No. __-____

In the Supreme Court of the United States

LT (JG) GREG K. PARSONS, UNITED STATES NAVY (PDRL),

Petitioner,

v.

CONNIE K. COPELAND PARSONS

AND

THE STATE OF TEXAS,

Respondents.

ON PETITION FOR WRIT OF CERTIORARI
TO THE SUPREME COURT OF THE STATE OF TEXAS

MOTION TO PROCEED IN FORMA PAUPERIS

CARSON J. TUCKER, JD, MSEL,
LEX FORI, PLLC
Counsel of Record for Petitioner
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Troy, MI 48083-1030
Phone: +17348879261
cjtucker@lexfori.org

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks for leave to file without prepayment of costs and to proceed *in forma pauperis* per Court Rule 39. He now submits this motion for leave to proceed on papers prepared as required by Rule 33.2. Petitioner's signed declaration setting out his indigent status is attached and accompanies this motion.

Please check the appropriate boxes:

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

1) U.S. District Court for the Eastern District of Texas
2) 62ND Judicial District Court in Lamar County, Texas
3) Sixth District Court of Appeals in Texarkana, Texas
4) The Supreme Court of Texas

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

X 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.

____
(Signature)

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

I, GREGORY K. PARSONS, 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	$ 0.00	$ N/A	$ 0.00	$ N/A
Self-employment	$ 0.00	$ N/A	$ 0.00	$ N/A
Income from real property (such as rental income)	$ 0.00	$ N/A	$ 0.00	$ N/A
Interest and dividends	$ 0.00	$ N/A	$ 0.00	$ N/A
Gifts	$ 0.00	$ N/A	$ 0.00	$ N/A
Alimony	$ 0.00	$ N/A	$ 0.00	$ N/A
Child Support	$ 0.00	$ N/A	$ 0.00	$ N/A
Retirement (such as social security, pensions, annuities, insurance)	$ 0.00	$ N/A	$ 0.00	$ N/A
Disability (such as social security, insurance payments)	$1,310.00	$ N/A	$1,310.00	$ N/A
Unemployment payments	$ 0.00	$ N/A	$ 0.00	$ N/A
Public-assistance (such as welfare)	$ 0.00	$ N/A	$ 0.00	$ N/A
Other (specify): None	$ N/A	$ N/A	$ N/A	$ N/A
Total monthly income:	$1,310.00	$ N/A	$1,310.00	$ N/A

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
None - Disabled			$ N/A
			$
			$

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			$ N/A
			$
			$

4. How much cash do you and your spouse have? $ 66.00
Below, state any money you or your spouse have in bank accounts or any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
checking	$ 286.09	$ N/A
savings	$ 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 ________

Other real estate
Value ________

X Motor Vehicle #1
Year, make & model 2000 Buick Century
Value $400.00

Motor Vehicle #2
Year, make & model ________
Value ________

X Other assets
Description United States Naval Academy Class Ring
Value $600.00

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
None	$ 0.00	$ 0.00
	$	$
	$	$

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
N/A		

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 payment (include lot rented for mobile home) Are real estate taxes included? Yes ☒ No Is property insurance included? Yes ☒ No	$ 750.00	$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 300.00	$ N/A
Home maintenance (repairs and upkeep)	$ 300.00	$ N/A
Food	$ 900.00	$ N/A
Clothing	$ 40.00	$ N/A
Laundry and dry-cleaning	$ 20.00	$ N/A
Medical and dental expenses	$ 200.00	$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 100.00	$ N/A
Recreation, entertainment, newspapers, magazines, etc.	$ 90.00	$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 20.00	$ N/A
Life	$ 180.00	$ N/A
Health	$ 0.00	$ N/A
Motor Vehicle	$ 40.00	$ N/A
Other: None	$ 0.00	$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): MEDICARE	$ 170.10	$ N/A
Installment payments		
Motor Vehicle	$ 0.00	$ N/A
Credit card(s)	$ 0.00	$ N/A
Department store(s)	$ 0.00	$ N/A
Other: Home Security	$ 25.00	$ N/A
Alimony, maintenance, and support paid to others	$ 0.00	$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ 0.00	$ N/A
Other (specify): NONE	$ 0.00	$ N/A
Total monthly expenses:	$ 3,135.10	$ N/A

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 **X** 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 **X** 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 **X** 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.

See attached additional Declarations with Exhibits

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

Executed on: August 24, 2022.

Gregory K Parsons
(Signature)

Item 12 continued

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

I, Petitioner and Declarant, LT(J.G.) GREGORY K. PARSONS UNITED STATES NAVY, PERMANENT DISABILITY RETIRED LIST, provide this additional supporting information to help explain why I cannot pay the costs of this case as presented *infra*:

PRIMA FACIE EVIDENCE IN SUPPORT OF MOTION

I am an unemployable, totally and permanently disabled veteran rated at 100% with the Department of Veterans Affairs ("VA") as noted in Exhibit "A", a true and correct copy of his recent VA award notification attached and incorporated by reference as if fully set forth herein. His monthly VA disability compensation is legally defined as "not gross income" by 26 U.S.C. § 104(b)2(D). See also 42 U.S.C. Chapter 7 §§ 1381, 1382 & 1382c; 38 U.S.C. § 101. $0.00 income from the VA is confirmed in recently acquired Internal Revenue Service Income Tax Transcripts that reflect the time in question, and these provided pages show "[f]ull financial and tax information, such as wages and taxable income." A true and correct copy of these referenced IRS documents is attached and incorporated by reference as if fully set forth herein as Exhibit "B".

Exhibit "C", attached and incorporated by reference as if fully set forth herein, is a true and correct copy of my 2010 VA Apportionment ruling that confirms and unequivocally indicates that no portion of my compensation award shall be assignable in any legal proceeding and per 38 U.S.C. § 5301(a) as backed by the full authority of 38

U.S.C. § 511. Additionally, my disability benefits are exempt from taxation, a claim of creditors, and not to be liable to attachment, levy, or seizure by or under any legal or equitable process whatever, either before or after my receipt of them.

I am also deemed disabled by the Social Security Administration ("SSA") and rate monthly Social Security Disability Insurance ("SSDI") payments from my Trust Account scheme that is sanctioned by the Commissioner under Title 42 Sections 301 et seq. Exhibit "D" is a true and correct copy of my 2022 FORM SSA-4926-SM-DI entitled ***Your New Benefit Amount*** mailed to me by SSA in late December 2021 and confirms that my current monthly Medicare Part B premium of $170.10 is deducted from my awarded monthly SSDI payments of $1,310.10 and is attached and incorporated by reference as if fully set forth herein. SSDI payments are also noted as the sole annual income "Disability Benefits Paid" to me as listed in my IRS Wage and Income Transcripts. (Exhibit B). A monthly net amount of $1,140.00 is paid to me monthly. My current 2022 annualized SSDI benefits amount before required deductions are on pace to be $15,721.00. Form 1099-SM mailed to me in January 2022 by SSA also confirms that I received $14,850.00 in total awarded disability benefits during 2021. A true and correct copy of that document is also included as Exhibit "E".

The federal poverty guidelines published annually by the United States Department of Health and Human Services ("HHS") show that an amount for a one-person household is currently promulgated to be $13,590 for 2022 and is posted for public viewing at the

HHS website.[1] Therefore, according to TEX R. CIV. P. RULE 145, the standard for review amount in this instant case is 200% of $13,590 or $27,180. Declarant's income is well below the poverty guidelines.

As declarant, my SSDI payments are benefits based upon a complex weighted formula scheme of his ***past*** average covered ***earnings*** for years specifically termed "Average Indexed Monthly Earnings" ("AIME"). (emphasis added) The formula is applied to my AIME to calculate my Primary Insurance Amount ("PIA"); the base figure that SSA uses in setting my monthly insurance benefit payment. As established, I am totally disabled and physically unable to render any personal service, of whatever nature, as an 'employee.' The SSA is not my employer. Therefore, my monthly SSDI benefit will never be legally defined as remuneration for employment and does not count toward my 'aggregate disposable earnings.' My monthly SSDI payments are not based on current wages for personal service.

Section 207 of the Social Security Act states at 42 U.S.C. § 407 (a) IN GENERAL

> The right of any person to any future payment under this subchapter shall not be transferable or assignable, at law or in equity, and none of the moneys paid or payable or rights existing under this subchapter shall be subject to execution, levy, attachment, garnishment, or other legal process, or to the operation of any bankruptcy or insolvency law.[2]

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1 *2022 POVERTY GUIDELINES*, U.S. Department of Health & Human Services at https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines (last visited August 24, 2022)

2 *Bennett v. Arkansas*, 485 U.S. 395 (1988) Held: "The Arkansas statute violates the Supremacy Clause. There is no 'implied exception' to the express language of § 407(a) and its clear intent that Social Security benefits not be attachable, . . . The State is not a statutorily intended beneficiary of petitioner's Social Security benefits. *Rose v. Rose,* 481 U. S. 619, distinguished."

My current SSA Statement and Earnings Record ("SEQY") is attached as Exhibit F and unequivocally indicates that I have had zero earnings since 1992. I also applied for free legal services through a provider listed in (d)(2) of RULE 145 of TEX R CIV P. and was determined to be financially eligible but was declined representation as described within part (3) and as demonstrated in that attached letter and Exhibit G.

I was granted *In Forma Pauperis* status by the Honorable U.S. Magistrate Judge, Christine Nowak, in her signed order dated the 8th day of August 2018. Exhibit "H" is a true and correct copy of this order that is attached and incorporated by reference as if fully set forth herein. I was also granted my *Motion to Proceed as Pauper* surrounding this civil matter in the 62ND Judicial District Court of Lamar County, Texas. Exhibit "I" is a true and correct copy of that particular order that is attached and incorporated by reference as if fully set forth herein.

CONCLUSION

For the additional preceding reasons, I respectfully request that this Court grant me indigency status and allow me to proceed in this matter as a pauper without payment of fees, costs, or security.

Exhibit A

PO BOX 4444
JANESVILLE WI 53547-4444

January 14, 2022

Veteran's Name:
Parsons, Gregory, Keith

[redacted] GREGORY K PARSONS
2740 BRIARWOOD DR
PARIS TX 75460

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: [redacted]72
You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Navy, Honorable, 26-May-1982 - 28-Feb-1985

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes
Your combined service-connected evaluation is: 70 PERCENT
The effective date of the last change to your current award was: 01-DEC-2021

~~Are you being paid at the 100 percent rate because you are unemployable due to your service-connected~~ disabilities: Yes
Are you considered to be totally and permanently disabled due to your service-connected disabilities: Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at https://iris.custhelp.va.gov/.

Sincerely yours,

Regional Office Director

NE201221

Enclosure(s): What Things Affect Your Rights To Payment

Exhibit B

Internal Revenue Service
United States Department of the Treasury
MEMPHIS, TN 37501-1498

Tracking ID: 10041[redacted]
Date of Issue: 11-08-2018

[redacted]

GREGORY K PARSONS
[redacted]
PARIS, TX 75460

[redacted]

Tax Period: December, 2009

Information about the Request We Received

In this letter, we'll report the status of the request we received.

The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

We're enclosing the relevant information from W-2 form, or forms, and/or 1099 information for the available tax period or periods.

If you have any questions about information contained in the transcripts or other enclosed information, please call us at the IRS telephone number listed in your local directory or at 1-800-829-0922.

Sincerely Yours

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-08-2018
Response Date: 11-08-2018
Tracking Number: 10041[redacted]

Wage and Income Transcript

SSN Provided: XXX-XX-[redacted]442
Tax Period Requested: December, 2009

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-[redacted]442
GREG
[redacted]

Submission Type:.......................................Original document
Account Number (Optional):.......................................N/A
Pensions and Annuities (Total Benefits Paid):........................$12,616.00
Tax Withheld:.......................................0.00
Repayments:.......................................0.00
Workman's Compensation Offset:.......................................0.00
TY 2008 Payments:.......................................0.00
TY 2007 Payments:.......................................0.00
TY 2006 Payments:.......................................0.00
TY 2005 Payments:.......................................0.00
Trust Fund Indicator:.......................................Disability
SSA/RRB Payments:...............................Either RRB or SSA payments

Form 1099-INT

Payer:
Payer's Federal Identification Number (FIN):XXXXX[redacted]
UNIT
[redacted]

Recipient:
Recipient's Identification Number:XXX-XX-[redacted]442
GREG
[redacted]

Submission Type:.......................................Original document
Account Number (Optional):.......................XXXXXXXXXXXXXXX[redacted]442
Interest:.......................................$16.00
Tax Withheld:.......................................$0.00
Savings Bonds:.......................................$0.00
Investment Expense:.......................................$0.00
Interest Forfeiture:.......................................$0.00
Foreign Tax Paid:.......................................$0.00
Second Notice Indicator:.......................................No Second Notice

This Product Contains Sensitive Taxpayer Data

Internal Revenue Service
United States Department of the Treasury
MEMPHIS, TN 37501-1498

Tracking ID: 10041[redacted]
Date of Issue: 11-08-2018

[redacted]

GREGORY K PARSONS
[redacted]
PARIS, TX 75460

[redacted]

Tax Period: December, 2010

Information about the Request We Received

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Sincerely Yours,
Patricia LaPosta

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-08-2018
Response Date: 11-08-2018
Tracking Number: 10041[redacted]

Wage and Income Transcript

SSN Provided: XXX-XX-[redacted]442
Tax Period Requested: December, 2010

[redacted]

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-[redacted]442
GREG
[redacted]

Submission Type:...Original document
Account Number (Optional):...N/A
Pensions and Annuities (Total Benefits Paid):........................$12,618.00
Tax Withheld:..0.00
Repayments:..0.00
Workman's Compensation Offset:.......................................0.00
TY 2009 Payments:..0.00
TY 2008 Payments:..0.00
TY 2007 Payments:..0.00
TY 2006 Payments:..0.00
Trust Fund Indicator:..Disability
SSA/RRB Payments:....................................Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data

Internal Revenue Service
United States Department of the Treasury
MEMPHIS, TN 37501-1498

Tracking ID: 10041[redacted]
Date of Issue: 11-08-2018

[redacted]

GREGORY K PARSONS
[redacted]
PARIS, TX 75460

Tax Period: December, 2011

Information about the Request We Received

In this letter, we'll report the status of the request we received.

