

NO. _____

IN THE
SUPREME COURT OF THE UNITED STATES

KEZIAH THAYER,

Petitioner,

- v. -

VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES (“DCF”),
LAURA KNOWLES, SUPERVISOR, DCF; KAREN SHEA, FORMER
DEPUTY COMMISSIONER FOR THE DCF FAMILY SERVICES DIVISION
 (“FSD”); MONICA BROWN, DCF CASE WORKER; CHRISTOPHER
 CONWAY, DCF CASE WORKER; JENNIFER BURKEY, DCF DISTRICT
 DIRECTOR, each in their individual capacities; KENNETH SCHATZ,
 COMMISSIONER, DCF; *et al.*

Respondents.

*On Petition for a Writ of Certiorari to the United States Court of Appeals for
the Second Circuit*

**Motion for Leave to Proceed *in Forma Pauperis* and Affidavit in
Support**

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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
for the District of Vermont
- 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 here.
- 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.

Krypta White
(Signature)

I, Krystal White,

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> |
| Disability (such as social security, insurance payments) | \$ <u>290</u> | \$ <u>1,170</u> | \$ <u>290</u> | \$ <u>1,170</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>290</u> | \$ <u>1,170</u> | \$ <u>290</u> | \$ <u>1,170</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 |
|------------|---------|---------------------|-------------------|
| <u>NIA</u> | _____ | _____ | \$_____ |
| <u>NIA</u> | _____ | _____ | \$_____ |
| <u>NIA</u> | _____ | _____ | \$_____ |

3. List your spouse's 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 |
|------------|---------|---------------------|-------------------|
| <u>NIA</u> | _____ | _____ | \$_____ |
| <u>NIA</u> | _____ | _____ | \$_____ |
| <u>NIA</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.

| Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| <u>NIA</u> | \$_____ | \$_____ |
| <u>NIA</u> | \$_____ | \$_____ |

N/A \$_____ \$_____

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

Home Value: \$ N/A

Other real estate: \$ N/A

Motor Vehicle #1

Year, Make & Model: Subaru legacy 2003

Value: \$ 500.00

Motor Vehicle #2

Year, Make & Model: N/A

Value: \$ N/A

Other assets

Description:

N/A

Value: \$ 0

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>N/A</u> | \$_____ | \$_____ |
| <u>N/A</u> | \$_____ | \$_____ |
| <u>N/A</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>RoRi Williams</u> | <u>daughter</u> | <u>20</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 | \$ <u>1217</u> - <u>916</u> \$ <u>301</u> | \$ <u>Bills</u> / <u>Payments</u> <u>Combined</u> <u>Distributed</u> <u>Between</u> <u>John & Krystal</u> |

(include lot
rented for
mobile home)

Are real estate
taxes
included?

N/A _____

Is property
insurance
included?

N/A _____

Utilities
(electricity,
heating fuel,
water, sewer,
and telephone)

\$ 270 \$ _____

Home
maintenance
(repairs and
upkeep)

\$ N/A \$ _____

Food

\$ 400 (SNAP) \$ _____

Clothing

\$ N/A \$ _____

Laundry and
dry-cleaning

\$ 20.00 \$ _____

Medical and dental expenses \$ N/A \$ _____

Transportation (not including motor vehicle payments) \$ 80.00 \$ _____

Recreation, entertainment, newspapers, magazines, etc. \$ N/A \$ _____

Insurance (not deducted from wages or included in mortgage payments):

Homeowner's or renter's \$ 45.00 \$ _____

Life \$ N/A \$ _____

Health \$ N/A \$ _____

Motor Vehicle \$ 15.00 \$ _____

Other: \$ N/A \$ _____

Taxes (not deducted from wages or included in mortgage payments) \$ N/A \$ _____

Installment payments:

Motor Vehicle \$ N/A \$ _____

Credit card(s) \$ N/A \$ _____

Department store(s) \$ N/A \$ _____

Other: \$ N/A \$ _____

Alimony, maintenance, and support paid to others \$ 120⁰⁰ \$ _____

Regular expenses for operation of \$ N/A \$ _____

business,
profession, or
farm (attach
detailed
statement)

Other: \$ N/A \$ _____

Total monthly expenses: \$ 130 00 \$ _____

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, please 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:

N/A

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:

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Between my husband and I our monthly income of \$1460 exceeds our basic expenses. Without assistance from HUD (Gilens Falls Housing Authority) in the amount of \$916 It would be impossible for us to afford rent. Additionally Without estimated \$400 in SNAP benefits we would struggle to buy food. Furthermore we are responsible for the care and support of my husbands daughter who is on the Autism spectrum (diagnosis Pending).

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

Executed on April 15, 2025.

Kaytee White
(Signature)