

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Seth Healey — PETITIONER
(Your Name)

VS.

Vermont Department of Children and Families, et al. — 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):

U.S District Court, District of Vermont

☐ 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: _____

☒ a copy of the order of appointment is appended.

Seth Healey
(Signature)

Seth Healy

IN FORMA PAUPERIS

I, Miriam Lowell, 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.

	\$ You ^{470 Monthly} Spouse		You	Spouse
Employment	\$ 5,640 annually	\$ 0	\$	\$
Self-employment	\$ 0	\$	\$	\$
Income from real property (such as rental income)	\$ 0	\$	\$	\$
Interest and dividends	\$ 0	\$	\$	\$
Gifts	\$ 0	\$	\$	\$
Alimony	\$ 0	\$	\$	\$
Child Support	\$ 0	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$	\$
Unemployment payments	\$ 20,804	\$	\$	\$
Public-assistance (such as welfare)	\$ 0	\$	\$	\$
Other (specify):	\$	\$	\$	\$
\$:	\$	\$	\$	\$

Transportation (not including motor vehicle payments)	\$ 150	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 50	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$	\$
Department store(s)	\$	\$
Other: _____	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify): _____	\$	\$
Total monthly expenses:	\$ 206 \$ 570	\$

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

\$	--	-	--	\$	\$
<u>Pompanoosuc Mills</u>		\$			
<u>Brown's Hardwood Floors, Inc.</u>					

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.)

\$	--	-	--	\$	\$
		\$			

4. How much cash do you and your spouse have? \$ 0
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

\$ <u>1,000</u>	-	-	\$ <u>1,500</u>	\$	-	-	-
			\$	\$			
			\$	\$			
			\$	\$			

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

☒ Home
Value 77,000

☐ Other real estate
Value _____

☐ Motor Vehicle #1
Year, make & model 0
Value _____

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description 0
Value _____

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

\$ - - \$	\$	\$ - -
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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").

MW	_____	_____	_____
TW	_____	_____	_____
CL	_____	_____	_____

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☒ Yes ☐ No
Is property insurance included? ☐ Yes ☒ No

\$ 120 Taxes \$ _____

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

\$ 150 wood \$ _____

Home maintenance (repairs and upkeep)

\$ 100 \$ _____

Food

\$ _____ \$ _____

Clothing

\$ _____ \$ _____

Laundry and dry-cleaning

\$ _____ \$ _____

Medical and dental expenses

\$ _____ \$ _____

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.

Maybe a Raise in pay

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.

Could not too many bills

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

Executed on: 4-27, 2021

Jeth Healy
(Signature)

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Miriam Lowell — PETITIONER
(Your Name)

VS.

Vermont Department of Children and Families, et al.
— 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):

U.S District Court, District of Vermont

☐ 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.

Miriam Lowell
(Signature)

IN FORMA PAUPERIS

I, Miriam Lowell, 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.

	\$ You <u>\$854.08 Monthly</u> <u>10,248.98</u> Spouse <u>Annually</u>		You	Spouse
Employment	\$ <u>10,248.98</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>10,200.84</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
\$: \$	\$ _____	\$ _____	\$ _____	\$ _____

Transportation (not including motor vehicle payments)	\$ <u>100</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>20</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ <u>133</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ <u>340</u>	\$ _____
Credit card(s)	\$ <u>100</u>	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ <u>1,843</u>	\$ _____

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

TLC Homecare	-- \$10,248.98	\$	--	\$	\$
Diversified Maintenance	\$5,901.46	\$			

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.)

\$	--	\$	--	\$	\$

4. How much cash do you and your spouse have? \$ 60

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

\$	-	\$	-	\$	-
Checking		\$ 502.85			
		\$		\$	
		\$		\$	

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	<input type="checkbox"/> Other real estate
Value _____	Value _____

<input checked="" type="checkbox"/> Motor Vehicle #1	<input type="checkbox"/> Motor Vehicle #2
Year, make & model 2016 Jeep Patriot	Year, make & model _____
Value \$11,206	Value _____

<input type="checkbox"/> Other assets
Description _____
Value _____

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

\$ - - \$	\$	\$ - -
\$ - - \$	\$	\$
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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").

<u>MW</u>	_____	_____
<u>TW</u>	_____	_____
<u>CL</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.

Rent or home-mortgage payment
(include lot rented for mobile home)

\$ 0 \$ _____

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$ 150 \$ _____

Home maintenance (repairs and upkeep)

\$ _____ \$ _____

Food

\$ 800 \$ _____

Clothing

\$ 200 \$ _____

Laundry and dry-cleaning

\$ _____ \$ _____

Medical and dental expenses

\$ _____ \$ _____

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.

Covid and to many bills

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

Executed on: 4-27, 2021

Miriam Jewell
(Signature)