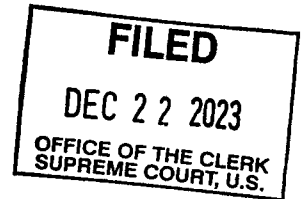


IN FORMA PAUPERIS

24-5038 ORIGINAL

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES



Larry D. Ford — PETITIONER
(Your Name)

VS.

MEMORIAL HERMANN GREATER HEIGHTS HOSPITAL 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):

United States District Court Southern District of Texas

Fifth Circuit Court

☐ 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.

/s/ Larry D. Ford

(Signature)

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

I, Ray D. Ford, 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>
^f Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ _____	\$ <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
			\$ 0
			\$ 0
			\$ 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.)

Employer	Address	Dates of Employment	Gross monthly pay
			\$ 0
			\$ 0
			\$ 0

4. How much cash do you and your spouse have? \$ 0.00
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	\$ 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 0.0

☐ Other real estate
Value 0.0

☐ Motor Vehicle #1
Year, make & model 0.0
Value

☐ Motor Vehicle #2
Year, make & model
Value 0.0

☐ Other assets
Description 0.0
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
0	\$ 0	\$ 0
	\$	\$
	\$	\$

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	N/A	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)	\$ 1,100.00	\$ 0
Are real estate taxes included? <input checked="" 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)	\$ 175.00	\$ 0
Home maintenance (repairs and upkeep)	\$ 200.00	\$ 0
Food	\$ 150.00	\$ 0
Clothing	\$ 50.00	\$ 0
Laundry and dry-cleaning	\$ 50.00	\$ 0
Medical and dental expenses	\$ 125.00	\$ 0

APPENDIX D IN FORMA PAUPERIS SUPPORTING DOCUMENTS



In Forma Pauperis

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond in Justice Court

1. Your Information

My full legal name is: Larry Donnell Ford My date of birth is: 10 / 18 / 1955
First Middle Last Month/Day/Year

My address is: (Home) 3527 Maris Way
(Mailing) _____

My phone number: 281-636-0317 My email: spiritual998877@gmail.com

About my dependents: "The people who depend on me financially are listed below."

Name	Age	Relationship to Me
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

2. Are you represented by Legal Aid?

☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as "Exhibit: Legal Aid Certificate."

-or-

☐ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☒ I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

☐ I do not receive needs-based public benefits. - or -

☐ I receive these public benefits/government entitlements that are based on indigency:

(Check ALL boxes that apply, and attach proof to this form, such as a copy of an eligibility form or check)

- ☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD
☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance
☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")
☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant
☐ County Assistance, County Health Care, or General Assistance (GA)
☐ Other: Social Security Disability

11. You may find it helpful to compare your list with a national clearance list. Such as a national criminal clearance list. Attach another page if the list is too long to fit on this page.

12. You may find it helpful to compare your list with a national clearance list. Such as a national criminal clearance list. Attach another page if the list is too long to fit on this page.

2. מנהל המוסד יאשר את המעורבות של המוסד במימון המחקר, ויבטיח את הפרדת המימון מהמימון הממשלתי.

\$ 2.340 is my total monthly income.

\$ _____ from other jobs/sources of income. (Describe)

☐ My spouse's income or income from another member of my household is already

☐ Child/spousal support

32000	from	<input type="checkbox"/> RACIAL/ETHNIC/RELIGION	<input type="checkbox"/> Social Security	<input type="checkbox"/> Military Housing	<input type="checkbox"/> Dividends, Interest, Royalties	<input type="checkbox"/> Other Income & Gains
-------	------	---	--	---	---	---

HOUSEHOLD INCOME:

from other people in my household each month: (List only 4 other people's contributions to you)

\$ _____ in public benefits per month.

in monthly unemployment. I have been unemployed since 12/1/68

IN MONTHLY WAGES. I WORK AS A _____ \$ _____
 YOUR ADDRESS _____
 YOUR PHONE NUMBER _____

get the monthly income

4. WHAT IS YOUR MONTHLY WAGES AND INCOME SOURCE?

2. **Section 1000, Pub. Law 104-190, requires that the**

SOCIAL SECURITY ADMINISTRATION

Date: February 20, 2018
Claim Number: XXX-XX-2307A

LARRY D FORD
3527 MARIS WAY
HUMBLE TX 77338-4430

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2017, the full monthly
Social Security benefit before any deductions is.....\$ 2219.30

We deduct \$134.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 2085.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third Wednesday of each month.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

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).

STATE OF TEXAS

§

COUNTY OF HARRIS

§

AFFIDAVIT

I CERTIFY THAT THE INFORMATION WHICH I FURNISH THE HARRIS COUNTY DISTRICT ATTORNEY'S OFFICE IN THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS FURNISHED FOR THE SOLE PURPOSE OF INSTITUTING CRIMINAL PROSECUTION IN THE EVENT INVESTIGATION INDICATES CRIMINAL ACTIVITY. I UNDERSTAND THAT, ALTHOUGH A COURT MAY ORDER RESTITUTION IN A CRIMINAL CASE, I AM NOT REQUESTING CRIMINAL PROSECUTION FOR THE SOLE PURPOSE OF RECOVERING PERSONAL PROPERTY OR ANY OTHER THING OF VALUE.

I AUTHORIZE THE DISTRICT ATTORNEY'S OFFICE TO USE THE INFORMATION, WHICH I PROVIDE, IN ANY MANNER DEEMED NECESSARY AND PROPER.

Larry Ford
Signature of Complaining Party

Larry Ford
Complainant's Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME this 25 day of April, 2023

ASA
Notary Public in and for the
State of Texas

My commission expires: 5/25/2024