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Sincerely Yours,
Patricia LaPosta

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-08-2018
Response Date: 11-08-2018
Tracking Number: 10041[redacted]

Wage and Income Transcript

SSN Provided: XXX-XX-[redacted]442
Tax Period Requested: December, 2011

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-[redacted]442
GREG
[redacted]

Submission Type:	Original document
Account Number (Optional):	N/A
Pensions and Annuities (Total Benefits Paid):	$12,618.00
Tax Withheld:	0.00
Repayments:	0.00
Workman's Compensation Offset:	0.00
TY 2010 Payments:	0.00
TY 2009 Payments:	0.00
TY 2008 Payments:	0.00
TY 2007 Payments:	0.00
Trust Fund Indicator:	Disability
SSA/RRB Payments:	Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data

Internal Revenue Service
United States Department of the Treasury
MEMPHIS, TN 37501-1498

Tracking ID: 10041[redacted]
Date of Issue: 11-08-2018

[redacted]

GREGORY K PARSONS
[redacted]
PARIS, TX 75460

Tax Period: December, 2012

Information about the Request We Received

In this letter, we'll report the status of the request we received.

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Sincerely Yours,

Patricia LaPosta

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-08-2018
Response Date: 11-08-2018
Tracking Number: 10041[redacted]

Wage and Income Transcript

SSN Provided: XXX-XX-[redacted]442
Tax Period Requested: December, 2012

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-[redacted]442
GREG
[redacted]

Submission Type:..Original document
Account Number (Optional):..N/A
Pensions and Annuities (Total Benefits Paid):.......................$13,066.00
Tax Withheld:..0.00
Repayments:..0.00
Workman's Compensation Offset:...0.00
TY 2011 Payments:..0.00
TY 2010 Payments:..0.00
TY 2009 Payments:..0.00
TY 2008 Payments:..0.00
Trust Fund Indicator:..Disability
SSA/RRB Payments:....................................Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data

Internal Revenue Service
United States Department of the Treasury
MEMPHIS, TN 37501-1498

Tracking ID: 10041[redacted]
Date of Issue: 11-08-2018

[redacted]

GREGORY K PARSONS
[redacted]
PARIS, TX 75460

Tax Period: December, 2013

Information about the Request We Received

In this letter, we'll report the status of the request we received.

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Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-08-2018
Response Date: 11-08-2018
Tracking Number: 10041[redacted]

Wage and Income Transcript

SSN Provided: XXX-XX-[redacted]442
Tax Period Requested: December, 2013

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-[redacted]442
GREG
[redacted]

Submission Type:....................................Original document
Account Number (Optional):..................................N/A
Pensions and Annuities (Total Benefits Paid):..................$13,294.00
Tax Withheld:...0.00
Repayments:...0.00
Workman's Compensation Offset:............................0.00
TY 2012 Payments:...0.00
TY 2011 Payments:...0.00
TY 2010 Payments:...0.00
TY 2009 Payments:...0.00
Trust Fund Indicator:..............................Disability
SSA/RRB Payments:...................Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data

Internal Revenue Service
United States Department of the Treasury
MEMPHIS, TN 37501-1498

Tracking ID: 10041[redacted]
Date of Issue: 11-08-2018

[redacted]

GREGORY K PARSONS
[redacted]
PARIS, TX 75460

[redacted]

Tax Period: December, 2014

Information about the Request We Received

In this letter, we'll report the status of the request we received.

The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

We're enclosing the relevant information from W-2 form, or forms, and/or 1099 information for the available tax period or periods.

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Sincerely Yours,
Patricia LaPosta

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-08-2018
Response Date: 11-08-2018
Tracking Number: 10041[redacted]

Wage and Income Transcript

SSN Provided: XXX-XX-[redacted]442
Tax Period Requested: December, 2014

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-[redacted]442
GREG
[redacted]

Submission Type:...Original document
Account Number (Optional):..N/A
Pensions and Annuities (Total Benefits Paid):.........................$13,486.00
Tax Withheld:...0.00
Repayments:...0.00
Workman's Compensation Offset:..0.00
TY 2013 Payments:...0.00
TY 2012 Payments:...0.00
TY 2011 Payments:...0.00
TY 2010 Payments:...0.00
Trust Fund Indicator:...Disability
SSA/RRB Payments:...................................Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data

Internal Revenue Service
United States Department of the Treasury
MEMPHIS, TN 37501-1498

Tracking ID: 10041[redacted]
Date of Issue: 11-08-2018

[redacted]

GREGORY K PARSONS
[redacted]
PARIS, TX 75460

[redacted]

Tax Period: December, 2015

Information about the Request We Received

In this letter, we'll report the status of the request we received.

The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

We're enclosing the relevant information from W-2 form, or forms, and/or 1099 information for the available tax period or periods.

If you have any questions about information contained in the transcripts or other enclosed information, please call us at the IRS telephone number listed in your local directory or at 1-800-829-0922.

Sincerely Yours,
Patricia LaPosta

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-08-2018
Response Date: 11-08-2018
Tracking Number: 10041[redacted]

Wage and Income Transcript

SSN Provided: XXX-XX-[redacted]442
Tax Period Requested: December, 2015

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-[redacted]442
GREG
[redacted]

Submission Type:..Original document
Account Number (Optional):..N/A
Pensions and Annuities (Total Benefits Paid):........................$13,714.00
Tax Withheld:..0.00
Repayments:..0.00
Workman's Compensation Offset:.......................................0.00
TY 2014 Payments:..0.00
TY 2013 Payments:..0.00
TY 2012 Payments:..0.00
TY 2011 Payments:..0.00
Trust Fund Indicator:..Disability
SSA/RRB Payments:..................................Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data

Internal Revenue Service

United States Department of the Treasury

MEMPHIS, TN 37501-1498

Tracking ID: 10041[redacted]
Date of Issue: 11-08-2018

[redacted]

GREGORY K PARSONS
[redacted]
PARIS, TX 75460

Tax Period: December, 2016

Information about the Request We Received

In this letter, we'll report the status of the request we received.

The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

We're enclosing the relevant information from W-2 form, or forms, and/or 1099 information for the available tax period or periods.

If you have any questions about information contained in the transcripts or other enclosed information, please call us at the IRS telephone number listed in your local directory or at 1-800-829-0922.

Sincerely Yours,

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-08-2018
Response Date: 11-08-2018
Tracking Number: 10041[redacted]

Wage and Income Transcript

SSN Provided: XXX-XX-[redacted]442
Tax Period Requested: December, 2016

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-[redacted]442
GREG
[redacted]

Submission Type:...Original document
Account Number (Optional):...N/A
Pensions and Annuities (Total Benefits Paid):.......................$13,714.00
Tax Withheld:...0.00
Repayments:...0.00
Workman's Compensation Offset:..0.00
TY 2015 Payments:...0.00
TY 2014 Payments:...0.00
TY 2013 Payments:...0.00
TY 2012 Payments:...0.00
Trust Fund Indicator:...Disability
SSA/RRB Payments:.................................Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data

Internal Revenue Service
United States Department of the Treasury
MEMPHIS, TN 37501-1498

Tracking ID: 10041[redacted]
Date of Issue: 11-08-2018

[redacted]

GREGORY K PARSONS
[redacted]
PARIS, TX 75460

Tax Period: December, 2017

Information about the Request We Received

In this letter, we'll report the status of the request we received.

