various hotels, expenses fluctuate

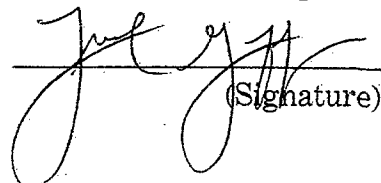
② VA Service connected source of income of \$995.

③ daughter's SSA income of \$793.

④ Total monthly income is insufficient, at \$1738 monthly income.

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

Executed on: October 9, 2019

  
(Signature)