

20-5986

No. 16-08952-M

17th Judicial Circuit

ORIGINAL
CIRCUIT

Supreme Court, U.S.
FILED

JUL 17 2020

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

Ramon Wilson — PETITIONER
(Your Name)

VS.

Jordan Gabites ^{and} Debra Gabites 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*.

Please check the appropriate boxes:

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

Michigan Supreme Court, Ct Case # 159938

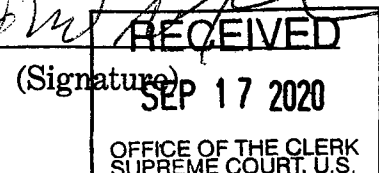
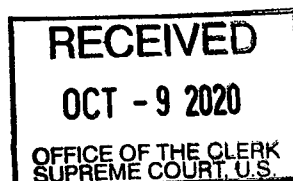
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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: _____, or

☐ a copy of the order of appointment is appended.



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

n I, Romeo Wilson, 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>00</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>00</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>00</u>	\$ _____	\$ _____	\$ _____

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
NO			\$
			\$
			\$

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
NO			\$
			\$
			\$

4. How much cash do you and your spouse have? \$
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
NONE	\$	\$
	\$	\$
	\$	\$

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

☐ Home
Value no

☐ Other real estate
Value no

☐ Motor Vehicle #1
Year, make & model no
Value

☐ Motor Vehicle #2
Year, make & model no
Value

☐ Other assets
Description none
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

no	\$	\$
	\$	\$
	\$	\$

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
none		

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)	\$ 229.00rent	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 60.00phone	\$
Home maintenance (repairs and upkeep)	\$ 00	\$
Food	\$ 25.00	\$
Clothing	\$ 25.00	\$
Laundry and dry-cleaning	\$ 25.00	\$
Medical and dental expenses	\$ 50.00	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 25.00mo.	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 5.00mo	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 29.00rent	\$
Life	\$ 00	\$
Health	\$ 00	\$
Motor Vehicle	\$ 00	\$
Other: _____	\$ 00	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 00	\$
Installment payments		
Motor Vehicle	\$ 00	\$
Credit card(s)	\$ 00	\$
Department store(s)	\$ 00	\$
Other: _____	\$ 00	\$
Alimony, maintenance, and support paid to others	\$ 00	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 00	\$
Other (specify): _____	\$ 00	\$
Total monthly expenses:	\$ 259.00	\$

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.

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:

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

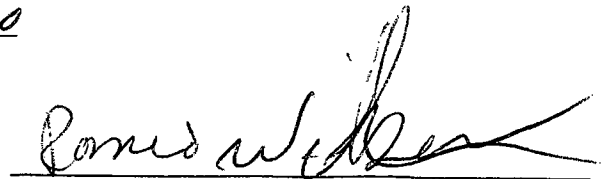
If yes, how much? _____

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.

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

Executed on: Aug 18, 2020


(Signature)

KENT CO DHS FRANKLIN DISTRICT
121 FRANKLIN SE ST
GRAND RAPIDS MI 49507

Save time - go online!
Go to www.michigan.gov/mibridges/ to
access your case online, or call (888) 642-7434.

Case Name: **Romeo Wilson**
Case Number: **100765824**
Date: **04/29/2020**
MDHHS Office: **KENT CO DHS FRANKLIN DISTRICT**
Specialist: **M. Cornwell**
Phone: **(616) 248-1230**
Fax: **(517) 346-9888**
Specialist ID: **cornwellm3**

STATE OF MICHIGAN
Department of Health and Human Services

If you do not understand this, call an MDHHS office in your area.
MDHHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de MDHHS en su área.
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتب MDHHS الموجود في منطقتك.
يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

ROMEO WILSON
APT 301
50 RANSOM AVE NE
GRAND RAPIDS MI 49503

KENT CO DHS FRANKLIN DISTRICT
121 FRANKLIN SE ST
GRAND RAPIDS MI 49507

NOTICE OF CASE ACTION

Please read each page of this notice carefully.

We have reviewed your application or case. The actions that affect your case are listed in this notice.

