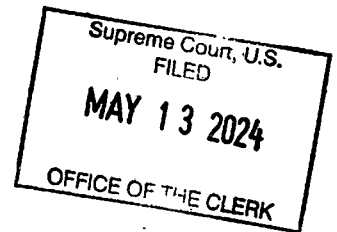


23-7631

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



DR. JULIE C. ABZIL, Ph.D. — PETITIONER
(Your Name)

VS.

DISTRICT COURT OF ARAPAHO COUNTY RESPONDENT(S)
STATE OF COLORADO

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):

State of Colorado Supreme Court Case No. 2023SC845 - Nov. 22, 2023

☐ 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.

DR. Julie C. Abzil, Ph.D.
(Signature)

Colorado Supreme Court 2 East 14th Avenue Denver, CO 80203	DATE FILED: November 22, 2023
Certiorari to the Court of Appeals, 2023CA308 District Court, La Plata County, 2021MH17	
Petitioner: Julie C. Abril, Ph.D., v.	Supreme Court Case No: 2023SC845
Respondent: The People of the State of Colorado.	
GRANT IFP ORDER	

Upon consideration of the Motion to file without payment of filing fee/waive other costs owed to the state and supporting financial affidavit filed in the above cause, and now being sufficiently advised in the premises,

IT IS ORDERED the docket fee in the above-captioned matter is waived.

BY THE COURT, NOVEMBER 22, 2023.

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

I, JULIE C. ABRIL, PhD, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>1,730.-</u>	\$ <u>0</u>	\$ <u>1,730.-</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>NONE</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>1,730.-</u>	\$ <u>0</u>	\$ <u>1,730.-</u>	\$ <u>0</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
NONE			

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
NONE			

4. How much cash do you and your spouse have? \$ \$400 [Four Dollars!]
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 - BANIL OF SAN JUAN	\$ <u>\$400</u>	\$ <u>0</u>
Checking - TBK BANK	\$ <u>\$1.00</u>	\$ <u>0</u>
529 ABLE - FOR DISABLED PEOPLE	\$ <u>\$18.00</u>	\$ <u>0</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 \$188,000.-

☐ Other real estate
Value NONE

☒ Motor Vehicle #1
Year, make & model 2014 Subaru LEHMAN
Value \$2,000.-

☐ Motor Vehicle #2
Year, make & model NONE
Value

☒ Other assets
Description NONE
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

NONE

\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____

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

NONE

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)

\$ 97.00

\$ 0

Are real estate taxes included? ☒ Yes ☐ No

Is property insurance included? ☒ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 250.00

\$ 0

Home maintenance (repairs and upkeep)

\$ 100.00

\$ 0

Food

\$ 225.00

\$ 0

Clothing

\$ 100.00

\$ 0

Laundry and dry-cleaning

\$ 25.00

\$ 0

Medical and dental expenses

\$ 250.00

\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>50.-</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>25.-</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>120.-</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>146.00</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s) <u>5</u> cards	\$ <u>550.00</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>1,938.00</u>	\$ <u>0</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.

N/A

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? N/A

If yes, state the attorney's name, address, and telephone number:

N/A

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? N/A

If yes, state the person's name, address, and telephone number:

N/A

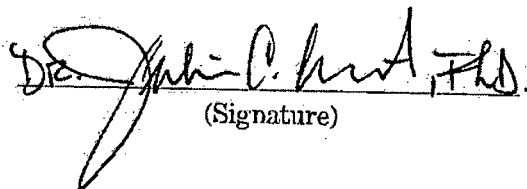
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I JUST DO NOT HAVE ANY OTHER RESOURCES THAN MY MONTHLY S.S.D.I. PAYMENT (SEE ATTACHED) — WHICH IS NOT EVEN ENOUGH TO PAY MY LIVING EXPENSES!

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

Executed on: ~~JUNE 1 MAY 13~~, 20~~24~~

1 JUNE 2024


(Signature)

Medicare Information

You are entitled to hospital insurance under Medicare beginning April 2012.

You are entitled to medical insurance under Medicare beginning April 2012.

Your Medicare number is 9AP0PN8PG05. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is March 8, 1967.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 1-888-472-6115.

SOCIAL SECURITY
SUITE 120
103 SHEPPARD DRIVE
DURANGO CO 81303

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration