

No.

25-5094

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

AWAD MUSTAFA

(Your Name)

— PETITIONER

FILED

MAR 06 2025

**OFFICE OF THE CLERK
SUPREME COURT, U.S.**

VS.

HTS Services, Inc., et al

— 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):

Texas Supreme Court, 1st District Court of appeals
Houston, TX, 80th Judicial District of Harris County, 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: _____, or

☐ a copy of the order of appointment is appended.

Omeez

(Signature)

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

I, AWAD MUSTAFA, 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>500</u>	\$ <u>N/A</u>	\$ <u>500</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>2000</u>	\$ <u>N/A</u>	\$ <u>2000</u>	\$ <u>N/A</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
RSI	21210 Kingsland	01/2023	\$ 2200
	Katy, TX		\$
	77450		\$

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	N/A	N/A	\$ N/A
			\$
			\$

4. How much cash do you and your spouse have? \$ 65
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	\$ 147.22	\$ N/A
	\$	\$
	\$	\$

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

☐ Home
Value N/A

☐ Other real estate
Value N/A

☒ Motor Vehicle #1
Year, make & model 03 Lexus LS 430
Value \$ 550

☐ Motor Vehicle #2
Year, make & model N/A
Value

☐ Other assets
Description N/A
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 0

\$ 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

Mariam Mousa

Aunt

80 years

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)

\$ 951

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$ 100

\$ N/A

Home maintenance (repairs and upkeep)

\$ 25

\$ N/A

Food

\$ 500

\$ N/A

Clothing

\$ 25

\$ N/A

Laundry and dry-cleaning

\$ 20

\$ N/A

Medical and dental expenses

\$ 25

\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>200</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>50</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>100</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>IRS Debt</u>	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>0</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>Religious needs</u>	\$ <u>150</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>1,796</u>	\$ <u>N/A</u>

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? _____

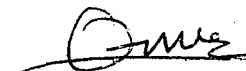
If yes, state the person's name, address, and telephone number:

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

I owe the IRS \$955. I owe Medical bills to Houston Fire Department over \$2000.

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

Executed on: 07/05, 2025



(Signature)



Department of the Treas.
Internal Revenue Service
Austin, TX 73301-0010



For your reference

Notice name CP14 **Tax Year** 2024
Notice date June 2, 2025
Your TIN XXX-XX-3795
Your caller ID 889050
For more information visit [IRS.gov/CP14](https://irs.gov/CP14) to learn more about this notice and avoid waiting on the phone.

18H

N3888-1116477 P083 T05650 01116477 1 AV 0.545

AWAD MUSTAFA
5600 CHIMNEY ROCK RD APT 632
HOUSTON, TX 77081-1993



1116477

Page 1 of 4

Our records show you filed your 2024 Form 1040 with an amount owed.

Amount due by June 23, 2025: \$955.03

What you owe



Scan here to login to
your online account

Your billing summary

(transactions within the last 21 days may not be reflected)

Tax you owed when you filed your return	\$3,037.00
Total penalties	\$9.37
Total interest	\$8.66
Payments and credits	-\$2,100.00
Amount due by June 23, 2025	\$955.03

If you already have an installment or payment agreement in place for this tax year, then continue with that agreement.

If we don't receive a full payment of the amount owed by this date, additional penalties may apply to your account. Penalties can be as high as 50% or more of the tax you owe. In addition, each day you wait to pay after this date, interest accumulates on your total balance.



AWAD MUSTAFA
5600 CHIMNEY ROCK RD APT 632
HOUSTON TX 77081-1993

Notice	CP14
Notice date	June 2, 2025
Taxpayer ID number	XXX-XX-3795



Amount due by June 23, 2025 **\$955.03**

Amount enclosed: _____

- Make your check or money order payable to the United States Treasury.
- Write your **taxpayer identification number**, the **tax year** (2024), and the **form number** (1040) on your payment and mail this slip in with it.