Comments From Your Specialist About This Notice

IMPORTANT: Your Food Assistance Program review date has been extended by six months due to the COVID-19 pandemic. You will receive a new review packet to complete and return in six months.

Benefit Summary

(more information about your benefits follows this summary)

FOOD ASSISTANCE PROGRAM

Period	Action	Benefit	Household Size
02/01/2020 - 12/31/2020	Continued	\$ 160.00/mo.	1



More Information About Benefits

Food Assistance Program Details

For the month(s) of:	Benefits are:	Amount	Who's Included
02/01/2020 - 12/31/2020	CONTINUED	\$ 160.00/mo.	Romeo Wilson

If approved for cash assistance, your benefits may go down or stop.

Your monthly income is based on your total income and expenses. Your expenses do not reduce your income dollar for dollar. The following amounts were used to determine your benefits:

Monthly Income (after deductions) \$ 112.00

BUDGET SUMMARY

Earned Income	\$ 0.00
Self Employment Income	\$ 0.00
Unearned Income	\$ 797.00
Standard Deduction	\$ 161.00
Medical Expenses	\$ 70.00
Dependent Care	\$ 0.00
Child Support Payments	\$ 0.00
Housing Costs	\$ 219.00
Heat/Utility Standard (including phone)	\$ 518.00
Non-Heat Electric Standard	\$ 0.00
Water/Sewer Standard	\$ 0.00
Telephone Standard	\$ 0.00
Cooking Fuel Standard	\$ 0.00
Trash Standard	\$ 0.00
Benefits Withheld to Repay an Overissuance	\$ 0.00

HEARING RIGHTS

You have the right to request a hearing if you do not agree with any action or decision the department makes (including failure to act with reasonable promptness). You can ask for a hearing for FAP by phone. Hearings for all other programs must be requested in writing. At the hearing you can explain why you disagree with the action or decision and present evidence.

The request should include your name, address and case number. Attach a copy of this notice if possible. Go to www.michigan.gov/documents/FIA-Pub18_14356_7.pdf to download a form to use or contact local MDHHS office shown on the first page of this notice to request a form.

- Keep a copy of the request and any other document you attach for yourself.
- MDHHS must receive your request for appeal within 90 days of the mailing date of this notice. Your request must be received on or before 03/27/2020 or you will not be granted a hearing.
- MDHHS must receive your request for an appeal within 10 days of the mailing date of this notice to continue receiving your benefits. Return your request on or before 01/08/2020.

FAMILY INFORMATION /RENT

34

Family ID#: 23326

2601612

4/15/2020

Page 1 of 1

Ransom Tower Apartments**Action: Gross Rent**

Romeo Wilson
50 Ransom Ave. Ne Apt 301,
Grand Rapids, MI 49503

Move-In Date: 04/07/2015Effective Date: 06/01/2020Tenant Rent: \$229.00Next Re-exam: 04/01/2021**Household Composition**

Members	Relationship	Gender	Birth Date	SS No.	Citizenship	Notes
Romeo Wilson	Head	M	11/01/1948	XXX-XX-2094	Eligible Citizen	Elderly & Disabled

Household Income

Members with Income	Income Description	Periodic Amount	Periodic Frequency	Annual Amount
Romeo Wilson	General Assistance	\$14.00	Monthly	\$168.00
Romeo Wilson	SSI	\$783.00	Monthly	\$9,396.00
Line A Total Anticipated Annual Income for Household:				\$9,564.00

Household Assets

Members with Assets	Asset Description	Asset Value	Anticipated Asset Income
Line B Total Asset Value (If more than , Line B * = Line C)			
Line C Imputed Asset Income (\$0.00 if Line B is not more than)			
Line D			Total Anticipated Asset Income:

The above information is what has been reported as your current household members, incomes, and assets. Also included are any allowable deductions for your family that are used in the calculation of your rent.

Please remember that you must report any changes in your household income, or asset to the Grand Rapids Housing Commission **within 10 days** of the change. You must also provide proof of the change **within 30 days** as well as get the **prior approval** for the addition of any new household member.

Signature of Resident

Approved by:

April 15, 2020

Date