

19-8236

U.S. Supreme Court Forms

ORIGINAL

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

IVA BROOKS —PETITIONER
(Your Name)

Supreme Court, U.S.
FILED

MAR 18 2020

OFFICE OF THE CLERK

vs.

AARON FOSTER —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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

ILLINOIS FIRST DISTRICT APPELLATE COURT

Illinois Supreme 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.


(Signature)

RECEIVED

MAR 24 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Iva Brooks, 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	\$ 180.00	\$ —	\$ uncertain global pandemic shelter-in-place order	\$ —
Self-employment	\$ 120.00	\$ —	\$ uncertain global pandemic shelter-in-place order	\$ —
Income from real property (such as rental income)	\$ 0	\$ —	\$ 0	\$ —
Interest and dividends	\$ 2.60	\$ —	\$ 2.60	\$ —
Gifts	\$ 0	\$ —	\$ uncertain global pandemic shelter-in-place order	\$ —
Alimony	\$ 0	\$ —	\$ not applicable	\$ —
Child Support	\$ 22.5	respondent paid \$270 dec/2019 respondent knew this form would be completed and published that's the only reason	\$ uncertain global pandemic shelter-in-place order	\$ —
Retirement (such as social security, pensions, annuities, insurance)	\$ 0		\$ 0	\$ —
Disability (such as social security, insurance payments)	\$ 0	\$ —	\$ 0	\$ —
Unemployment payments	\$ 0	\$ —	\$ 0	\$ —
Public-assistance (such as welfare)	\$ 0	\$ —	\$ 0	\$ —
Other (specify):	\$ 0	\$ —	\$ uncertain global pandemic shelter-in-place order	\$ —
Total monthly income:	\$ 325.50	\$ —	\$ —	\$ —

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
Allstate Insurance Matthew Levy agency	1743 1/2 55th Chicago, IL	October 2019- November 2019	\$742 (part-time, 4 hours per day)
			\$ 2.5 weeks)
			\$

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
			\$
			\$
			\$

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

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
checkings	\$ 75.00	\$ 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

2001 Saturn

Year, make & model

Value

Motor Vehicle #2

Year, make & model n/a

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
all persons, businesses, and or organizations not determined as it would pertain to income of the past 12 months qualifying to proceed in forma pauperis	\$ not yet determined	\$ —
	\$ not yet determined	\$ —
	\$ not yet determined	\$ —
	\$ not yet determined	\$ —

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
nf	daughter	11

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)	\$ 950.00	\$ —
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 105.00	\$ —
Home maintenance (repairs and upkeep)	\$ 60.00	\$ —
Food	\$ 240.00	\$ —
Clothing	\$ priority not currently applicable	\$ —
Laundry and dry-cleaning	\$ priority not currently applicable	\$ —
Medical and dental expenses	\$ 0.00	\$ —

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 56 appx	\$ —
Recreation, entertainment, newspapers, magazines, etc.	\$ priority not currently applicable	\$ —
Insurance (not deducted from wages or included in mortgage payments)		—
Homeowner's or renter's	\$ 25	\$ —
Life	\$ 0	\$ —
Health	\$ 0	\$ —
Motor Vehicle	\$ 0	\$ —
Other: _____	\$ 0	\$ —
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ —
Installment payments		
Motor Vehicle	\$ 0	\$ —
Credit card(s)	\$ 140.00	\$ —
Department store(s)	\$ 0	\$ —
Other: _____	\$ 0	\$ —
Alimony, maintenance, and support paid to others	\$ 0	\$ —
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ —
Other (specify): _____	\$ 0	\$ —
Total monthly expenses:	\$ 1536.00	\$ —

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.

an increase in income of return to work in next 12 months to increase in monthly income and pending, post initial government's recovery of the coronavirus/COVID-19 global pandemic

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:

yes, a private attorney could be applicable to the case
if feasible however not in regards to completion of this form

