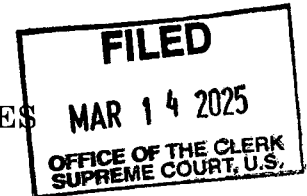


No. 24-7142

ORIGINAL

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.

| Income source  | Average monthly amount during<br>the past 12 months |                 | Amount expected<br>next month |          |
|--|---|-----------------|-------------------------------|----------|
|  | You   | Spouse          | You                           | Spouse   |
| Employment   | \$ <u>2.650</u>                                     | \$ _____        | \$ <u>2.650</u>               | \$ _____ |
| Self-employment  | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| Income from real property<br>(such as rental income)                       | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| Interest and dividends   | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| Gifts  | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| Alimony  | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| Child Support  | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| Retirement (such as social<br>security, pensions,<br>annuities, insurance) | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| Disability (such as social<br>security, insurance payments)                | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| Unemployment payments  | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| Public-assistance<br>(such as welfare)                                     | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| Other (specify): _____   | \$ _____  | \$ _____        | \$ _____                      | \$ _____ |
| <b>Total monthly income:</b>   | \$ <u>2.650</u>                                     | \$ <u>2.650</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 |
|--------------------------------|---|---------------------|-------------------|
| Trust Homecare Services Agency | 10691E Bethany Dr Suite 220<br>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.)

| Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| 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.

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

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| 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<br>(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,<br>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 | \$ _____    |

|  | You             | Your spouse     |
|--|-----------------|-----------------|
| 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,<br>or farm (attach detailed statement) | \$ _____        | \$ _____        |
| Other (specify): _____   | \$ _____        | \$ _____        |
| <b>Total monthly expenses:</b>   | <b>\$ 2.575</b> | <b>\$ _____</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)

SEQ 000174  
Company Code    Loc/Dept    Number    Page  
RQ / 33V 21317659    01/    9527    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                               | 20.0000 | 84.86       | 1697.20     | 1697.20      |
| Employer Paid Employee share of FL/ML |         | 0.00        | 0.03        | 0.03         |

|                  |  |  |                   |                   |
|------------------|--|--|-------------------|-------------------|
| <b>Gross Pay</b> |  |  | <b>\$1,697.23</b> | <b>\$1,697.23</b> |
|------------------|--|--|-------------------|-------------------|

| 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> |
|----------------|-------------------|

| 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 |
| 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> |

| 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> |              |

### 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        |

### Important Notes

Basis of pay: Hourly

Your federal taxable wages this period are \$170.00



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

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.