

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) PETITIONER  
 (Your Name)

Virginia Child Support Enforcement - Administrative Agency  
 Winchester, Virginia  
 Winchester, Virginia Child Support Enforcement - Winchester  
 Winchester, Virginia Juvenile Domestic Relations / Civil Part, Virginia  
 Honorable Judge Willis and Unknown Judge - As of May 19, 2020  
 MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS Document  
 IN re James Eric Woolsey - Child Support Enforcement Defective on FACE  
 of a Foreign Interstate, Federal Title IV  
 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 Act Federal Interstate Child Support Enforcement Directive  
 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.

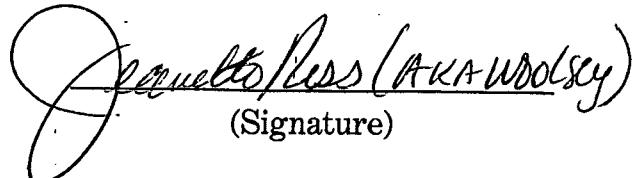
Petitioner has **not** previously been granted leave to proceed in forma pauperis in any other court.

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.

  
 (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	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Self-employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Income from real property (such as rental income)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Interest and dividends	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Gifts	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Alimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child Support	\$ THIS IS THE MATTER ON APPEAL + WRIT OF PROHIBITION	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)	\$ 183.00	\$ N/A	\$ 783.00	\$ N/A
Unemployment payments	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Public-assistance (such as welfare)	\$ 209.00	\$ 209.00	\$ UNKNOWN	\$ 209.00
Other (specify): <u>Food Stamps</u>	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

No Employment Income) Welfare, Public Assistance  
Food Stamps S.S.I. Physical Disability  
SSI New York State Broklyn  
New York Disability \$183.00 + 23.00 New York  
State.

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**

Marcel Ross

**Relationship**

Husband

**Age**

61

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)

\$ 725.00

\$ N/A

Are real estate taxes included?  Yes  No

Is property insurance included?  Yes  No

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

\$ 50.00  
\$ 100.00

\$ 50.00  
\$ 100.00

Home maintenance (repairs and upkeep)

\$ N/A

\$ N/A

Food

\$ Food Stamps

\$ Food Stamps

Clothing

\$ 50.00

\$ 50.00

Laundry and dry-cleaning

\$ 45.00

\$ 45.00

Medical and dental expenses

\$ Medicare

\$ Medicare

40

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 40.00	\$ 9.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 28.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$ N/A
Life	\$ N/A	\$ N/A
Health	\$ medicade	\$ medicade
Motor Vehicle	\$ 50.00	\$ 0.00
Other: _____	\$ 189.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ N/A	\$ N/A
Installment payments		
Motor Vehicle	\$ 50	\$ N/A
Credit card(s)	\$ N/A	\$ N/A
Department store(s)	\$ N/A	\$ N/A
Other: _____	\$ N/A	\$ N/A
Alimony, maintenance, and support paid to others	\$ 25.00	\$ 25.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify): _____	\$ 200.00	\$ N/A
<b>Total monthly expenses:</b>	<b>\$ _____</b>	<b>\$ 269.00</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.

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 8<sup>th</sup> 2020, 20\_\_

*Jeannette Ross (woolley-Ross)*  
AKA  
(Signature)