

24-5207
No.

ORIGINAL

In the Supreme Court of the United States

In the Interest of T.C., A Child

FILED

JUN 10 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

On Appeal from Cause No. 24-0066 in the Supreme Court of Texas; Cause No. 02-23-00260-CV in the Second District of Appeals in Fort Worth, Texas; and Cause No. 21-2973-462 in the 46th Judicial District Court in Denton County, Texas.

Motion for Leave to File In Forma Pauperis for Petitioner's Petition Writ of Certiorari

To the Honorable Supreme Court of the United States of America:

Eric Crane (furtherwith Petitioner) comes before this Honorable Court of the United States of America, filing this motion in regards to his Petition for Writ of Certiorari and in support of the following motion shows:

In the Appellate proceedings in Cause No. 02-23-00260-CV from the Denton County trial court; Cause No 21-2973-462; the Second District of Appeals at Fort Worth, Texas, found the Petitioner of this filing (previously Appellant) to be indigent and was allowed to proceed without prepayment of costs. The final Bill of Costs is attached to this motion as Exhibit A, showing his indigence.

In the Supreme Court of Texas in Cause No. 24-0066, Petitioner of this filing was found to be indigent and allowed to proceed without prepayment of costs. Exhibit B is the reply petitioner received when requested Bill of Costs from the above court to establish indigence.

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

I, ERIC CRONE, 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>NA</u>	\$ <u>0</u> <u>NA</u>	\$ <u>NA</u>
Self-employment	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u> <u>NA</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u> <u>NA</u>	\$ <u>NA</u>
Interest and dividends	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Gifts	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Alimony	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Child Support	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Total monthly income:	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</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
NA	NA	NA	\$ NA 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
NA	NA	NA	\$ 0
			\$
			\$

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

Financial institution	Type of account	Amount you have	Amount your spouse has
NA	NA	\$ NA	\$ NA

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

Home

Value NA

Other real estate

Value NA

Motor Vehicle #1

Year, make & model 2003 FORD GT MUSTANG

Value 0 *

Motor Vehicle #2

Year, make & model NA

Value NA

Other assets

Description NA

Value NA

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
<u>NA</u>	\$ <u>0</u>	\$ <u>0</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>NA</u>	<u>NA</u>	<u>NA</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ <u>0</u>	\$ <u>NA</u>
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)	\$ <u>0</u>	\$ <u>NA</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>NA</u>
Food	\$ <u>0</u>	\$ <u>NA</u>
Clothing	\$ <u>0</u>	\$ <u>NA</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>NA</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>NA</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>NA</u>
Life	\$ <u>0</u>	\$ <u>NA</u>
Health	\$ <u>0</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>NA</u>
Other: _____	\$ <u>0</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0 NA</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>NA</u>
Credit card(s)	\$ <u>0</u>	\$ <u>NA</u>
Department store(s)	\$ <u>0</u>	\$ <u>NA</u>
Other: _____	\$ <u>0</u>	\$ <u>NA</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>NA</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>NA</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>NA</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? M Yes M 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.
* #5 *The cost of the repairs exceed the value of the car.*

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

Executed on: 7-15 7-17, 2024



(Signature)

Exhibit

IV

BILL OF COSTS

**Court of Appeals
Second Appellate District of Texas
at Fort Worth**

No. 02-23-00260-CV

IN THE INTEREST OF R.C., A CHILD

(No. 21-2973-462 IN THE 467TH DISTRICT COURT OF DENTON COUNTY)

Fee date	Type of Fee	Charges	Paid	By
10/05/2023	Motion fee	\$10.00	EXEMPT	APPELLEE
09/27/2023	Reporter's record	\$144.00	INDIGENT	
09/25/2023	Clerk's record	\$57.00	INDIGENT	
07/24/2023	Filing	\$205.00	INDIGENT	

Balance of costs owing to the Court of Appeals, Second District of Texas, Fort Worth: 0.00

Court costs in this cause shall be paid as per the Judgment issued by this Court.

I, DEBRA SPISAK, CLERK OF THE SECOND COURT OF APPEALS OF THE STATE OF TEXAS, do hereby certify that the above and foregoing is a true and correct copy of the cost bill of THE COURT OF APPEALS FOR THE SECOND DISTRICT OF TEXAS, showing the charges and payments, in the above numbered and styled cause, as the same appears of record in this office.



IN TESTIMONY WHEREOF, witness my hand and the Seal of the **COURT OF APPEALS** for the Second District of Texas, this April 25, 2024.

DEBRA SPISAK, CLERK

Debra Spisak