INTERNAL REVENUE SERVICE
P.O. BOX 1235
CHARLOTTE, NC 28201-1235



XXXXXXXXXX PN MUST 30 0 202412 670 00000095503



CITY OF HOUSTON FIRE-EMS
PO BOX 1280
OAKS, PA 19456-1280

CDDIGI07

TO PAY ONLINE BY CREDIT CARD OR PROVIDE
INSURANCE INFORMATION PLEASE VISIT
DH.PAYAMBULANCE.COM

INVOICE DATE
03/20/25

PAY THIS AMOUNT
\$2,194.46

INVOICE #
DHOUS2584448

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SHOW AMOUNT PAID HERE: \$ _____

If you have a potential workers' compensation claim, please see
important message below under description of services performed.

276205603



AWAD MUSTAFA
5600 CHIMNEY ROCK RD APT 632
HOUSTON TX 77081-1993

SEND PAYMENTS AND CORRESPONDENCE TO

CITY OF HOUSTON
P.O. BOX 4945
HOUSTON, TX 77210-4945

☐ Please check box if address is incorrect or insurance information
has changed and indicate change(s) on the reverse side.

TAX ID: 74-6001164

INVOICE

N #: 2

PATIENT NAME		INVOICE #	INCIDENT #	INVOICE DATE
AWAD MUSTAFA		DHOUS2584448	2405260333	03/20/25
ORIGIN:		DESTINATION:		
SCENE 5601 SOUTHWEST FWY HOUSTON, TX 77057		MEMORIAL HERMANN TMC HOSP 6411 FANNIN ST HOUSTON, TX 77030		
DATE	DESCRIPTION OF SERVICES PERFORMED	QTY	RATE	AMOUNT
05/26/24	A0429 BLS EMERGENCY	1.0	\$2,067.82	\$2,067.82
	A0425 MILEAGE	8.0	\$15.83	\$126.64

IF YOU HAVE A POTENTIAL WORKERS' COMPENSATION CLAIM, DO NOT MAKE ANY PAYMENTS BASED ON THIS INVOICE. PLEASE SEND YOUR INSURANCE INFORMATION TO THE PAYMENT AND CORRESPONDENCE ADDRESS ABOVE. PLEASE NOTE THE FOLLOWING: To the extent the services described above resulted from or relate to an injury at work, a workplace injury, an injury that occurred within the course and scope of your employment, or you have or believe you may have a workers' compensation claim, then this Statement is for informational purposes only; is not intended as an attempt to collect, assess, or otherwise recover the stated amounts from you; and will be resolved with your employer and/or your employer's workers' compensation insurance carrier.

THIS CLAIM IS NOT A COVERED SERVICE BY YOUR INSURANCE. THIS MEANS
THE BALANCE DUE IS YOUR RESPONSIBILITY. YOUR PAYMENT OF THIS
BALANCE IS APPRECIATED. THANK YOU

CREDITS: \$0.00

BALANCE DUE
UPON RECEIPT \$2,194.46
OF THIS INVOICE:

THIS IS YOUR SECOND NOTICE, PLEASE REMIT PAYMENT IN FULL OR CALL OUR OFFICE TO ARRANGE A
PAYMENT PLAN. IF YOU HAVE VALID INSURANCE FOR THIS DATE OF SERVICE, PLEASE FORWARD IT TO US. FOR
YOUR CONVENIENCE, INSURANCE INFORMATION CAN BE PROVIDED AND CREDIT CARD PAYMENTS CAN BE
MADE ONLINE AT COH.PAYAMBULANCE.COM/

CHARITY CARE ASSISTANCE MAY BE AVAILABLE. PLEASE VISIT
https://www.houstontx.gov/finance/acct_receivable.html FOR AN APPLICATION

FOR INQUIRIES CALL 1-(877)-659-0481 MON-FRI 8AM - 6PM CST OR EMAIL HOUS@DIGITECHCOMPUTER.COM
(PARA AYUDA EN ESPANOL, FAVOR DE LLAMAR 1-877-659-0482)