The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

We're enclosing the relevant information from W-2 form, or forms, and/or 1099 information for the available tax period or periods.

If you have any questions about information contained in the transcripts or other enclosed information, please call us at the IRS telephone number listed in your local directory or at 1-800-829-0922.

Sincerely Yours,

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income

Internal Revenue Service
United States Department of the Treasury

Request Date: 11-08-2018
Response Date: 11-08-2018
Tracking Number: 10041[redacted]

Wage and Income Transcript

SSN Provided: XXX-XX-[redacted]442
Tax Period Requested: December, 2017

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-[redacted]442
GREG
[redacted]

Submission Type:.....Original document
Account Number (Optional):.....N/A
Pensions and Annuities (Total Benefits Paid):.....$13,764.00
Tax Withheld:.....0.00
Repayments:.....0.00
Workman's Compensation Offset:.....0.00
TY 2016 Payments:.....0.00
TY 2015 Payments:.....0.00
TY 2014 Payments:.....0.00
TY 2013 Payments:.....0.00
Trust Fund Indicator:.....Disability
SSA/RRB Payments:.....Either RRB or SSA payments

Exhibit C

Department of
Veterans Affairs
701 CLAY AVE
WACO TX 76799

83 October 16, 2009

In Reply Refer To:

GREGORY K PARSONS
[redacted]
PARIS TX 75460

File Number:
[redacted]
PAYEE NO 00
G K PARSO

We have received your application for benefits. It is our sincere desire to decide your case promptly. However, as we have a great number of claims, action on yours may be delayed. We are now in the process of deciding whether additional evidence or information is needed. If we need anything else from you, we will contact you, so there is no need to contact us in the meantime. If you do write us, be sure to show YOUR file number and full name, or have it at hand if you call.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

IF YOU RESIDE IN THE CONTINENTAL UNITED STATES, ALASKA, HAWAII OR PUERTO RICO, YOU MAY CONTACT VA WITH QUESTIONS AND RECEIVE FREE HELP BY CALLING OUR TOLL-FREE NUMBER 1-800-827-1000 (FOR HEARING IMPAIRED TDD 1-800-829-4833).

SANDE JONES

VETERANS SERVICE CENTER MANAGER

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
One Veterans Plaza
701 Clay Avenue
Waco TX 76799-0001

FEB 01 2010

GREGORY K PARSONS
[redacted]
PARIS TX 75460

In reply, refer to:
349/214C
File Number: [redacted]
Gregory K. Parsons

IMPORTANT -- reply needed

Dear Mr. Parsons:

We have received a request for an apportionment of your VA benefits on behalf of Connie for Karyn, Alisen and Davis.

To assist us in making this determination, furnish the following information on the enclosed VA Form 21-4138 and complete the VA Form 21-0788.

(1) Itemize your monthly income from all sources - identifying each source.

(2) Show the value of any property, such as stocks, bonds, bank accounts, or real estate owned by you.

(3) Provide an itemized list of your average monthly expenses for yourself and for any dependents living with you.

(4) State the average monthly amount you contribute toward the support of your spouse and/or children who do not live with you.

(5) Please be sure to furnish all family income.

(6) Explain what hardship would occur if we do pay a share of your award to your spouse and/or children not living with you.

The authority for apportionment of VA benefits is Section 5307 of Title 38, United States Code. If we grant an apportionment of your benefits, we will reduce your award by the monthly amount of any apportionment granted effective November 1, 2009. This adjustment will result in an overpayment of benefits. If the proposed decision is implemented, you will be notified of the exact amount of the overpayment and given information about repayment. In order to minimize this potential overpayment, we will withhold $500.00 monthly effective April 1, 2010. You should furnish the information we have requested within 60 days. Otherwise, we will make our decision at that time on the evidence we have received from the claimant.

CONNIE K PARSONS

File Number: [redacted]
Gregory K. Parsons

Submission of Evidence: Your payment will continue at the present rate for 60 days following the date of this notice so that you may, if you wish, submit evidence to show that the proposed action should not be taken. You may submit evidence in person, through the mail or through your accredited representative.

If you wait more than 60 days to submit evidence, we will carefully consider whatever you submit, but the adjustment of benefits described above will already have gone into effect and your benefits will continue in that status while we review the additional evidence.

Minimizing Potential Overpayment: You should be aware that if you continue to accept payments at the present rate for the next 60 days and it is then determined that the proposed adjustment must be made, you will have to repay all or a part of the benefits you have received during the 60 days. You may minimize this potential overpayment by sending us a written statement asking that, beginning with your next check, we reduce your payments while we review your case. If you make this request and at the end of 60 days our review shows that you should have received the higher rate, we will restore the full rate from the date on which it was reduced.

Personal Hearing: If you desire a personal hearing to present evidence or argument on any point of importance in your claim, notify this office and we will arrange a time and place for the hearing. You may bring witnesses if you desire and their testimony will be entered in the record. VA will furnish the hearing room and provide hearing officials. VA cannot pay any other expenses of the hearing since a personal hearing is held only on your request.

If within 30 days from the date of this notice you request a hearing, payments will continue at the present rate until the hearing is held and the testimony is reviewed. You should be aware that continuing to receive the current rate of payment until a hearing is conducted could result in the creation of an overpayment which must be repaid. If you request a hearing but wish to minimize any overpayment which could result, you should submit a statement asking that your benefits be reduced or suspended beginning with your next check.

After 30 days you may request a hearing, but benefits may already have been adjusted as explained earlier in this notice.

Representation: You may be represented, without charge, by an accredited representative of a veterans organization or other service organization recognized by the Secretary of Veterans Affairs, or you may employ an attorney or secure a local Legal Aid Service counsel to assist you with your claim.

CONNIE K PARSONS

File Number: [redacted]
Gregory K. Parsons

If you desire representation, let us know and we will send you the necessary forms. If you have already designated a representative, no further action on your part is required.
If you can FAX the information, please include a copy of this letter in your transmission. Our FAX number is (254)299-9277.

Sincerely yours,

Sande Jones

SANDE JONES
Veterans Service Center Manager

Email us at: https://iris.va.gov

Enclosures: VA Form 21-4138
VA Form 21-0788

cc: DAV

214C/362 KPC:kpc

APR 0 8 2013

DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
One Veterans Plaza
701 Clay Avenue
Waco TX 76799

In Reply Refer To: 349/214C
CSS [redacted]
PARSONS, G K

GREGORY K PARSONS
[redacted]
PARIS TX 75460

Dear Mr. Parsons:

We have carefully considered the claim for an apportionment share of your benefits. After reviewing all evidence submitted by Connie Parsons, we decided the claim for an apportionment must be denied because claimant failed to show a need for additional apportionment of your benefits.

