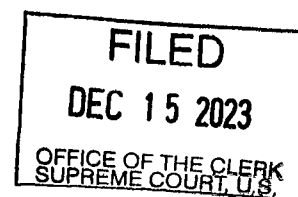


No. **23 - 6334**

IN THE
 SUPREME COURT OF THE UNITED STATES
 1 First St NE, Washington, DC 20543

Nira Woods, Dr. — PETITIONER
 (Your Name)

VS.

Department Of Housing And Community Development et al.
 — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

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

California Supreme Court, State Office Complex - State Of California
350 McAllister St Room 1295, San Francisco, CA 94102 [Appended]

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

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

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____

_____, or

☒ a copy of the order of appointment is appended.

Case # 281702 Fee waived

Woods

(Signature)

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

I, Nira Woods, Dr., 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>died in 2011</u>
Self-employment	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>I am 77 years old</u>
Income from real property (such as rental income)	\$ <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>	\$ _____
Gifts	\$ <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>	\$ _____
Child Support	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>2,308.00</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>n/a</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>n/a</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>n/a</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>n/a</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>2,308.00</u>	\$ <u>n/a</u>	\$ <u>n/a</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
n/a	n/a	n/a	\$ 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
I am a widow since 2011, 77 years old		n/a	\$ n/a
			\$
			\$

4. How much cash do you and your spouse have? \$ 50

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	\$ 1800	\$ n/a
saving	\$ 800	\$ n/a
	\$	\$

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

☒ Home **Mobile Home** ☐ Other real estate
Value **\$36,869 [Government estimation]** Value **n/a**

☒ Motor Vehicle #1 ☐ Motor Vehicle #2
Year, make & model **2010 / Chevrolet / cobalt** Year, make & model
Value **\$1,650** Value **n/a**

☐ 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
N/A	\$ N/A	\$ N/A
	\$	\$
	\$	\$

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 or home-mortgage payment (include lot rented for mobile home)	\$ 1,221.23	\$ n/a
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)	\$ 180.00	\$
Home maintenance (repairs and upkeep)	\$ 50.00	\$
Food	\$ 650.00	\$
Clothing	\$ 35.00	\$
Laundry and dry-cleaning	\$ 20.00	\$
Medical and dental expenses	\$ 85.00	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>n/a</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>n/a</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ <u>52.00</u>	\$ _____
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): <u>Stationary & Mailing</u>	\$ <u>105.00</u>	\$ _____
Total monthly expenses:	\$ <u>2,398.23</u>	\$ _____

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

Executed on: November 18, 2023

Woods

(Signature)

APP-016/FW-016

**Order on Court Fee Waiver
(Court of Appeal or Supreme Court)**

Clerk stamps date here when form is filed.

**SUPREME COURT
FILED**

OCT - 8 2023

Jorge Navarrete Clerk

① Person who asked the court to waive court fees:

Name: Nira Woods

Street address: 2550 Pacific Coast Hwy., Spc. #88

City: Torrance State: CA Zip: 90505

Phone number: (424) 327-3610

② Lawyer, if person in ① has one: (Name, address, phone number, e-mail, State Bar number):

Deputy
Fill in court name and street address:

Supreme Court of California
350 McAllister Street
San Francisco, CA 94102

③ On (date): 10/2/2023 you filed a Request to Waive Court Fees (form FW-001).

④ The court reviewed your request and makes the following order:

- a. ☒ The court grants your request and waives your court fees and costs listed below. You do not have to pay fees for the following:
- Filing notice of appeal, petition for writ, or petition for review
- ☐ Other (specify): _____
- b. ☐ The court denies your request for the following reasons:
- (1) ☐ Your request is incomplete. You have 10 days from the date this notice was sent to:
- Pay your fees and costs, or
 - File a new revised request that includes the items listed below (specify incomplete items): _____

- (2) ☐ The information you provided on the request shows that you are not eligible for the fee waiver you requested (specify reasons): _____

You have 10 days from the date this notice was sent to:

- Pay your fees and costs, or
- File more information that shows you are eligible.

- (3) ☐ The court finds there is substantial question regarding your eligibility (describe issue regarding eligibility): _____

You have 10 days from the date this notice was sent to:

- Pay your fees and costs, or
- File the following additional documents to support your request: _____

Warning! If you miss the deadline for paying your fees and costs or providing the additional items required by the court and you are the appellant, your appeal may be dismissed.

Court of Appeal/
Supreme Court Case Name: S281702

Court of Appeal/Supreme Court
Case Number:

- ④ c. ☐ The court needs more information. You must go to court on the date below.

Hearing
Date

→ Date: _____ Time: _____ Dept.: _____

Name and address of the court if different from page 1:

- ☐ Bring the following proof to support your request, if it is reasonably available:

Warning! If item ④ c. is checked and you do not go to court on your hearing date, the court will deny your request to waive court fees and you will have 10 days to pay your fees. If you are the appellant and you do not pay your filing fees, your appeal may be dismissed.

Date: October 3, 2023

GUERRERO

Signature of (check one): ☒ Judicial Officer ☐ Clerk, Deputy

Supreme Court of California
Clerk of the Court
350 McAllister Street
San Francisco, CA 94102-4797

S281702
Nira Woods
2550 PCH, SPC. 68
Torrance, CA 90505



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