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 printing services fee and or mailing fees for document printing and united states postal delivery services for filings/filings copies

If yes, how much? _____

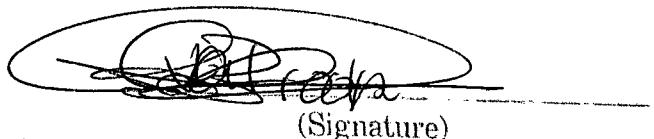
If yes, state the person's name, address, and telephone number:

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

this case has beared the burden of unnecessary financial strain, effecting work relations, and or has required use of funds which had been allocated for essential needs

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

on: March 31st, 2020



(Signature)

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Appellate Courts.

Instructions Check if applicable. Enter the Appellate Court case number. Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed. If the case caption in the trial court says "In Re:", fill in the blank line to match the trial court caption. If not, leave blank. Below that, enter the name of the person who filed the appeal as the "Appellant" and the person responding to the appeal as the "Appellee." Check the correct box for each person. At the far right, enter the trial court county the trial court case number, and trial judge's name.	THIS APPEAL INVOLVES A QUESTION OF CHILD CUSTODY, ALLOCATION OF PARENTAL RESPONSIBILITIES, ADOPTION, TERMINATION OF PARENTAL RIGHTS OR OTHER MATTER AFFECTING THE BEST INTEREST OF THE CHILD. Appellate Case No.: <u>1-18-2564</u> IN THE APPELLATE COURT OF ILLINOIS <u>FIRST</u> Domestic Relations In Re: <u>Percentage of Child Support</u> <u>Iva Brooks</u> (First, middle, last name) <input type="checkbox"/> Plaintiff <input type="checkbox"/> Petitioner Choose one <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Appellee Choose one <u>Aaron Foster</u> (First, middle, last name) <input type="checkbox"/> Defendant <input type="checkbox"/> Respondent Choose one <input type="checkbox"/> Appellant <input checked="" type="checkbox"/> Appellee Choose one District _____ Appeal from the Circuit Court of _____ County _____ Trial Court Case No.: <u>2012-D-05012</u> Honorable _____ Judge, Presiding
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**ORDER FOR
WAIVER OF COURT FEES
(APPELLATE COURT)**

Applicant Name: Iva M. Brooks
First Middle Last

Enter your full name as "Applicant."

DO NOT check any more boxes or fill in any more blanks on this form.

The Appellate Court will decide if your Application for Waiver of Court Fees is granted or denied and complete the rest of this form.

IT IS HEREBY ORDERED:

Application for Waiver of Court Fees is GRANTED. The applicant may participate in this appeal without payment of fees, costs or charges. filing fees.

Application for Waiver of Court Fees is DENIED and:

Applicant must pay all applicable fees, costs or charges by _____ OR _____

Applicant must pay all applicable fees, costs or charges as follows (describe payment plan): _____

ORDER ENTERED

AWA-O 1304.1

DEC 31 2018

MS Iva Brooks

APPELLATE COURT, FIRST DISTRICT



SUPREME COURT OF ILLINOIS

SUPREME COURT BUILDING
200 East Capitol Avenue
SPRINGFIELD, ILLINOIS 62701-1721

CAROLYN TAFT GROSBOOLL
Clerk of the Court

(217) 782-2035
TDD: (217) 524-8132

November 26, 2019

FIRST DISTRICT OFFICE
160 North LaSalle Street, 20th Floor
Chicago, IL 60601-3103
(312) 793-1332
TDD: (312) 793-6185

Iva Brooks
5480 S. Cornell
#619
Chicago, IL 60615

In re: Brooks v. Foster
125492

Today the following order was entered in the captioned case:

Application by Petitioner, *pro se*, for waiver of court fees. Allowed.

Order entered by Chief Justice Burke.

Very truly yours,

Carolyn Taft Grosboll

Clerk of the Supreme Court