

Original form provided free of Charge by CO DOC Legal Services to
Offender Sayed DOC# 133608
Date JUN 17 2020

No. **20-5265**

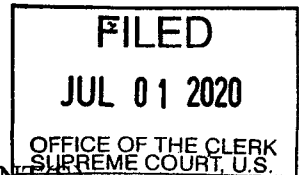
IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Hazhar A. Sayed PETITIONER

VS.

THE STATE OF COLORADO 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*.

[**XX**] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following courts(s):

Colorado Court of Appeals and Colorado 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.

Hazhar A. Sayed
Hazhar A. Sayed, #133608

AFFIDAVIT OR DECLARATION

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

I, Hazhar A. Sayed, 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.

- 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 deduction for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 6.00	\$ not married	\$ 6.00	\$ not married
Self-employment	\$ None	\$ None	\$ None	\$ None
Income from real property (such as rental income)	\$ None	\$ None	\$ None	\$ None
Interest and dividends	\$ None	\$ None	\$ None	\$ None
Gifts	\$ None	\$ None	\$ None	\$ None
Alimony	\$ None	\$ None	\$ None	\$ None
Child Support	\$ None	\$ None	\$ None	\$ None
Retirement (such as social security, pensions, annuities, insurance)	\$ None	\$ None	\$ None	\$ None
Disability (such as social security, insurance payments)	\$ None	\$ None	\$ None	\$ None
Unemployment payments	\$ None	\$ None	\$ None	\$ None
Public assistance (such as Welfare)	\$ None	\$ None	\$ None	\$ None
Other (specify) _____	\$ None	\$ None	\$ None	\$ None
Total Monthly Income	\$ 6.00	\$ not married	\$ 6.00	\$ not married

- 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
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(C.D.O.C) Inmate	49030 State Hay. 71	2006-present	\$ 6.00
	Limon, CO. 80826		\$
			\$

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
Not married			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 5.00

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
C.D.O.C	Inmate	\$ 5.00	\$ not married
		\$	\$
		\$	\$

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

☐ Home
Value none

☐ Other real estate
Value none

☐ Motor Vehicle #1
Year, Make & Model None
Value None

☐ Motor Vehicle #2
Year, Make & Model None
Value None

☐ Other assets
Description None
Value None

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
	\$	\$
<u>None</u>	\$	\$
	\$	\$

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

Name	Relationship	Age
<u>None</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>None</u>	\$ <u>None</u>
Are real estate taxes included? _____ Yes _____ No		
Is property insurance included? _____ Yes _____ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>None</u>	\$ <u>None</u>
Home maintenance (repairs and upkeep)	\$ <u>None</u>	\$ <u>None</u>
Food	\$ <u>None</u>	\$ <u>None</u>
Clothing	\$ <u>2.50</u>	\$ <u>None</u>
Laundry and dry-cleaning	\$ <u>None</u>	\$ <u>None</u>
Medical and dental expenses	\$ <u>3.00</u>	\$ <u>None</u>
Transportation (not including motor vehicle payments)	\$ <u>None</u>	\$ <u>None</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>None</u>	\$ <u>None</u>
Homeowner's or renter's	\$ <u>None</u>	\$ <u>None</u>
Life	\$ <u>None</u>	\$ <u>None</u>
Health	\$ <u>None</u>	\$ <u>None</u>
Motor Vehicle	\$ <u>None</u>	\$ <u>None</u>
Other: <u>restitution</u>	\$ <u>2.50</u>	\$ <u>None</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ <u>None</u>	\$ <u>None</u>
Installment payments:		
Motor Vehicle	\$ <u>None</u>	\$ <u>None</u>
Credit card(s)	\$ <u>None</u>	\$ <u>None</u>

Department store(s) \$ None \$ None

Other: _____ \$ None \$ None

Alimony, maintenance, and support paid to others \$ None \$ None

Regular expenses for operation of business, profession, or
farm (attach detailed statement) \$ None \$ None

Other (specify): _____ \$ None \$ None

Total monthly expenses: \$ 8.00 \$ not married

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 XX 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 XX No

11. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?

_____ Yes XX No

If yes, how much? _____

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.

: Indigent incarcerated inmate

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

Executed on: July 1, 2020.

Hazhar A. Sayed
Hazhar A. Sayed, #133608