As the apportionment claim has been denied, your benefits will continue without reduction. The claimant has the right to appeal our decision within 60 days of the date of notification. If the decision is appealed, you may be asked to furnish additional information, and your benefits may be reduced.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal.

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number [redacted].

[redacted]

CSS [redacted]
Parsons, G K

If you are looking for general information about benefits and eligibility, you should visit our website at https://www.va.gov, or search the Frequently Asked Questions (FAQs) at https://iris.va.gov.

A copy of this letter was sent to Disabled American Veterans, (254) 299-9932, because you appointed them as your representative. If you have questions or need assistance completing forms/claim, etc., you can also contact them.

Sincerely yours,

Darlene Jones

DARLENE JONES
Assistant Director
Acting Veterans Service Center Manager

Email us at: https://iris.va.gov

Enclosure: VA Form 4107

cc: DAV

214C/095 [redacted] ACS/acs

Department of Veterans Affairs

YOUR RIGHTS TO APPEAL OUR DECISION

After careful and compassionate consideration, a decision has been reached on your claim. If we were not able to grant some or all of the VA benefits you asked for, this form will explain what you can do if you disagree with our decision. If you do not agree with our decision, you may:

- appeal to the Board of Veterans' Appeals (the Board) by telling us you disagree with our decision
- give us evidence we do not already have that may lead us to change our decision

This form will tell you how to appeal to the Board and how to send us more evidence. You can do either one or both of these things.

NOTE: Please direct all new evidence to the address at the top of our letter. Do not send evidence directly to the Board until you receive written notice from the Board that they received your appeal.

WHAT IS AN APPEAL TO THE BOARD OF VETERANS' APPEALS?

An appeal is your formal request that the Board review the evidence in your VA file and review the law that applies to your appeal. The Board can either agree with our decision or change it. The Board can also send your file back to us for more processing before the Board makes its decision.

HOW CAN I APPEAL THE DECISION?

How do I start my appeal? To begin your appeal, write us a letter telling us you disagree with our decision. This letter is called your "Notice of Disagreement." If we denied more than one claim for a benefit (for example, if you claimed compensation for three disabilities and we denied two of them), please tell us in your letter which claims you are appealing. ***Send your Notice of Disagreement to the address at the top of our letter.***

What happens after VA receives my Notice of Disagreement? We will either grant your claim or send you a Statement of the Case. A Statement of the Case describes the facts, laws, regulations, and reasons that we used to make our decision. We will also send you a VA Form 9, "Appeal to Board of Veterans' Appeals," with the Statement of the Case. You must complete this VA Form 9 and return it to us if you want to continue your appeal.

How long do I have to start my appeal? You have one year to appeal our decision. ***Your*** letter saying that you disagree with our decision must be postmarked (or received by us) within one year from the date of ***our*** letter denying you the benefit. In most cases, you cannot appeal a decision after this one-year period has ended.

What happens if I do not start my appeal on time? If you do not start your appeal on time, our decision will become final. Once our decision is final, you cannot get the VA benefit we denied unless you either:

- show that we were clearly wrong to deny the benefit ***or***
- send us new evidence that relates to the reason we denied your claim

Can I get a hearing with the Board? Yes. If you decide to appeal, the Board will give you a hearing if you want one. The VA Form 9 we will send you with the Statement of the Case has complete information about the kinds of hearings the Board offers and convenient check boxes for requesting a Board hearing. The Board does not require you to have a hearing. It is your choice.

Where can I find out more about appealing to the Board?

- You can find a "plain language" booklet called "How Do I Appeal," on the Internet at: http://www.va.gov/vbs/bva/pamphlet.htm. The booklet also may be requested by writing to: Mail Processing Section (014), Board of Veterans' Appeals, 810 Vermont Avenue, NW, Washington, DC 20420.
- You can find the formal rules for appealing to the Board in the Board's Rules of Practice at title 38, Code of Federal Regulations, Part 20. You can find the complete Code of Federal Regulations on the Internet at: http://www.gpoaccess.gov/cfr/index.html. A printed copy of the Code of Federal Regulations may be available at your local law library.

(Please continue reading on page 2)

Can I get someone to help me with my appeal to the Board? Yes. You can have a veterans' service organization representative, an attorney-at-law, or an "agent" help you with your appeal. But you are not required to have someone represent you. It is your choice.

- Representatives who work for accredited veterans' service organizations know how to prepare and present claims and will represent you. You can find a listing of these organizations on the Internet at: http://www.va.gov/vso.
- A private attorney or an "agent" can also represent you. If applicable, your local bar association may be able to refer you to an attorney with experience in veterans' law. VA only recognizes attorneys who are licensed to practice in the United States or in one of its territories or possessions. An agent is a person who is not a lawyer, but who VA recognizes as being knowledgeable about veterans' law. Contact us if you would like to know if there is a VA accredited agent in your area.

Do I have to pay someone to help me with my appeal to the Board? It depends on who helps you. The following explains the differences.

- Veterans' service organizations will represent you for free.
- Attorneys or agents can charge you for helping you under some circumstances. Paying their fees for helping you with your appeal to the Board is your responsibility. If you do hire an attorney or agent to represent you, one of you must send a copy of any fee agreement to the following address within 30 days from the date the agreement is executed: Office of the General Counsel (022D), 810 Vermont Avenue, NW, Washington, DC 20420. *See* 38 C.F.R. 14.636(g). If the fee agreement provides for the direct payment of fees out of past-due benefits, a copy of the agreement must also be filed with us at the address at the top of our letter. *See* 38 C.F.R. 14.636(h)(4).

CAN I GIVE VA ADDITIONAL EVIDENCE?

Yes. You can send us more evidence to support a claim whether or not you appeal to the Board. **If you want to appeal, though, do not forget the one-year time limit!**

If you have more evidence to support a claim, it is in your best interest to give us that evidence as soon as you can. We will consider your evidence and let you know whether it changes our decision. Please keep in mind that we can only consider new evidence that: (1) we have not already seen and (2) relates to your claim. You may give us this evidence either in writing or at a personal hearing.

In writing. To support your claim, you may send documents and written statements to us at the address on the top of our letter. Tell us in a letter how these documents and statements should change our earlier decision.

At a personal hearing. You may request a local hearing with us at any time. This hearing is separate from any Board hearing you might ask for later if you appeal. We do not require you to have one. It is your choice. At this hearing, you may speak, bring witnesses to speak on your behalf, and hand us written evidence. If you want a hearing, send us a letter asking for a hearing. Use the address at the top of our letter. We will then:

- arrange a time and place for the hearing
- provide a room for the hearing
- assign someone to hear your evidence
- make a written record of the hearing

WHAT HAPPENS AFTER I GIVE VA EVIDENCE?

We will review the record of the hearing and other new evidence, together with the evidence we already have. We will then decide if we can grant your claim. If we cannot grant your claim and you appeal, we will send the new evidence and the record of any local hearing to the Board.

