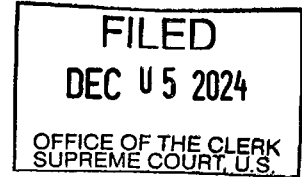


24-6219

ORIGINAL

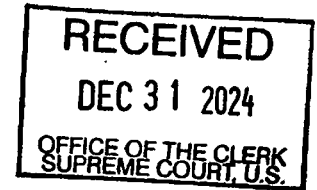
IN THE
SUPREME COURT OF THE UNITED STATES
ESTATE OF ALVIN DAVID SMITH



CARLA COWAN - Pro-SE — PETITIONER
(Your Name)

VS.

JAMES FURLOW — 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):

Delaware Chancery Court , Delaware Supreme 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:

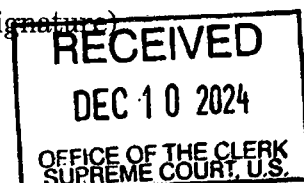
☒ The appointment was made under the following provision of law: _____

Court to review the Judgment or Order in question pursuant to a Writ of Certiorari is 28 U.S.C. § 1257.
Judgment or Order to be reviewed was entered was Delaware Supreme Court case 44.2024 September 30, 2024

☒ a copy of the order of appointment is appended:

Carla Cowan

(Signature)



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

I, CARLA COWAN, 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>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Self-employment	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>
Income from real property (such as rental income)	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</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>417.00</u>	\$ <u>1,020</u>	\$ <u>417.00</u>	\$ <u>1,020</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>417.00</u>	\$ <u>1,020</u>	\$ <u>417.00</u>	\$ <u>1,020</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
N/A			\$
			\$
			\$

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
N/A			\$
			\$
			\$

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	\$ 0.00	\$ 0.00
	\$	\$
	\$	\$

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

☐ Home
Value _____

☐ Other real estate
Value _____

☒ Motor Vehicle #1
Year, make & model 2003 kia SPECTRA
Value 2,500

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

☐ 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
N/A	\$ N/A	\$ N/A
	\$	\$
	\$	\$

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		

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)	\$ 184.00	\$ 0
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)	\$ 245.00	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 150.00	\$ 200.00
Clothing	\$ 0	\$ 100.00
Laundry and dry-cleaning	\$ 0	\$ 50.00
Medical and dental expenses	\$ 0	\$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 40.00	\$ 40.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 36.00	\$ 0
Life	\$ 24.60	\$ 17.68
Health	\$ 0	\$ 0
Motor Vehicle	\$ 125.00	\$ 0
Other: WATER BILL , SEWER	\$ 40.00	\$ 50.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): N/A	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: INTERNET	\$ 80.00	\$ 0
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):	\$ 0	\$ 0
Total monthly expenses:	\$ 102.40	\$ 367.01

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

Executed on: _____ December 26th, 2024

pec

Carla Coover
(Signature)

SOCIAL SECURITY
SUITE 200
920 W BASIN ROAD
NEW CASTLE DE 19720

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: December 1, 2024
BNC#: 24S1584D38208 DS



0093644 00093644 1 AB 0.593 CN6LNA T312 P7
COLA MO4 11/24 267 24S1584D38208
BILLY LAKEITH COWAN
FOR CARLA MARIE COWAN
2 CURLEW CIRCLE
NEWARK DE 19702-4211

We plan to increase CARLA M. COWAN's monthly Supplemental Security Income (SSI) payment from \$207.50 to \$212.00 beginning January 2025. The amount will change because of a rise in the cost of living. She will continue to get the new amount each month unless there is a change in the information we use to figure her payment.

The rest of this letter explains more about CARLA M. COWAN's SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how her income and her spouse's income, other than any SSI payments, affect her SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Her Payments

Your bank or other financial institution will receive her monthly payment of \$212.00 around January 1, 2025, and on the first of each month after that.

Information Used In Making The Decision

Our records show that the following income used to figure her payment has also changed--

The increased Social Security benefits--before deductions for Medicare premiums, if any, of \$1,046.00 received by her spouse. This increased check should be received about January 3, 2025. We must count the increase in the benefits of her spouse even though we are counting the other income for November 2024.

