

24-5948

No. USCA5-22-5011

IN THE
SUPREME COURT OF THE UNITED STATES

Colette Sawyer PETITIONER
(Your Name)

FILED
JUN 21 2023
OFFICE OF THE CLERK
SUPREME COURT OF THE UNITED STATES

ORIGINAL

VS.

listed on cover page 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):

Fed 1:21-cv-000151 5th circuit 22-5011

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.

Colette Sawyer
(Signature)

Oct 28 2024

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

I, Coleen Savage, 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>1400</u> | \$ _____ | \$ _____ | \$ _____ |
| Self-employment | \$ <u>1000</u> | \$ _____ | \$ _____ | \$ _____ |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Interest and dividends | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Gifts | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Alimony | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Child Support | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>1,200</u> | \$ _____ | \$ _____ | \$ _____ |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Unemployment payments | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Other (specify): _____ | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Total monthly income: | \$ <u>3600</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 |
|------------------------------|---------|---------------------|-------------------|
| Roots Caregiving 129 offerte | | 2020 - 2024 | \$ 1400 |
| Donna Sander | | 2020 2024 | \$ 1000 |
| Caregiving | | | \$ |

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 |
|------------|---------|---------------------|-------------------|
| No spouse! | | | \$ |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$ 200.

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 |
|---|-----------------|------------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

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

Home Vacant

Value Blg. 15,000

Other real estate

Value 20,000 cottage

Vacant

Motor Vehicle #1 1994

Year, make & model mer. wrecked

Value 1000

Motor Vehicle #2

Truck 1994

Year, make & model F150

Value 4,000

Other assets

Description Van - \$1,000 - 1987

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 |
|---------------------------------------|--------------------|----------------------------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

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 |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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) | \$ 500 | \$ _____ |
| 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) | 250 | |
| | 300 incl | |
| Home maintenance (repairs and upkeep) | \$ 500 | \$ _____ |
| Food | \$ 500 | \$ _____ |
| Clothing | \$ none | \$ _____ |
| Laundry and dry-cleaning | \$ none | \$ _____ |
| Medical and dental expenses | \$ 250 | \$ _____ |
| | broken down | |

| | You | Your spouse |
|---|--------------------------------|-------------|
| GAS Transportation (not including motor vehicle payments) | \$ 150 | \$ _____ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 50 | \$ _____ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ 50 | \$ _____ |
| Life LTC Longterm Care | \$ 125 | \$ _____ |
| Health | \$ 100. | \$ _____ |
| Motor Vehicle ins | \$ 125 | \$ _____ |
| Other: cremation | \$ 50 | \$ _____ |
| AAA | \$ 50 | \$ _____ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): Kitchen | \$ _____ | \$ _____ |
| Installment payments | | |
| Motor Vehicle repairs | \$ 150 | \$ _____ |
| Credit card(s) | \$ _____ | \$ _____ |
| Department store(s) | \$ _____ | \$ _____ |
| Other: Lowes remodelerstak Sometimes | \$ 400 | \$ _____ |
| Alimony, maintenance, and support paid to others less | \$ _____ | \$ _____ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ _____ | \$ _____ |
| Other (specify): printing - office laptop repair | \$ 700 <small>one time</small> | \$ _____ |
| Total monthly expenses: | \$ 3,300- | \$ _____ |
| | 3,400 | |

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.

printing is expensive also-

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

Executed on: Aug 22 -, 202024


(Signature)

24-5948
No USCA 522-5011

FILED

JUN 21 2023

OFFICE OF THE CLERK
SUPREME COURT U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Kent Graham — PETITIONER
(Your Name)

VS.

Statement — 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):

Temple, TX

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

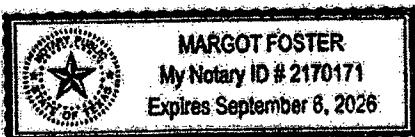
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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: _____

Sign Ivy Temple TX, or

a copy of the order of appointment is appended.



State of Texas
County of Hill

(Signature)

This instrument was acknowledged before me
on 11/1/2023 at Kent Graham

Notary Public Seal
Notary Public's Signature
My commission expires September 6, 2024

RECEIVED

NOV - 4 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Kent Ganem, 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>902</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Disability (such as social security, insurance payments) | \$ <u>304</u> | \$ <u>0</u> | \$ <u>0</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>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Total monthly income: | \$ <u>1206</u> | | \$ <u>0</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 |
|----------|---------|---------------------|-------------------|
| _____ | _____ | _____ | \$ |
| _____ | _____ | _____ | \$ |
| _____ | _____ | _____ | \$ |

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 |
|----------|---------|---------------------|-------------------|
| _____ | _____ | _____ | \$ |
| _____ | _____ | _____ | \$ |
| _____ | _____ | _____ | \$ |

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.

| Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| WIF | \$ 100 | \$ |
| _____ | \$ | \$ |
| _____ | \$ | \$ |

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

| | |
|--|--|
| <input type="checkbox"/> Home Value _____ | <input type="checkbox"/> Other real estate Value _____ |
| <input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model 1997 Value 1,000 | <input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____ |
| <input type="checkbox"/> 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 |
|---------------------------------------|--------------------|----------------------------|
| <u>D</u> | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |

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 |
|----------|-------------------|-----|
| <u>D</u> | <u>No Spouse</u> | |
| | <u>No partner</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>D</u> | \$ _____ |
| Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ <u>100</u> | \$ _____ |
| Home maintenance (repairs and upkeep) | \$ <u>100</u> | \$ _____ |
| Food | \$ <u>400</u> | \$ _____ |
| Clothing | \$ _____ | \$ _____ |
| Laundry and dry-cleaning | \$ <u>40</u> | \$ _____ |
| Medical and dental expenses | \$ <u>100</u> | \$ _____ |

| | You | Your spouse |
|---|-----------------|-------------|
| Transportation (not including motor vehicle payments) <i>repairs gas</i> | \$ 250 | \$ |
| Recreation, entertainment, newspapers, magazines, etc. <i>Internet</i> | \$ 60 | \$ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ | \$ |
| Life | \$ | \$ |
| Health | \$ | \$ |
| Motor Vehicle | \$ 7200 | \$ |
| Other: | \$ | \$ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <i>taxes on house</i> | \$ 68 | \$ |
| Installment payments <i>tax</i> | | |
| Motor Vehicle | \$ | \$ |
| Credit card(s) | \$ | \$ |
| Department stores | \$ | \$ |
| Other: | \$ | \$ |
| Alimony, maintenance, and support paid to others | \$ | \$ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ | \$ |
| Other (specify): | \$ | \$ |
| Total monthly expenses: | \$ 1,280 | |

Kent Graham

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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 had a stroke when Mark took my home

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

Executed on: Aug 21 Oct 28, 2024

Kent Graham

(Signature)

Kent Graham
October 28, 2024