Department of Veterans Affairs
Regional Office
One Veterans Plaza
701 Clay
Waco, TX 76799

OFFICIAL BUSINESS

VA Denies
Connie Apportionment

UNITED STATES POSTAGE
PITNEY BOWES
02 1M $ 00.44[0]
0004273806 APR 08 2010
MAILED FROM ZIP CODE 76798

GREGORY K PARSONS
[redacted]
PARIS TX 75460

75460$3389 C002

Exhibit D

SOCIAL SECURITY ADMINISTRATION
PO Box 67610
Wilkes-Barre, PA 18767-7610
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

FIRST-CLASS MAIL
PRESORTED
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO.G-11

Securing today
and tomorrow

GREGORY K PARSONS
2740 BRIARWOOD
PARIS TX 75460-3389
[redacted]

00192-08119-1213

CU3633933-1500363502З-1

Printed on recycled paper Form SSA-4926-SM-DI (1-2022)

GPO U.S. GOVERNMENT PUBLISHING OFFICE: 2022 419-163/10002

SCAM ALERT

Scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!

If you receive a suspicious call:

1. **HANG UP!**
2. **DO NOT GIVE THEM MONEY OR PERSONAL INFORMATION!**
3. **REPORT THE SCAM AT *OIG.SSA.GOV***

IMPORTANT SOCIAL SECURITY INFORMATION

LIFT TO OPEN

Social Security Administration

Your New Benefit Amount

BENEFICIARY'S NAME: GREGORY K PARSONS

Your Social Security benefit will increase by **5.9%** in 2022 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	$1,310.10
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 18, 2021 or if someone else pays your premium, we show $0.00)	-$170.10
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2022. If you did not elect withholding as of November 1, 2021, we show $0.00)	-$0.00
U.S. Federal tax withholding	-$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 18, 2021, we show $0.00)	-$0.00
After we take any other deductions, you will receive the payment you are due for December 2021 on or about January 3, 2022.	**$1,140.00**

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at ***www.godirect.gov*** to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us within 60 days from the date you receive this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. The fastest and easiest way to file an appeal is to visit ***https://secure.ssa.gov/iApplNMD/start*** online.

If You Have Questions

- Visit us at ***www.ssa.gov*** online.
- Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**).
- Contact your nearest Social Security office.

2805 PINE MILL ROAD
PARIS TX 75460

Other Help For Older Adults and People with Disabilities

The Administration for Community Living offers older adults and people with disabilities a way to connect to a variety of community services and resources.

For Older Adults: Eldercare Locator at **1-800-677-1116** or ***www.eldercare.acl.gov***
For People with Disabilities: Disability Information and Access Line (DIAL) at

Exhibit E

LIFT TO OPEN

SOCIAL SECURITY ADMINISTRATION
P.O. BOX 67620
WILKES-BARRE, PA 18767-7620

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300

FIRST-CLASS MAIL
PRESORTED
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO.G-11

[redacted]

GREGORY K PARSONS
2740 BRIARWOOD
PARIS TX 75460-3389

Securing today
and tomorrow

Form SSA-1099-SM (1-2022)

IMPORTANT: TAX INFORMATION ENCLOSED
KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

SCAM ALERT

Scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!

If you receive a suspicious call:

1. HANG UP!
2. DO NOT GIVE THEM MONEY OR PERSONAL INFORMATION!
3. REPORT THE SCAM AT *OIG.SSA.GOV*

Printed on recycled paper

GPO U.S. GOVERNMENT PUBLISHING OFFICE: 2022 419-167/10002

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2021 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name		Box 2. Beneficiary's Social Security Number
GREGORY K PARSONS		[redacted]442
Box 3. Benefits Paid in 2021	**Box 4. Benefits Repaid to SSA in 2021**	**Box 5. Net Benefits for 2021** *(Box 3 minus Box 4)*
$14,850.00	NONE	$14,850.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	$13,068.00
Medicare Part B premiums deducted from your benefits	$1,782.00
Total Additions	$14,850.00
Benefits for 2021	$14,850.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

GREGORY K PARSONS
2740 BRIARWOOD
PARIS TX 75460-3389

Box 8. Claim Number (*Use this number if you need to contact SSA.*)

[redacted]442A

Form **SSA-1099-SM** (1-2022) **DO NOT RETURN THIS FORM TO SSA OR IRS**

IMPORTANT: TAX INFORMATION ENCLOSED
KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

⚠ SCAM ALERT ⚠

Scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!

If you receive a suspicious call:

1. **HANG UP!**
2. **DO NOT GIVE THEM MONEY OR PERSONAL INFORMATION!**
3. **REPORT THE SCAM AT *OIG.SSA.GOV***

Exhibit F

Your Social Security Statement

GREG PARSONS

June 19, 2022

Important Information That May Affect Your Benefits
The benefit estimates below are based on your earnings that were taxed for Social Security. Your benefits may be reduced if you participate in a retirement plan or receive a pension based on earnings not covered by Social Security. See *Earnings Not Covered by Social Security* box.

Retirement Benefits
We are not giving you estimates because our records show that you are already receiving or have qualified for benefits.
If the benefits are based on your own record, you received a notice of your benefit amount when you first qualified. Each year, you get an updated notice showing the annual cost-of-living increase. If you continue working while qualified for benefits and those earnings increase your benefit amount, we will send you additional notices of the new amounts. And when you die, we will base benefit payments for your survivors on your benefit amount.
If you are getting benefits as the spouse or the widow or widower of someone else, we must look at both records to determine how much you are entitled to. Please call us at **1-800-772-1213** or contact your local Social Security office so that we can discuss this with you.

Disability Benefits
We are not giving you estimates because our records show that you are already receiving or have qualified for benefits.

Survivors Benefits
We are not giving you estimates because our records show that you are already receiving or have qualified for benefits.

What you can do with a *my* Social Security account if you are receiving benefits:

- Set up or change direct deposit
- Get a Social Security 1099 (SSA-1099) form
- Opt out of mailed notices for those available online
- Print a benefit verification letter
- Change your address

Medicare
Medicare is the federal health insurance program for people:
- age 65 and older,
- under 65 with certain disabilities, and
- of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

For more information about Medicare, visit *medicare.gov* or *ssa.gov/medicare* or call **1-800-MEDICARE** (**1-800-633-4227**) (TTY **1-877-486-2048**).

We base benefit estimates on current law, which Congress has revised before and may revise again to address needed changes. Learn more about Social Security's future at *ssa.gov/ThereForMe*.

Earnings Record

Review your earnings history below to ensure it is accurate because we base your future benefits on our record of your earnings. There's a limit to the amount of earnings you pay Social Security taxes on each year. Earnings above the limit do not appear on your earnings record. We have combined your earlier years of earnings below, but you can view your complete earnings record online with *my* Social Security. **If you find an error**, view your full earnings record online and call **1-800-772-1213**.

