

20-5012

No. _____

ORIGINAL

Supreme Court, U.S.
FILED

JUN 08 2020

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

Jeanette Ross (AKA Woolsey-Ross)
(Your Name) PETITIONER

VS
Virginia Child Support Enforcement - Administrative Agency
Winchester Virginia Child Support Enforcement - Winchester
Winchester Virginia Juvenile Domestic Relations / Civil part / Virginia
Honorable Judge Kellis and Unknown Judge - AS MAY 19th / Division
Document

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

IN Re → James, Eric Woolsey - Child Support Enforcement Defective on FACE
The petitioner asks leave to file the attached petition for a writ of certiorari
without prepayment of costs and to proceed in forma pauperis.

TITLE IV-D - Social Security USCFR Federal Interstate
Child Support Enforcement Director
Please check the appropriate boxes: Administrative Agency

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

UNITED STATES SUPREME COURT, WASHINGTON DC, WRIT OF
Certiorari Case # NO : 19-8138, Associated with this Writ
of PROHIBITION.

☐ 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.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: As per Rules
Laws, Codes, Statutes that Govern and the United States
Constitution and Bill of Rights

☐ a copy of the order of appointment is appended.

Jeanette Ross (AKA Woolsey)
(Signature)

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

I, Jeanette Ross (AKA Woolsey-Ross), 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	THIS IS THE MATTER ON APPEAL + WRIT OF HABEAS CORPUS			
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>783.00</u> SSI Physical Disability month	\$ <u>N/A</u>	\$ <u>783.00</u> SSI Physical Disability month	\$ <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>209.00</u>	\$ <u>209.00</u>	\$ <u>unknown</u>	\$ <u>209.00</u>
Other (specify): <u>Food Stamps</u>	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	<u>No Employment Income</u> Welfare Public Assistance <u>Food Stamps</u> SSI Physical Disability <u>SSI New York State, Brooklyn</u> <u>New York Disability \$783.00 + 23.00 New York State.</u>			

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

N/A

Amount owed to you

\$ N/A

Amount owed to your spouse

\$ 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
<u>Harold Ross</u>	<u>Husband</u>	<u>61</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 (include lot rented for mobile home)	\$ <u>725.00</u>	\$ <u>N/A</u>
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)	\$ <u>100.00</u>	\$ <u>50.00</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>Food Stamps</u>	\$ <u>Food Stamps</u>
Clothing	\$ <u>50.00</u>	\$ <u>50.00</u>
Laundry and dry-cleaning	\$ <u>45.00</u>	\$ <u>45.00</u>
Medical and dental expenses	\$ <u>Medicare</u>	\$ <u>Medicare</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>40.00</u>	\$ <u>9.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ <u>28.00</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>Medicare</u>	\$ <u>Medicare</u>
Motor Vehicle	\$ <u>50.00</u>	\$ <u>0.00</u>
Other: _____	\$ <u>189.00</u>	\$ <u>0.00</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>50</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>\$ 25.00</u>	\$ <u>25.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>200.00</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ _____	\$ <u>269.00</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? N/A

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? N/A

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

N/A

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

I am currently SSI Recipient, physically Disabled Exempt From work programs, and continue to undergo surgical procedures, which I have undergone in the last 2 years

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

Executed on: June 8th 2020, 20__

Jeanette Ross ^{AICA} *(Woolsey-Ross)*
(Signature)