

19-8236

U.S. Supreme Court Forms

ORIGINAL

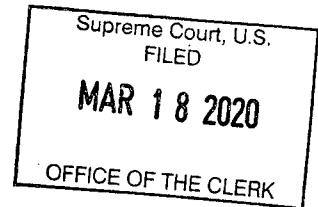
No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

\_\_\_\_\_  
IVA BROOKS —PETITIONER  
(Your Name)

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):

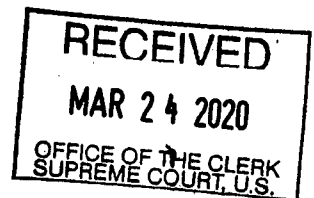
\_\_\_\_\_  
ILLINOIS FIRST DISTRICT APPELLATE COURT

\_\_\_\_\_  
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)



**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	\$ —	\$ <small>uncertain global pandemic shelter-in-place order</small> —	\$ —
Self-employment	\$ 120.00	\$ —	\$ <small>uncertain global pandemic shelter-in-place order</small> —	\$ —
Income from real property (such as rental income)	\$ 0	\$ —	\$ 0	\$ —
Interest and dividends	\$ 2.60	\$ —	\$ 2.60	\$ —
Gifts	\$ 0	\$ —	\$ <small>uncertain global pandemic shelter-in-place order</small> —	\$ —
Alimony	\$ 0	\$ —	\$ not applicable	\$ —
Child Support	\$ 22.50 <small>respondent paid \$270 dec/2019 respondent knew this form would be completed and published that's the only reason</small>	\$ —	\$ <small>uncertain global pandemic shelter-in-place order</small> —	\$ —
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	\$ —	\$ <small>uncertain global pandemic shelter-in-place order</small> —	\$ —
<b>Total monthly income:</b>	<b>\$ 325.50</b>	<b>\$ —</b>	<b>\$ —</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
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
checking	\$ 75.00	\$ n/a
	\$	\$ n/a
	\$	\$ n/a

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

<input type="checkbox"/> Home Value n/a	<input type="checkbox"/> Other real estate Value n/a
<input type="checkbox"/> Motor Vehicle #1 Year, make & model 2001 Saturn Value	<input type="checkbox"/> Motor Vehicle #2 Year, make & model n/a Value
<input type="checkbox"/> 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**

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

**Amount owed to you**

\$ not yet determined

\$ not yet determined

\$ not yet determined

\$ not yet determined

**Amount owed to your spouse**

\$ —

\$ —

\$ —

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.	\$ <small>priority not currently applicable</small>	\$ —
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	\$ —
<b>Total monthly expenses:</b>	<b>\$ 1536.00</b>	<b>\$ —</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.

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 31<sup>st</sup>, 2020

(Signature)

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

<b>Instructions</b> 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.	<b>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.</b>  Appellate Case No.: <u>1-18-2564</u>  <b>IN THE APPELLATE COURT OF ILLINOIS</b> <u>First</u> District  In Re: <u>Domestic Relations</u> <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  v. <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  Appeal from the Circuit Court of <u>Clark</u> County  Trial Court Case No: <u>2012-05012</u>  Honorable _____ Judge, Presiding
--	---

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.

**ORDER FOR WAIVER OF COURT FEES (APPELLATE COURT)**  
Applicant Name: Iva M Brooks  
First Middle Last

The Court having reviewed the Application for Waiver of Court Fees hereby finds:

- ☒ The applicant qualifies for a fee waiver.  
☐ The applicant does not qualify for a fee waiver because (must state specific reason):

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 \_\_\_\_\_  
Date

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

**ORDER ENTERED**

AWA-O 1304.1

DEC 31 2018

MS McBrat

APPELLATE COURT, FIRST DISTRICT



## SUPREME COURT OF ILLINOIS

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

CAROLYN TAFT GROSBOLL  
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,

A handwritten signature in cursive script that reads "Carolyn Taft Grosboll".

Clerk of the Supreme Court