Work Year	Earnings Taxed for Social Security	Earnings Taxed for Medicare (began 1966)
1966-1980	$11,136	$11,136
1981-1990	$52,158	$52,158
1991-2000	$4,198	$4,198
2001-2005	$0	$0
2006	$0	$0
2007	$0	$0
2008	$0	$0
2009	$0	$0
2010	$0	$0
2011	$0	$0
2012	$0	$0
2013	$0	$0
2014	$0	$0
2015	$0	$0
2016	$0	$0
2017	$0	$0
2018	$0	$0
2019	$0	$0
2020	$0	$0
2021	Not yet recorded	Not yet recorded

Taxes Paid

Total estimated Social Security and Medicare taxes paid over your working career based on your Earnings Record:

Social Security taxes
You paid: $3,679
Employer(s): $3,721

Medicare taxes
You paid: $858
Employer(s): $858

Earnings Not Covered by Social Security

You may also have earnings from work not covered by Social Security, where you did not pay Social Security taxes. This work might have been for federal, state, or local government or in a foreign country. If you participate in a retirement plan or receive a pension from this work, your Social Security benefits may be affected by:

Windfall Elimination Provision (WEP) - Your retirement or disability benefit may be reduced, but not eliminated, by the WEP. The reduction amount, if any, depends on the number of years and the amount earned in jobs in which you paid Social Security taxes, and the year you turn age 62 or become disabled.
To estimate the WEP's effect on your Social Security benefit, visit *ssa.gov/WEP-CHART*. In 2022, the maximum monthly reduction is $512. Learn more at *ssa.gov/WEP*.

Government Pension Offset (GPO) - If you qualify for benefits as a current or former spouse, widow, or widower, the GPO may reduce or eliminate your benefits. If the GPO applies, your Social Security benefit will be reduced by an amount equal to two-thirds of your government pension, and could be reduced to zero. Even if your benefit is reduced to zero, you will be eligible for Medicare at age 65 on your spouse's record. Learn more at *ssa.gov/GPO* .

Important Things to Know about Your Social Security Benefits

- Social Security benefits are not intended to be your only source of retirement income. You may need other savings, investments, pensions, or retirement accounts to make sure you have enough money when you retire.
- You need 40 credits of work (at least 10 years) to qualify for retirement benefits. The amount of your benefit is based on your highest 35 years of earnings. If you have fewer than 35 years of earnings, years without work count as 0 and may reduce your benefit amount.
- To keep up with inflation, benefits are adjusted through "cost of living adjustments."
- If you get retirement or disability benefits, your spouse and children also may qualify for benefits.
- If you and your spouse both work, use the *my* Social Security Retirement Calculator to estimate spousal benefits.
- If you are divorced and were married for 10 years, you may be able to claim benefits on your ex-spouse's record. If your ex-spouse receives benefits on your record, that does not affect your or your current spouse's benefit amounts.
- Learn more about benefits for you and your family at *ssa.gov/benefits/retirement/planner/applying7.html* .
- The *Statement* is updated annually. It is available online, or by mail upon request.

Exhibit G

PAUL FURRH, JR.
Attorney at Law
Chief Executive Officer

SHARON E. REYNERSON
Litigation Director
Paris Office

KRISTY D. RODGERS
Directing Attorney
Paris, Texarkana, Individual Safety Unit
Licensed in Texas and Oklahoma

Lone Star Legal Aid
PARIS OFFICE
164 SE 6th Street

DAVID BEYLERYAN
Managing Attorney
Paris Office

HAROLD DESSELLE
Staff Attorney

Mailing Address:
164 SE 6th Street
Paris, Texas 75460-0041

(903) 785-8711 Telephone
(800) 925-5802 Toll Free
(903) 785-5990 Fax

November 30, 2017

Mr. Gregory K[redacted] Parsons
[redacted]
Paris, Texas 75460

RE: Your Application for Legal Services – Child Support – File# 1711-030295-PAR

Dear Mr. Parsons:

Thank you for contacting Lone Star Legal Aid for help with your legal problem. It was a pleasure talking to you. We gave you legal advice regarding your Child Support. We are not able to help everyone who applies because we do not have enough staff. The legal advice we gave you is all the help we can give you.

Feel free to call us if you have any other legal problems.

Very Truly Yours,

Harold M. Desselle

Harold Desselle
Staff Attorney

HDjt
Enclosure: ***LSLA Notice of Rights***

Exhibit H

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

GREGORY K. PARSONS,	§	
	§	
Plaintiff,	§	CIVIL ACTION NO. 4:18-CV-0065-ALM-CAN
	§	
v.	§	
	§	
TEXAS OFFICE OF THE ATTORNEY GENERAL, CONNIE COPELAND,	§	
	§	
	§	
Defendants.	§	

ORDER

Pending before the Court is Plaintiff's Motion to Proceed *In Forma Pauperis* [Dkt. 5]. The statute authorizing the Court to grant leave for a litigant to proceed *in forma pauperis* states:

> Subject to subsection (b), any court of the United States may authorize the commencement, prosecution or defense of any suit, action or proceeding, civil or criminal, or appeal therein, without prepayment of fees or security therefor, by a person who submits an affidavit that includes a statement of all assets such [person] possesses that the person is unable to pay such fees or give security therefor. Such affidavit shall state the nature of the action, defense or appeal and affiant's belief that the person is entitled to redress.

28 U.S.C. § 1915(a)(1). "The mere execution of an affidavit of indigence does not automatically entitle a litigant to proceed *in forma pauperis*. Rather, the court enjoys limited discretion to grant or deny a motion for leave to proceed *in forma pauperis* based upon the financial statement set forth within the applicant's affidavit." *Heath v. I.R.S.*, No. 3-02-CV-1518-H, 2002 WL 31086069, at *1 (N.D. Tex. Sept. 16, 2002) (citing *Adkins v. E.I. Du Pont De Nemours & Co., Inc*., 335 U.S. 331, 337 (1948); *Green v. Estelle*, 649 F.2d 298, 302 (5th Cir. Unit A June 1981); 28 U.S.C. § 1915(a)). A plaintiff who wishes to proceed *in forma pauperis* must file an affidavit attesting to his indigence. *See* 28 U.S.C. § 1915(a)(1). "The affidavit is sufficient if it states that, due to poverty, plaintiff cannot afford to pay the costs of legal representation and still provide for

himself and his dependents." *Bright v. Hickman*, 96 F. Supp. 2d 572, 575 (E.D. Tex. 2000) (citing *Adkins*, 335 U.S. at 339; *Weber v. Holiday Inn*, 42 F. Supp. 2d 693, 697 (E.D. Tex. 1999)). "While plaintiff does not need to be absolutely destitute to qualify for *in forma pauperis* status, such benefit is allowed only when plaintiff cannot give such costs and remain able to provide for himself and his dependents." *Id.* (citations omitted).

Plaintiff's Motion attests that he is currently unemployed, has no assets, and relies solely upon payments from "Social Security Disability Insurance Benefit Payments" to meet his expenses [Dkt. 5]. Plaintiff avers he is unable to pay any fees or costs in this matter. Considering all the information supplied, the Court finds the Motion should be granted for the limited purpose of determining the issue of remand, and addressing Plaintiff's pending Motion to Remand and subsequent request to withdraw his Motion to Remand. *See 29 Flatbush Ave. Associates, LLC v. Cain*, 17-CV-6173 (MKB), 2017 WL 5696485, at *1 (E.D.N.Y. Nov. 27, 2017) (granting *in forma pauperis status* for the limited purpose of analyzing motion to remand); *3925 Alameda Prop. LLC v. Brainerd*, C-12-4924 EMC, 2012 WL 5199170, at *1 (N.D. Cal. Oct. 22, 2012) (same); *N. Neon Operations, LLC v. Damian*, C-11-4020 EMC, 2011 WL 4502537, at *1 (N.D. Cal. Sept. 28, 2011) (same). Accordingly,

It is therefore **ORDERED** that Plaintiff's Motion to Proceed *In Forma Pauperis* [Dkt. 5] is **GRANTED**.