See Next Page

SOCIAL SECURITY
SUITE 200
920 W BASIN ROAD
NEW CASTLE DE 19720

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: December 1, 2024
BNC#: 24S1584D38208 DS



0093643 00093643 1 AB 0.593 CN6LNA T312 P7
COLA MO4 11/24 267 24S1584D38208
CARLA MARIE COWAN
2 CURLEW CIRCLE
NEWARK DE 19702-4211



We plan to increase your monthly Supplemental Security Income (SSI) payment from \$207.50 to \$212.00 beginning January 2025. The amount will change because of a rise in the cost of living. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income and your spouse's income, other than any SSI payments, affect your SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Your Payments

Your representative payee will receive your monthly payment of \$212.00 around January 1, 2025, and on the first of each month after that.

Information Used In Making The Decision

Our records show that the following income used to figure your payment has also changed—

The increased Social Security benefits-before deductions for Medicare premiums, if any, of \$1,046.00 received by your spouse. This increased check should be received about January 3, 2025. We must count the increase in the benefits of your spouse even though we are counting the other income for November 2024.

See Next Page

SOCIAL SECURITY
SUITE 200
920 W BASIN ROAD
NEW CASTLE DE 19720

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: December 1, 2024
BNC#: 24S1787B83404 DI



0093642 00093642 1 AB 0.593 CN6LNA T312 P7
COLA MO4 11/24 267 24S1787B83404
BILLY LAKEITH COWAN
2 CURLEW CIRCLE
NEWARK DE 19702-4211

We plan to increase your monthly Supplemental Security Income (SSI) payment from \$207.50 to \$212.00 beginning January 2025. The amount will change because of a rise in the cost of living. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income and your spouse's income, other than any SSI payments, affect your SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Your Payments

Your bank or other financial institution will receive ~~your~~ monthly payment of \$212.00 around January 1, 2025, and on the first of each month after that.

Information Used In Making The Decision

Our records show that the following income used to figure your payment has also changed--

Your increased Social Security benefits--before any deductions for Medicare premiums-- of \$1,046.00. You should receive the increased Social Security benefit about January 3, 2025. We must count the increase in your benefits for January 2025 even though we are counting your other income for November 2024.

See Next Page



Notice of Changes to Your Food Benefits

State of Delaware Division of Social Services

December 9, 2023

Your Case #:
6009550769

Questions? Contact:
A. CROSS
POOL# 230
153 E CHESTNUT HILL RD
ROBSCOTT BLDG.
NEWARK DE 19713
(302) 451-3640
Fax: (302) 451-3628

To: BILLY L COWAN
2 CURLEW CIR
NEWARK DE 19702-4211

En Español

Se harán cambios a sus beneficios de alimentos tal y como se indica a continuación.
Si usted no entiende este aviso o necesita que se lo traduzcan, favor de llamar al Departamento de
Relaciones con el cliente al 1-800-372-2022.

Bằng Tiếng Việt

Quyền lợi trợ cấp thực phẩm của quý vị sẽ thay đổi như trình bày dưới đây.
Nếu quý vị không hiểu được thông báo này hoặc cần được phiên dịch, xin gọi cho Ban Liên Hệ
Khách Hàng tại số 1-800-372-2022.



Do you know about our **ASSIST** online services? If you use our online services you may not have to come into the
office. ASSIST makes it easier to:

- View a summary of your benefits
- Request other services

- Report a change
- Submit an application or renewal

You can access ASSIST at <https://assist.dhss.delaware.gov>

Your food benefits will DECREASE on January 1, 2024.

Benefits Start	Benefits End	Current Amt	Change	New Amt
January 1, 2024	June 30, 2024	\$ 213.00	-\$ 20.00	\$ 193.00

This is because:

You will get \$ 1020.00 from Social Security (Title II) in JANUARY .

AND

You will get \$ 207.43 from SSI - Supplemental Security Income in JANUARY .

