

NOV 25 2022

OFFICE OF THE CLERK

CAUSE NO. 22-7811

**IN THE
UNITED STATES SUPREME COURT**

TRENT STEVEN GRIFFIN, SR.
Petitioner,

v.

AMERICAN ZURICH INSURANCE COMPANY; WALGREENS COMPANY; GREG WASSON, Chief Executive Officer; JIM REILLY, SR., Director Human Resources; CHESTER STEVENS, District Manager; JANUARI LEWIS, Pharmacy Supervisor; JERRY PADILLA, Pharmacy Supervisor; FELICIA FELTON, Store Manager; JERLINE WASHINGTON, Pharmacy Manager; VANESSA STRONG, Store Manager; MIRANDA MARTINEZ, Pharmacy Technician; DARAVANH KHANMANIVAHN, Pharmacy Technician; TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION; ROD BORDELON, in his individual capacity; RICK PERRY, in his individual capacity; CASSIE BROWN, Texas Workers' Compensation Commissioner; GREG ABBOTT, Governor of the State of Texas; JAIME MASTERS, c.p.S. Commisioner; STEPHEN MCKENNA, Child Support Officer; MARY F. IVERSON, Authorized Agent; WELLS FARGO BANK, N.A.; ANDREW COLE, DESIGNATED DOCTOR; NICOLE BUSH, Market Scheduler; VALERIE RIVERA, Ombudsman; THOMAS HIGHT, Hearing Officer; TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES; WARREN KENNETH PAXTON, JR., Texas Attorney General; RYANN BRANNAN,

Respondents.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Pursuant to Rule 39 of the rules of this court, petitioner-appellant, Trent Steven Griffin, Sr., asks for leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner-Appellant has not previously been granted leave to proceed *in forma pauperis* on appeal.

This motion is timely based on the correspondence letter dated April 12, 2023 provided by the clerk and to resubmit within 60 days of the date of the letter, which is up to and including the last day for filing which is June 11, 2023, but the last day is a weekend, ergo

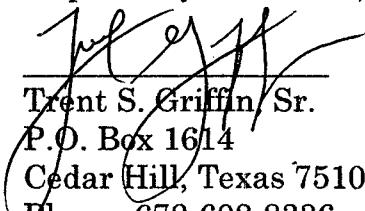
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the last day is June 12, 2023.

The petitioner-appellant's Affidavit in compliance with 28 U.S.C. 1746 in support of this motion I attached hereto.

Dated: June 7, 2023.

Respectfully submitted,



Trent S. Griffin, Sr.

P.O. Box 1614

Cedar Hill, Texas 75106

Phone: 678-608-8336

Email: doc.1tgriffin@gmail.com

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

I, TRENT S. GRIFFIN, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs' of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>4,406</u>	\$ <u>N/A</u>	\$ <u>4,042</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>VA SC</u>	\$ <u>1,109</u>	\$ <u>N/A</u>	\$ <u>1,109</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>5,515</u>	\$ <u>N/A</u>	\$ <u>5,151</u>	\$ <u>N/A</u>

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

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u> </u>	<u> </u>	\$ <u> </u>
			\$ <u> </u>
			\$ <u> </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.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u> </u>	<u> </u>	\$ <u> </u>
			\$ <u> </u>
			\$ <u> </u>

4. How much cash do you and your spouse have? \$ N/A

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
<u>N/A</u>	\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	\$ <u> </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 N/A

Other real estate
Value N/A

Motor Vehicle #1
Year, make & model N/A
Value

Motor Vehicle #2
Year, make & model N/A
Value

Other assets
Description N/A
Value

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

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>Walgreens Co.</u>	\$ <u>125,000,000,000</u>	\$ <u>N/A</u>
<u>Wells Fargo Bank, N.A.</u>	\$ <u>125,000,000,000</u>	\$ <u>N/A</u>
<u>American Zurich Ins.Co.</u>	\$ <u>125,000,000,000</u>	\$ <u>N/A</u>

State of Texas Defendants \$125,000,000,000

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
<u>S.J.G</u>	<u>daughter</u>	<u>17</u>
<u>D.M.G</u>	<u>son</u>	<u>16</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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>1872/mo.</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>500/mo.</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>500/mo.</u>	\$ <u>N/A</u>
Clothing	\$ <u>400/mo.</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>100</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 600/mo.	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 600/mo.	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 14/mo.	\$ N/A
Life	\$ N/A	\$ N/A
Health	\$ 200/mo.	\$ N/A
Motor Vehicle	\$ 46/mo.	\$ N/A
Other: <u>unconstitutional child support</u>	\$ 200/mo.	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ N/A	\$ N/A
Installment payments		
Motor Vehicle	\$ N/A	\$ N/A
Credit card(s)	\$ N/A	\$ N/A
Department store(s)	\$ N/A	\$ N/A
Other: <u>Storage Fees</u>	\$ 692/mo	\$ N/A
Alimony, maintenance, and support paid to others	\$ N/A	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify): <u>printing ink/paper</u>	\$ 100	\$ N/A
Total monthly expenses:	\$ 5424	\$ 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 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

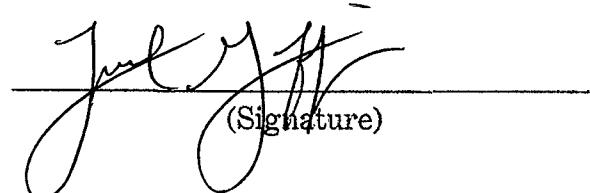
If yes, how much? _____

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.

PETITIONER HAS NO MEANS OF PRINTNG A BOOKLET FORMAT THAT IS 6.125IN X 9.25IN AND CANNOT FIND 60 POUND PAPER THAT APPEARS TO REQUIRE A SPECIFIC PRINTING COMPANY THAT PROVIDES SUCH SERVICES AND IT IS COSTLY TO PETITIONER FOR THE SAME OR SIMILAR UNADDRESSED ISSUE(S) IN THIS CASE AND NO DEBT PAYMENT
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: June 5, 2023


(Signature)