IT IS SO ORDERED.

SIGNED this 8th day of August, 2018.

Christine A. Nowak
UNITED STATES MAGISTRATE JUDGE

Exhibit I

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA
NCP Name: *GREGORY K. PARSONS*
CP Name: *CONNIE K. COPELAND PARSONS*
OAG Case: N008518431
RESPONDENT: WACO VARO REGIONAL COUNSEL

NO. 87113

LT(J.G.) GREGORY K. PARSONS U.S. NAVY, PDRL *Plaintiff* **IN THE INTEREST OF** **A[redacted] K[redacted] PARSONS** **D[redacted] G[redacted] PARSONS** **K[redacted] L[redacted] PARSONS** **CHILDREN** *v.* **TEXAS OFFICE OF ATTORNEY GENERAL – CHILD SUPPORT DIVISION** **and** **CONNIE K. COPELAND PARSONS** *Defendants*	§	**IN THE DISTRICT COURT** **62ND JUDICIAL DISTRICT** **LAMAR COUNTY TEXAS**

FILED FOR RECORD

ORDER

Pending before the Court is Plaintiff's *Motion to Proceed as Pauper*. Guidelines promulgated in RULE 145(e)(2)(C) of the TEXAS RULES OF CIVIL PROCEDURE ("T.R.C.P.") along with his submitted exhibit evidence indicates that the Declarant's averred income is well below the 200% federal poverty guidelines published annually by the United States Department of Health and Human Services ("HHS"). That published amount for a one-person household in Texas is set at $12,490 for 2019 and is posted for public viewing via the

HHS website.[1] Therefore the standard for review amount in this instant case is 200% of $12,490 or $24,980. Plaintiff's *Affidavit of Indigency* filed on April 23, 2019 in accordance with RULE 145 of T.R.C.P. attests that he is disabled, has little to no assets, and relies upon monthly income payments from "Social Security Disability Insurance" of $1,067 or $12,804 annualized, well below the 200% federal poverty guideline amount of $24,980. Declarant's affidavit contains the mandated statements, "I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct." *Bright v. Hickman*, 96 F. Supp. 2d 572, 575 (E.D. Tex. 2000)

Additionally, pursuant to 42 U.S.C. § 407(a) IN GENERAL

> The right of any person to any future payment under this subchapter shall not be transferable or assignable, at law or in equity, and none of the moneys paid or payable or rights existing under this subchapter shall be subject to execution, levy, attachment, garnishment, or other legal process, or to the operation of any bankruptcy or insolvency law.

"The mere execution of an affidavit of indigence does not automatically entitle a litigant to proceed *in forma pauperis*. Rather, the court enjoys limited discretion to grant or deny a motion for leave to proceed *in forma pauperis* based upon the financial statement set forth within the applicant's affidavit." *Heath v. I.R.S.*, No. 3-02-CV-1518-H, 2002 WL 31086069, at *1 (N.D. Tex. Sept. 16, 2002) (citing *Adkins v. E.I. Du Pont De Nemours & Co., Inc.*, 335 U.S. 331, 337 (1948); *Green v. Estelle*, 649 F.2d 298, 302 (5th Cir. Unit A June 1981).

Considering all the information supplied, the Court finds the Motion should be granted for the Plaintiff's ongoing lawsuit proceedings. Plaintiff's costs and securities should not be required of him by SECTION 6 of T.R.C.P. Under RULE 126(b), LTJG Parsons should also be excluded from paying any future fees for service of process that may arise in this matter:

> The clerk must indicate on the document to be served that a Statement

[1] *2019 POVERTY GUIDELINES*, U.S. Department of Health & Human Services at https://aspe.hhs.gov/2019-poverty-guidelines (as of May 1, 2019)

of Inability to Afford Payment of Court Costs has been filed. The sheriff or constable must execute the service without demanding payment.

Therefore, it is **ORDERED** that Plaintiff's Motion to Proceed as Pauper is **GRANTED**.

IT IS SO ORDERED.

SIGNED this 2 day of May 2019.

DISTRICT JUDGE PRESIDING

APPROVED AS TO FORM ONLY:

KEN PAXTON
Attorney General of Texas

JEFFREY C. MATEER
First Assistant Attorney General

BRANTLEY STARR
Deputy First Assistant Attorney General

JAMES E. DAVIS
Deputy Attorney General for Civil Litigation

ANGELA V. COLMENERO
Division Chief, General Litigation Division

SCOT M. GRAYDON
Assistant Attorney General
General Litigation Division
P.O. Box 12548, Capitol Station
Austin, Texas 78711-2548
Tel: (512) 463-2120
Fax: (512) 320-0667
Scot.Graydon@oag.texas.gov

By: ______________________
Scot M. Graydon

State Bar No. 24002175
Attorneys for Defendant the Office of the Attorney General of Texas

APPROVED AND CONSENTED TO AS TO BOTH FORM AND SUBSTANCE:

Connie K. Copeland Parsons, Pro Se
B2 Management & Consulting, LLC
1601 Rio Grande Street, #450
Austin, Texas 78701
Tel: (512) 381-1500
Defendant

LT(J.G.) Gregory K. Parsons U.S. Navy, PDRL, Pro Se
2740 Briarwood Drive
Paris, Texas, 75460
Tel: (903) 785-7827
Plaintiff

I HEREBY CERTIFY THAT THE AFORESAID IS A TRUE
AND CORRECT COPY ON FILE OR OF RECORD IN THE
62 JUDICIAL DISTRICT COURT, LAMAR CO., TX
SIGNED AND SEALED THIS 2 DAY OF May
2019 A.D.
SHAWNTEL GOLDEN, DISTRICT CLERK
BY: Jennifer Dixon DEPUTY

No. ____________________

IN THE

SUPREME COURT OF THE UNITED STATES

LT (J.G.) GREGORY K. PARSONS U.S. NAVY, PDRL — PETITIONER

VS.

CONNIE COPELAND PARSONS, ET AL. — RESPONDENTS

PROOF OF SERVICE

I, GREGORY K. PARSONS, do swear or declare that on this date, August 24, 2022, as required by Supreme Court Rule 29 I have served the enclosed MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS* on each party to the above proceeding or that party's counsel, and on every other person required to be served, by depositing an envelope containing the above documents in the United States mail properly addressed to each of them and with first-class postage prepaid, or by delivery to a third-party commercial carrier for delivery within 3 calendar days.

The names and addresses of those served are as follows:

CONNIE COPELAND PARSONS
7604 Vail Valley Drive
AUSTIN, TX 78749
Email: ckcopeland318@gmail.com

AAG DETERREAN S. GAMBLE
OFFICE OF ATTORNEY GENERAL
P.O. BOX 12017, MC 038-1 CAPITOL STATION
AUSTIN, TX 78711-2017
Email: Deterrean.Gamble@oag.texas.gov

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

Executed on August 24, 2022.

Gregory K. Parsons
(Signature)