

23-6154
NO. 23-

ORIGINAL

IN THE
Supreme Court of the United States

FILED
NOV 29 2023
OFFICE OF THE CLERK
SUPREME COURT, U.S.

JENNIFER L DEES,

PETITIONER,

V.

THE PEOPLE OF THE STATE OF COLORADO,
RESPONDENT.

ON PETITION FOR A WRIT OF CERTIORARI TO THE
COLORADO SUPREME COURT

PETITION FOR WRIT OF CERTIORARI

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Pursuant to Supreme Court Rule 39, the Petitioner, Jennifer L. Dees, pro-se, requests that the Court grant her leave to proceed in forma pauperis. In support of this Motion, the Petitioner avers that:

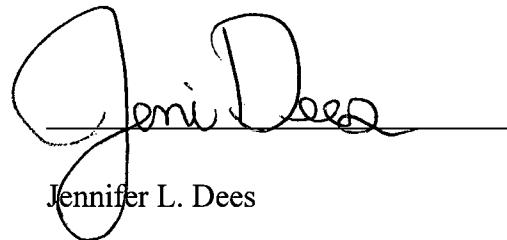
1. Petitioner is unable to afford the cost of representation in this matter.
2. Petitioner's affidavit or declaration in support of this motion is attached hereto!

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3. Petitioner proceeded below in Jefferson County Court, District Court for her appeal and the Colorado Supreme Court with court appointed counsel, appointed pursuant to C.R.S. Section 21-1-103 - Representation of indigent persons.

WHEREFORE, the petitioner, JENNIFER L. DEES, pro-se, respectfully requests that she be allowed to proceed in forma pauperis without payment of filing fees or service of notice fees, and for such other relief as the Court deems just and proper.

Respectfully submitted this 29th day of November 2023



Jennifer L. Dees

NO. 23-_____

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THE PEOPLE OF THE STATE OF COLORADO,
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PETITION FOR WRIT OF CERTIORARI

ORDER REGARDING MOTION TO PROCEED
IN FORMA PAUPERIS ON WRIT

The court has considered the appellant's motion to proceed in forma pauperis on writ:

IT IS ORDERED that the motion be _____.

Washington DC, this _____ day of _____, 2023.

JUSTICE

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

I, JENNIFER L. DEES, 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>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Self-employment	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Income from real property (such as rental income)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Interest and dividends	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Gifts	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Alimony	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Child Support	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Disability (such as social security, insurance payments)	\$ <u>1418.00</u>	\$ <u>—</u>	\$ <u>1418.00</u>	\$ <u>—</u>
Unemployment payments	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Public-assistance (such as welfare)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Other (specify): <u> </u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Total monthly income:	\$ <u>1418.00</u>		\$ <u>1418.00</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
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	—	—	\$ —
			\$ —
			\$ —

4. How much cash do you and your spouse have? \$ 100.00

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
Checking Account	\$ 100.00	\$ 0.00
	\$ —	\$ —
	\$ —	\$ —

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 _____

Motor Vehicle #1
Year, make & model 2012 BUCK ENCLAVE.
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	Amount owed to you	Amount owed to your spouse
N/A	\$ _____	\$ _____
1	\$ _____	\$ _____
	\$ _____	\$ _____

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
LD	SON	12

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)	\$ 700.00	\$ _____
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)	\$ 150.00	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ 350.00	\$ _____
Clothing	\$ 50.00	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ 100.00	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 50	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ —	\$ _____
Life	\$ —	\$ _____
Health	\$ —	\$ _____
Motor Vehicle	\$ 50	\$ _____
Other: _____	\$ —	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ —	\$ _____
Installment payments		
Motor Vehicle	\$ —	\$ _____
Credit card(s)	\$ —	\$ _____
Department store(s)	\$ —	\$ _____
Other: _____	\$ —	\$ _____
Alimony, maintenance, and support paid to others	\$ —	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ —	\$ _____
Other (specify): _____	\$ —	\$ _____
Total monthly expenses:	\$ 1450.00	\$ _____

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 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.

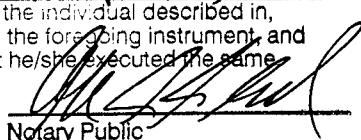
I am on SSDI and have been since 2007.

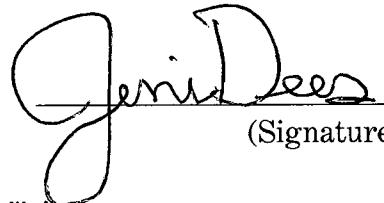
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: NOVEMBER 29, 2023

STATE OF NEW YORK
COUNTY OF Saratoga

On the 29 day of November 2023 before me personally came Jennifer Lynn Dees,
to me known to be the individual described in,
and who executed, the foregoing instrument, and
acknowledged that he/she executed the same.


Notary Public


(Signature)

Michael R Cahill Jr.
Notary Public, State of New York
Qualified in Albany County
No. 01CA6389832
Commission Expires April 8, 2027