

21-6904

ORIGINAL

Supreme Court, U.S.
FILED

JAN 10 2022

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

21 _____

Michel Thomas,
Petitioner

v.

Staff Link, Inc., et al,
Respondents

MOTION FOR LEAVE

Come Now Petitioner. Michel Thomas is asking this Court to grant Petitioner permission to file his petition for writ of certiorari, In Forma Pauperis due to petitioner not having the financial resources to pay the \$300.00 filing fee.

Petitioner is currently unemployed due to Covid- 19 and have no income at this time and have not have any means of income since June 26th, 2021, when Governor Abbott pulled Texas from the Pandemic Unemployment Assistance Program.

RECEIVED

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SUPREME COURT, U.S.

Petitioner is currently on SNAP (food stamps) and Fort Bend Emergency Rental Assistance, where Petitioner's rent and utilities are being paid.

Petitioner have attached an Affidavit as well as form 4, Affidavit Accompanying Motion For Permission to Appeal In Forma Pauperis.

Respectfully Submitted



Michel Thomas

1127 Eldridge Parkway #300-167 Houston, Texas 77077/ 770-255-8917/
Date: 01/10/2022

CERTIFICATE OF SERVICE

I Hereby certify that a true and correct copy of this motion for leave was sent to the respondents' attorney at 1301 McKinney Street #1900 Houston, Texas 77010, attention to Elizabeth Bolt of Littler Law Firm, via United States Postal Service Certified Mail with signed return receipt on January 10th, 2022.



Michel Thomas

AFFIDAVIT

I, Michel Thomas am over the age of 18 and is of sound mind. I have not earned any income since June 26th, 2021, when Governor Abbott opted out of the Pandemic Unemployment Assistance Program, and currently I am on food stamps (SNAP) and in the Fort Bend Emergency Rental Assistance Program, where they are paying my rent and utilities. I currently have \$240.00, with \$84.00 of that being in my checking account. At this time, I have no source of income. I own a 2003 Honda Accord and it has over 210,000 miles. All information in the Affidavit Accompanying Motion For Permission To Appeal In Forma Pauperis.

State of Texas

County of Fort Bend

I do hereby swear or affirm under the penalty of perjury that the above is true to the best of my knowledge.

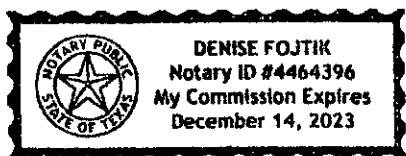
So Subscribe on 7th of January of 2022
Day Month Year

Denise Fojtik

Notary Signature

Michel Thomas

My Signature



UNITED STATES DISTRICT COURT
for the
Southern DISTRICT OF Texas

Michel Thomas

Plaintiff(s)

v.

Staff Link, Inc. et al

Defendant(s)

Case No. 4:17-cv-03902

**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: *Michel Thomas*

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 01/07/2022

My issues on appeal are: Judgments and/or orders are null and void due to no due process and lack of jurisdiction, and no applicable laws or the Constitution was applied in this case thus far.
Note: I have no spouse.

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	\$0	\$n/a	\$0	\$n/a
Self-employment	\$0	\$n/a	\$0	\$n/a
Income from real property (such as rental income)	\$0	\$n/a	\$0	\$n/a
Interest and dividends	\$0	\$n/a	\$0	\$n/a
Gifts	\$0	\$n/a	\$0	\$n/a
Alimony	\$0	\$n/a	\$0	\$n/a
Child support	\$0	\$n/a	\$0	\$n/a
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$n/a	\$0	\$n/a
Disability (such as social security, insurance payments)	\$0	\$n/a	\$0	\$n/a
Unemployment payments	\$0	\$n/a	\$0	\$n/a
Public-assistance (such as welfare)	\$0	\$n/a	\$0	\$n/a
Other (specify):	\$0	\$n/a	\$0	\$n/a
Total monthly income:	\$0	\$n/a	\$0	\$n/a

2. *List your 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
None			\$
			\$
			\$

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
n/a			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 240.00

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
First National Bank of Texas	Checking	\$84.00	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$n/a	(Value) \$n/a	(Value) \$1200.00
		Make and year: Honda 2003
		Model: Accord
		Registration #: CTK 3160

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

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
	\$0	\$n/a
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if under 18, initials only]	Relationship	Age
MS-T	daughter	11

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, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$1020.00	\$
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)	\$110.00	\$
Home maintenance (repairs and upkeep)	\$0	\$
Food	\$250.00	\$
Clothing	\$0	\$
Laundry and dry-cleaning	\$0	\$
Medical and dental expenses	\$0	\$
Transportation (not including motor vehicle payments)	\$20.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$11.00	\$
Life:	\$0	\$
Health:	\$0	\$
Motor vehicle:	\$0	\$
Other:	\$0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$
Installment payments		
Motor Vehicle:	\$0	\$
Credit card (name):	\$0	\$
Department store (name):	\$0	\$
Other:	\$0	\$
Alimony, maintenance, and support paid to others	\$0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$
Other (specify):	\$0	\$
Total monthly expenses:	\$1411.00	\$

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?* ☒ Yes ☐ No

If yes, how much? \$ 100.00 for copying and mailing.

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

I have had no income since June 26th, 2021 when the governor of Texas withdrew from the Pandemic Relief that was provided by the federal government. I am now on SNAP (food stamps) and the Fort Bend Emergency Rental Assistance program where my rent and utilities are being paid.

12. *State the city and state of your legal residence.* Richmond Texas

Your daytime phone number: (770) 255-8917

Your age: 56 *Your years of schooling:* 16

Last four digits of your social-security number: 7648