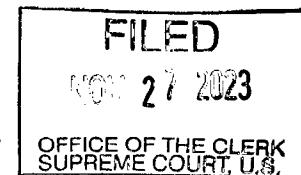


23-6669

ORIGINAL

No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES



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IN RE A.M., A.C. & C.C., CHILDREN

JAMES DANIEL COLLINS and SARAH MELISSA MILLER COLLINS,  
PETITIONERS

VS.

TEXAS DEPARTMENT OF FAMILY PROTECTIVE SERVICES,  
RESPONDENT

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MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioners respectfully ask leave to file their attached Petition for Writ of Certiorari without prepayment of costs and to proceed in forma pauperis.

Petitioners' previous requests for leave to proceed in forma pauperis in the Anderson County Court at Law in Anderson County, Texas and in the 369<sup>th</sup> District Court of Anderson County, Texas were granted.

Petitioners have each attached a signed, sworn, and notarized affidavit on the form provided by the clerk of this court. The affidavit follows this motion.

Petitioners respectfully ask that the Honorable Justices of this court grant them leave to file in forma pauperis so they may bring forth their petition for Writ of Certiorari for the Court's consideration.

Respectfully submitted,

  
/s/ electronically signed

James Daniel Collins, Petitioner

Date: 01/22/2024

  
/s/ electronically signed

Sarah Melissa Miller Collins, Petitioner

Date: 01/22/2024

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

**SARAH MILLER COLLINS**

I, SARAH MILLER COLLINS, 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	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 363.00	\$ 1585.60	\$ 272.00	\$ 1635.70
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	<b>\$ 363.00</b>	<b>\$ 1585.60</b>	<b>\$ 272.00</b>	<b>\$ 1635.70</b>

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

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
HOMEMAKER	602 W DEBARD ST, PALESTINE TX 75801	2003-PRESENT	0
			\$
			\$
			\$

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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
RETIRED/DISABLED	602 W DEBARD ST PALESTINE, TX 75801	2015-PRESENT	(SEE SOCIAL SECURITY DISABILITY PAY ABOVE)
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

<b>Type of account (e.g., checking or savings)</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
REGIONS CHECKING	\$ 4.96	\$ 0
DIRECT EXPRESS (SSA PAY ACCT)	\$ 0	\$ 0

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 \_\_\_\_\_  
Value \_\_\_\_\_

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

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	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)	\$ 0	\$ 600
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 45	\$ 55
Home maintenance (repairs and upkeep)	\$ 0	\$ 50
Food	\$ 250	\$ 400
Clothing	\$ 40	\$ 30
Laundry and dry-cleaning	\$ 20	\$ 20
Medical and dental expenses	\$ 0	\$ 160

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:

NA

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Petitioner James Collins is disabled, therefore Petitioner Sarah Collins takes care of him and his daily needs. She does not work so that she can stay home and care for him.,

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

Executed on: January 04, 2020, 20

  
(Signature)