AND

CARLA COWAN will get \$ 207.43 from SSI - Supplemental Security Income in JANUARY .

The rules we used to take this action are: 2014, 9065, 9085 DSSM



**If you do not agree with this action, you have the right to a fair hearing.
Read the last page of this notice to see how to ask for a fair hearing.**



Net Income Section: January 2024

NET INCOME is the amount you have left after we subtract your EXPENSES and DEDUCTIONS from your GROSS INCOME.

EXPENSES include certain allowable day to day costs that you have. This may include:

- Shelter/Utility Expenses like rent, mortgage payments, property taxes and utility bills.
- Medical Expenses like hospital bills and medications.
- Dependent Care Expenses like child care.

DEDUCTIONS include additional amounts that we subtract from your income. This may include:

- A Work Deduction equal to 20% of your TOTAL EARNED INCOME (Excluding Total Deemed Earned Income).
- A Standard Deduction for a fixed amount based on the number of people in your household.
- An Excess Shelter Deduction equal to your Shelter/Utility expenses minus half of your ADJUSTED INCOME (up to a **maximum of \$ 672.00**).

NOTE: If someone in your household is age 60 or over or getting a Social Security or Veteran's check, you might be able to get a larger shelter deduction.

ADJUSTED INCOME is your GROSS INCOME minus your Work Deduction and Standard Deduction.

	Monthly Amount	What We Count
TOTAL GROSS INCOME (From previous page)		\$ 1,434.86

DEDUCTIONS

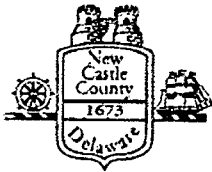
Work Deduction (20% of \$ 0.00)	\$ -0.00	
Standard Deduction	\$ -198.00	
TOTAL DEDUCTIONS		\$ -198.00
ADJUSTED INCOME		\$ 1,236.86

SHELTER /UTILITY EXPENSES

Rent or Mortgage	\$ 184.00	
Utility Deduction	\$ 534.00	
(The Utility Deduction is the amount of expenses we count for all of your utilities.)		
TOTAL SHELTER / UTILITY EXPENSES	\$ 718.00	

EXCESS SHELTER DEDUCTION

Half of your ADJUSTED INCOME (50% of \$ 1,236.86)	\$ 618.43	
Excess Shelter Deduction (\$ 718.00 - \$ 618.43)	\$ 99.57	
Total Excess Shelter Deduction		\$ -99.57



NEW CASTLE COUNTY HOUSING AUTHORITY
Housing Choice Voucher Program

77 READS WAY, NEW CASTLE, DE 19720 • WWW.NEWCASTLEDE.GOV
(302) 395-5600 • FAX (302) 395-5591

Section 8 Housing Voucher Program - Notice of change to Lease and Contract

07/17/2023

Tenant Code: t1006266

Billy Cowan Sr
2 Curlew Cir
Newark, DE 19702

The contract dated 11/06/2018, entered into between the Owner, Delaware Realty Management, and the PHA, New Castle County and the LESSEE ('FAMILY'), Billy Cowan Sr(t1006266) for the following described unit 2CURLWC located at 2 Curlew Cir, Newark, DE 19702 is amended as follows:

The reason for this change is due to:

☒ **REEXAMINATION**

Annual Review of family income and/or composition.

☐ **INTERIM ADJUSTMENT**

Interim change in family income and/or composition.

☒ **RENT ADJUSTMENT**

The owner/agent request for a rent adjustment.

☐ **CHANGE IN FAMILY COMPOSITION**

<u>Adjustment in Payment</u>	<u>From</u>	<u>TO</u>
HAP Payment	911	1184
Tenant Rent	184	116
Total Rent to Owner	1095	1300
URP	0	0

Effective Date

This change to the Housing Voucher Contract and/or Lease Agreement will be effective from 11/01/2023. The next reexamination is due on 11/01/2024.

This change is presented to you in accordance with the terms and conditions of the Housing Voucher Contract and/or Lease Agreement and shall be attached to and made a part of your Housing Voucher Contract and/or Lease Agreement. All other covenants, terms and conditions of the original Housing Voucher Contract and/or Lease Agreement remain the same.

