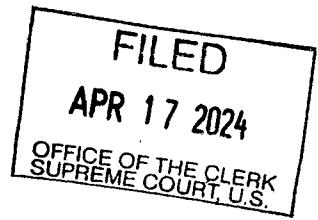


No. 24 - 5081



IN THE  
SUPREME COURT OF THE UNITED STATES

Larry Edward Webster Jr — PETITIONER  
(Your Name)

VS.

Industrial Claim Appeals Office. "et al", — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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

Please check the appropriate boxes:

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

State of Colorado. Office of Administrative Courts, 1525 Sherman Street. 4<sup>th</sup> Floor

Denver, Colorado 80203

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.

Larry Edward Webster Jr,

(Signature)

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

I, Larry Edward Webster Jr, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
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>0</u>	\$ <u>534.00</u>	\$ <u>0</u>	\$ <u>963.00</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>405.00</u>	\$ <u>0</u>	\$ <u>405.00</u>	\$ <u>78.00</u>
Other (specify): <u>Phone bill</u>	\$ <u>30.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly income:</b>	<b>\$ <u>435.00</u></b>	<b>\$ <u>534.00</u></b>	<b>\$ <u>405</u></b>	<b>\$ <u>1,041.00</u></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>
<u>N/A</u>	_____	_____	\$_____
<u>N/A</u>	_____	_____	\$_____
<u>N/A</u>	_____	_____	\$_____

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>
<u>N/A</u>	_____	_____	\$_____
<u>N/A</u>	_____	_____	\$_____
<u>N/A</u>	_____	_____	\$_____

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>
<u>NONE</u>	\$ <u>0</u>	\$ <u>00</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 N/A

Other real estate  
 Value N/A

Motor Vehicle #1  
 Year, make & model N/A  
 Value                   

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

Other assets  
 Description N/A  
 Value

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
<u>Czarnowski/Trumbull Ins</u>	<u>\$ 170,000,000</u>	<u>\$ 0</u>
<u>Giddings/czarnowski/Trum</u>	<u>\$ 65,000,000</u>	<u>\$ 0</u>
	<u>\$ _____</u>	<u>\$ _____</u>

7. State the persons who rely on you or your spouse for support instead of names (e.g. "J.S." instead of "John Smith").

For minor children, list initials

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
<u>L C. W—C</u>	<u>son</u>	<u>14</u>
<u>J L W</u>	<u>daughter</u>	<u>17</u>

8. Estimate the average monthly expenses of you and your family paid by your spouse. Adjust any payments that are made weekly, annually to show the monthly rate.

Show separately the amounts biweekly, quarterly, or

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	<u>\$ 0</u>	<u>\$ 0</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	<u>\$ 0</u>	<u>\$ 900.00</u>
Home maintenance (repairs and upkeep)	<u>\$ _____</u>	<u>\$ 200.00</u>
Food	<u>\$ 405.00</u>	<u>\$ 78.00</u>
Clothing	<u>\$ 0</u>	<u>\$ 400.00</u>
Laundry and dry-cleaning	<u>\$ 0</u>	<u>\$ 200</u>
Medical and dental expenses	<u>\$ 0</u>	<u>\$ 0</u>

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: <u>N/A</u>	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments <u>N/A</u>		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 534.00	\$ 963.00
Department store(s)	\$ 0	\$ 0
Other: <u>N/A</u>	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses :</b>	<b>\$ 534.00</b>	<b>\$ 963.00</b>

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 have not been able to work since 3/31/2016. do to my work comp injury to my head and spine Which since then all doctors has placed me off work and I lost everything and I have no income coming in accept for my sons disability check which is for my son Leonard C Webster-Crawford.

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

Executed on: Larry Edward Webster Jr., 2024.

Larry Edward Webster Jr.  
(Signature)

The Petitioner was referred to Injury1 of Waco, on 10-24-2018, After the Recommendation of Dr. Sacha 4/17/2017. Recommending Maintenance Medical Care For 6-12 months with Gym and a Pool Therapist and the Petitioner was told that Dr. Sacha should have not released me to maximum medical improvement and treated the Petitioner for 6 months and recommended Permanent total disability assessing a 'Higher Level of Care'. And the Defendants failed to admit to those injuries. And violated many Court orders in regards to penalties Granted By. PALJ Barbo on 12/7/2017.and I have not received a Hearing by a Judicial forum and Court of Appeals Rule 38 should apply.