

No. 21-6756

IN THE
SUPREME COURT OF THE UNITED STATES

Tracy Clare Micks-Ham — PETITIONER
(Your Name)

VS.
William Paul Nichols, 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):

- 1) Michigan's 38th Circuit Court
- 2) District Court - Eastern District of Michigan

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

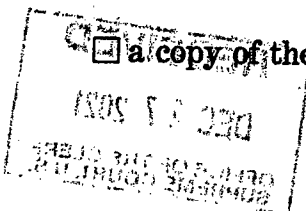
☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Tracy C. Micks-Ham
(Signature)



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

I, Tracy Charles Micks-Hepm, 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	N/A Spouse	You	N/A Spouse
Employment	\$ 0	\$ —	\$ 0	\$ —
Self-employment	\$ 0	\$ —	\$ 0	\$ —
Income from real property (such as rental income)	\$ 0	\$ —	\$ 0	\$ —
Interest and dividends	\$ 0	\$ —	\$ 0	\$ —
Gifts	\$ 0	\$ —	\$ 0	\$ —
Alimony	\$ 0	\$ —	\$ 0	\$ —
Child Support	\$ 0	\$ —	\$ 0	\$ —
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ —	\$ 0	\$ —
Disability (such as social security, insurance payments)	\$ 1275.00	\$ —	\$ 1275.00	\$ —
Unemployment payments	\$ 0	\$ —	\$ 0	\$ —
Public-assistance (such as welfare)	\$ 0	\$ —	\$ 0	\$ —
Other (specify): <u>Stimulus Check</u>	\$ 50.00/mo	\$ —	\$ 0	\$ —
Total monthly income:	\$ 1325.00	\$ —	\$ 1275.00	\$ —

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
Mrs. Sarah & Nick Suarez	521 River View Dr Monroe, MI 48162	Sep. 2019 - March 15, 2020 position completely terminated due to the Covid-19 pandemic shut-down #only 26 weeks in total.	\$ ~ 200.00 / mo in Cash.

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
/	/	/	/
/	/	/	/
/	/	/	/

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
Savings account	\$ ~ 50.00	/
/	/	/
/	/	/

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

☒ Home
Value ~ 25,000.00

☐ Other real estate
Value /

☐ Motor Vehicle #1
Year, make & model /
Value /

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

☐ Other assets
Description /
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

NONE

Amount owed to you

\$

Amount owed to your spouse

\$

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

NONE

Relationship

Age

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

N/A
Your spouse

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

\$ 0.00

\$ —

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel,
(water, sewer) and telephone)
109.00
CofMopg, T-Mobile
Home maintenance (repairs and upkeep)
(Home Warranty)

\$ 696.17/mo

\$ —

\$ 69.00/mo

\$ —

\$ 250.00/mo

\$ —

\$ 100.00/mo

\$ —

\$ 40.17/mo

\$ —

\$ 545.00

\$ —

Food

Clothing

Laundry and dry cleaning

Medical and dental expenses

BxBS Co-pay 35.00/mo
Co-pay 35.00 + \$400.00 owed to VofM
Endontis
Prescription's (pharmacy)
75.00/mo

	You	Your spouse
Transportation (not including motor vehicle payments) gasoline ~25¢/wk + 500.00 deductible due. 200.00 repairs not covered by insurance	\$ ~800.00	\$ —
Recreation, entertainment, newspapers, magazines, etc.	\$ 130.94/mo	\$ —
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's State Farm	\$ ~66.00	\$ —
Life	\$ 0	\$ —
Health Medicare & Supplemental Plan	\$ ~202.00/mo	\$ —
Motor Vehicle State Farm	\$ 191.61/mo	\$ —
Other: N/A	\$ 0	\$ —
Taxes (not deducted from wages or included in mortgage payments)		
(specify): Property Tax - billed by - yearly City of Monroe Summer Taxes = 203.23 Winter Taxes = 76.43	\$ 279.66	\$ —
Installment payments		
Motor Vehicle + Late Fee (Honda)	\$ ~664.50/mo	\$ —
Credit card(s)	\$ 0	\$ —
Department store(s)	\$ 0	\$ —
Other: AFFirm.Com	\$ 61.79/mo	\$ —
Alimony, maintenance, and support paid to others	\$ 0	\$ —
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ —
Other (specify): N/A	\$ 0	\$ —
Total monthly expenses:	\$ 4,096.84	\$ —

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 am disabled, receiving SSD I each month. I have much pain and discomfort due to fibromyalgia and nerve damage throughout my entire body which is degenerative and debilitating. I have neurogenic bowel and bladder which I have 50% function with the help of a sacral stimulator. I have 3 Spinal Cord Stimulators to help alleviate my pain issues. One for the lower 1/2 of my body and 2 more for each side of my upper body. I mobility, Breathing (Asthma/COPD) issues, stressed and anxiety issues also. I take my regular daily and PRN medications. I am unable to guarantee my ability to work a full-time RN position anymore, or I would be!

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

Executed on: November 29, , 20 21


(Signature)