To the Tenant Only

If you disagree with this decision, you may request an informal hearing. If a hearing is desired, you must submit a written request to this office within 14 days of this notice or your right to a hearing will be waived.

Sincerely,
Joan Roberts



Your electric and gas bill - Dec 2023

for the period **November 29, 2023 to December 26, 2023**

WAYS TO SAVE: Find Tips and Programs That Help

Learn more at delmarva.com/WaysToSave

BILLY COWAN

Account number: **[REDACTED]**

Your service address: 2 CURLEW CIR
NEWARK DE 19702

Bill Issue date: Dec 27, 2023

Summary of your charges

Balance from your last bill	\$874.60
Changes to your electric balance	\$664.32-
Changes to your gas balance	\$210.28-
Your payment(s) - thank you	\$956.75-
Balance forward as of Dec 27, 2023	\$956.75-
New electric charges	\$815.48
New gas charges	\$334.30
Total amount due by Jan 17, 2024	\$193.03

Find helpful storm preparation and power outage information at delmarva.com

You can access the Delmarva Power Delaware electric and/or gas tariffs at delmarva.com/tariffs.

Learn how to save energy and money by registering for MyAccount at www.delmarva.com.

Your smart meter is read wirelessly. Visit My Account at delmarva.com to view your daily and hourly energy usage.

How to contact us

Customer service (Mon-Fri, 7 a.m. - 7 p.m.)

TTY English

TTY Spanish

Electric emergencies & outages (24 hours)

Natural gas emergencies (24 hrs)

¿Problemas con la factura?

Visit delmarva.com

1-800-375-7117

1-800-232-5460

1-877-335-7595

1-800-898-8042

1-302-454-0317

1-800-375-7117

You can help a Delmarva customer in need of assistance with their energy bills by contributing to the Good Neighbor Energy Fund. Simply pay exactly \$1.00 over your Delmarva bill amount and that dollar will be contributed to the Good Neighbor Energy Fund administered by a 501(c)3 non-profit organization in your community. Contributions must be exactly \$1.00 over the billed amount; amounts over \$1.00 will result in a credit to your account. Delmarva Power will also contribute \$1.00 to the fund for every \$3.00 in customer donations, up to \$70,000.

Please tear on the dotted line below. Invoice Number: 200472123536 Page 1 of 5

Return this coupon with your payment
made payable to Delmarva Power.

Account number

5001 6926 37

Total amount due by Jan 17, 2024

\$193.03

1005268 02 AV 0.498 **AUTO T4 0 4308 19702-421102 -C23-P05273-I12 4
2DE03928



BILLY COWAN
2 CURLEW CIRCLE
NEWARK DE 19702-4211



Amount
Paid:

\$ **193.03**

PO BOX 13609
PHILADELPHIA PA 19101



1005268 02 AV 0.498 **AUTO T4 0 4308 19702-421102 -C23-P05273-I12 4
2DE03928

Thank you for your continued business and trust in United of Omaha Life Insurance Company.

This is a reminder regarding your upcoming automatic payment for your WHOLE LIFE policy. A payment is currently scheduled for the amount of **\$17.68** to be withdrawn on **06/03/2022**.

Payment Information

Policy Type:	WHOLE LIFE
Policy Ending In:	xxxxxx708
Payment Amount:	\$17.68
Withdrawal Date:	06/03/2022

If you have questions or need to make changes, please log in to your account at

This is a reminder regarding your upcoming automatic payment for your

WHOLE LIFE policy. A payment is currently scheduled for the amount of **\$24.60**

to be withdrawn on **06/03/2022**.

Payment Information

Policy Type:

WHOLE LIFE

Policy Ending In:

xxxxxxx656

Payment Amount:

\$24.60

Withdrawal Date:

06/03/2022

If you have questions or need to make changes, please log in to your account at mutualofmaha.com/customer-access at least 3 business days before the scheduled withdrawal date. You can also call us at 1-800-775-6000. Representatives