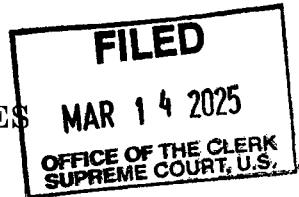


ORIGINAL

No.

24-7142

IN THE  
SUPREME COURT OF THE UNITED STATES



Saad-Hanna (self-representee) — PETITIONER  
(Your Name)

VS.

Rose Medical Center, Dr. Kimberly A. Nelson — 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):

Colorado Supreme Court, Colorado Court of Appeals

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.

  
(Signature)

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

I, Saad -Hanna(self-representee), 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>2.650</u>	\$ _____	\$ <u>2.650</u>	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	<b>\$ <u>2.650</u></b>	<b>\$ <u>2.650</u></b>	<b>\$ _____</b>	<b>\$ _____</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>
Trust Homecare Services Agency	10691E Bethany Dr Suite 220 Aurora, CO 80014	02/11/2025	\$ 1,615.00
			\$
			\$

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>
N/A			\$
			\$
			\$

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.

<b>Type of account (e.g., checking or savings)</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
First Bank Checking account	\$ 600.00	\$ 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 2012 Toyota Sienna  
Value \$ 5,000 XLE

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.

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
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").

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
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.

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 150.00	\$ N/A
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)	\$ 150.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ 250.00	\$ _____
Food	\$ 200.00	\$ _____
Clothing	\$ 200.00	\$ _____
Laundry and dry-cleaning	\$ 50	\$ _____
Medical and dental expenses	\$ 200.00	\$ _____

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 300.00	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 50.00	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 250.00	\$ _____
Life	\$ 100.00	\$ _____
Health	\$ 75.00	\$ _____
Motor Vehicle	\$ 200.00	\$ _____
Other: <u>Car Maintenance</u>	\$ 100.00	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Wage For Monthly payments</u>	\$ 1697.20	\$ _____
Installment payments		
Motor Vehicle	\$ 100.00	\$ _____
Credit card(s)	\$ 200.00	\$ _____
Department store(s)	\$ 0.00	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ 0.00	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	<b>\$ 2.575</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? \_\_\_\_\_

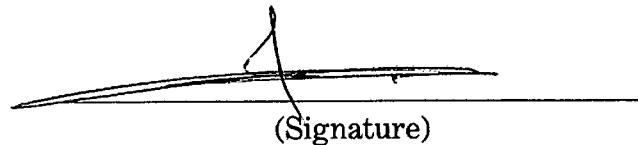
If yes, state the person's name, address, and telephone number:

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

Low income

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

Executed on: 4/29/ 2025



(Signature)

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Company Code Loc/Dept Number Page  
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Trust1 Homecare Services Agency  
10691 E Bethany Dr Suite 200  
Aurora, CO 80014

## Earnings Statement



Period Starting: 02/01/2025  
Period Ending: 02/28/2025  
Pay Date: 03/01/2025

Taxable Filing Status: Single  
Exemptions/Allowances:  
Federal: Std W/H Table  
State: 0  
Local: 0  
Social Security Number: XXX-XX-XXXX

Tax Override:  
Federal: 0.00 Addnl  
State:  
Local:

**Saad Hanna**  
**1474 West Lake Avenue**  
**Littleton, CO 80120-2653**

Earnings	rate	hours/units	this period	year to date
Regular	20.0000	84.86	1697.20	1697.20
Employer Paid Employee share of FL/ML	0.00	0.03	0.03	0.03

<b>Gross Pay</b>	<b>\$1,697.23</b>	<b>\$1,697.23</b>
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Statutory Deductions	this period	year to date
Federal Income	-44.72	44.72
Social Security	-105.23	105.23
Medicare	-24.61	24.61
Colorado State Income	-56.35	56.35
Colorado Paid Family	-7.60	7.60

<b>Net Pay</b>	<b>\$1,458.69</b>
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Other Benefits and Information	this period	year to date
Sick		
- Carry Over	0.00	0.00
- Accrued Hours	0.00	48.00
- Taken Hours	0.00	0.00
- Balance		48.00
Total Hours Worked	84.86	84.86

### Important Notes

Basis of pay: Hourly

Your federal taxable wages this period are \$1,697.23

SEQ 000170  
Company Code Loc/Dept Number Page  
RQ / 33V 21317659 01/ 9605 1 of 1

Trust1Homecare Services Agency  
10691 E Bethany Dr Suite 200  
Aurora, CO 80014

## Earnings Statement



Period Starting: 02/01/2025  
Period Ending: 02/28/2025  
Pay Date: 03/01/2025

Taxable Filing Status: Single

Exemptions/Allowances:

Federal: Std W/H Table  
State: 0  
Local: 0

Tax Override:  
Federal: 0.00 Addnl  
State:  
Local:

Social Security Number: XXX-XX-XXXX

**Saad Hanna**  
1474 West Lake Avenue  
Littleton, CO 80120-2653

Earnings	rate	hours/units	this period	year to date
Regular			0.00	1697.20
Employer Paid Employee share of FL/ML			0.00	0.03
Misc pay		0.00	170.00	170.00
<b>Gross Pay</b>			<b>\$170.00</b>	<b>\$1,867.23</b>

Other Benefits and Information	this period	year to date
Sick		
- Carry Over		0.00
- Accrued Hours	0.00	48.00
- Taken Hours	0.00	0.00
- Balance		48.00

Statutory Deductions	this period	year to date
Federal Income	0.00	44.72
Social Security	-10.54	115.77
Medicare	-2.46	27.07
Colorado State Income	0.00	56.35
Colorado Paid Family	-0.76	8.36
<b>Net Pay</b>		<b>\$156.24</b>

**Important Notes**

Basis of pay: Hourly

Your federal taxable wages this period are \$170.00

Colorado Supreme Court 2 East 14th Avenue Denver, CO 80203	DATE FILED September 11, 2024
Colorado Court of Appeals 2024CA1424 Arapahoe County 2024CV34	
<b>Petitioner:</b>  Saad Hanna,  v.	Supreme Court Case No: 2024SC578
<b>Respondents:</b>  Kimberly A. Nelson, M.D. and Rose Medical Center.	
<b>ORDER OF COURT</b>	

Upon consideration of the Motion to Waive Fees filed in the above cause,  
and now being sufficiently advised in the premises,

IT IS ORDERED the docket fee in the above-captioned matter is waived.

BY THE COURT, SEPTEMBER 11, 2024.