

25-6273 *Original*
No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
SEP 29 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Ronnie Coleman — PETITIONER
(Your Name)

VS.

Chevron Phillips Chemical Company LP — 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):

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.

Ronnie C. L.
(Signature)

RECEIVED
NOV 25 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

RECEIVED
OCT - 6 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Ronnie Coleman, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>1154.00</u>	\$ <u>b1 weekly</u>	\$ <u>1154.00</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>1154.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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
Olin Corporation	Freeport, IL	4-8-2024	\$?
Kelly Services	Freeport, IL	?	\$?
			\$?

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
unemployed	—	—	\$ —
unemployed	—	—	\$ —
unemployed	—	—	\$ —

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
Checking	\$ 48.92	\$ 0
Savings	\$ 5.00	\$ 11.92
	\$	\$

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

Home

Value 380,000

Other real estate

Value _____

Motor Vehicle #1

Year, make & model 2024 Infiniti QX60

Value 60,000

LEASE

Motor Vehicle #2

Year, make & model 2025 GMC Sierra

Value 40,000

LEASE

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	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

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
JAVIA COLEMAN	daughter	22 (very ill)

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)	\$ 2300.00	\$ 0
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 690.00	\$ 0
Home maintenance (repairs and upkeep)	\$ 1255.00	\$ 0
Food	\$ 1200.00	\$ 0
Clothing	\$ 500.00	\$ 400.00
Laundry and dry-cleaning	\$ 100.00	\$ 0
Medical and dental expenses	\$ 50.00	\$ 50.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>55.00</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>341.00</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>1900.00</u>	\$ <u>0</u>
Credit card(s)	\$ <u>800.00</u>	\$ <u>750.00</u>
Department store(s)	\$ <u>75.00</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>9211.00</u>	\$ <u>1255.00</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.

If I do not find work very soon, me and my family may be on the streets.

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? can't afford an attorney

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? N/A

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 lost my job at Chevron Phillip in January 4, 2022 and due to my age I am having a very tough time finding work in my field, maybe it is because of my age.

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

Executed on: September 29, 2025


(Signature)

STATEMENT OF OVERPAID UNEMPLOYMENT BENEFITS ACCOUNT
 Statement Date: August 20, 2025

RONNIE R COLEMAN
 3010 DEER XING
 MISSOURI CITY TX 77459-2459
 ######

Account Number: 04-041845-8
 SSN: XXX-XX-4133

PAYMENT INFORMATION		Summary of Account Activity for Claim: 02-04-24	
		CLAIM OVERPAYMENT AMOUNT	ASSESSMENT CHARGES
Payment Due Date:		Previous Balance: \$577.00	Previous Balance: \$0.00
Minimum Payment Due:	\$0.00	Additional Overpayment: \$0.00	Additional Fees/Interest: \$0.00
Total Outstanding Balance for this Claim:	\$0.00	Payments: \$0.00	Payments: \$0.00
		Offsets/Absorptions: \$577.00	Assessment Balance: \$0.00
		Overpayment Balance: \$0.00	
		PENALTY CHARGES	
		Previous Balance: \$0.00	Payments: \$0.00
		Additional Penalty: \$0.00	Penalty Balance: \$0.00

YOUR OVERPAYMENT OF UNEMPLOYMENT INSURANCE BENEFITS HAS BEEN PAID IN FULL.
 THANK YOU.

RETAIN THIS RECEIPT FOR INCOME TAX PURPOSES.

If you have questions about this statement, call (512) 936-3338 or email special.colloverpay@twc.texas.gov.
 HEARING-IMPAIRED CLIENTS: Dial 711 for Relay Texas

BO205E 08/20/13

Detach this portion. Return it with your payment in the enclosed envelope by the due date in the Payment Information box at the top of this letter.
 Pay only by check or money order made payable to Texas Workforce Commission. To ensure proper credit, write your account number noted below on the check or money order.

Account Number: 04-041845-8
 SSN: XXX-XX-4133
 Name on Account: RONNIE R COLEMAN

Amount Due: \$0.00
 Statement Date: August 20, 2025

Enter Amount Enclosed:

--	--	--	--	--	--	--	--

 TWC REVENUE & TRUST MANAGEMENT
 TEXAS WORKFORCE COMMISSION
 PO BOX 149352
 AUSTIN TX 78714-9940



Ronnie Coleman <javia5230@gmail.com>

Fw: Your balance is at or below zero

1 message

ronnie coleman <ron3188@sbcglobal.net>
Reply-To: ronnie coleman <ron3188@sbcglobal.net>
To: ronnie coleman <javia5230@gmail.com>

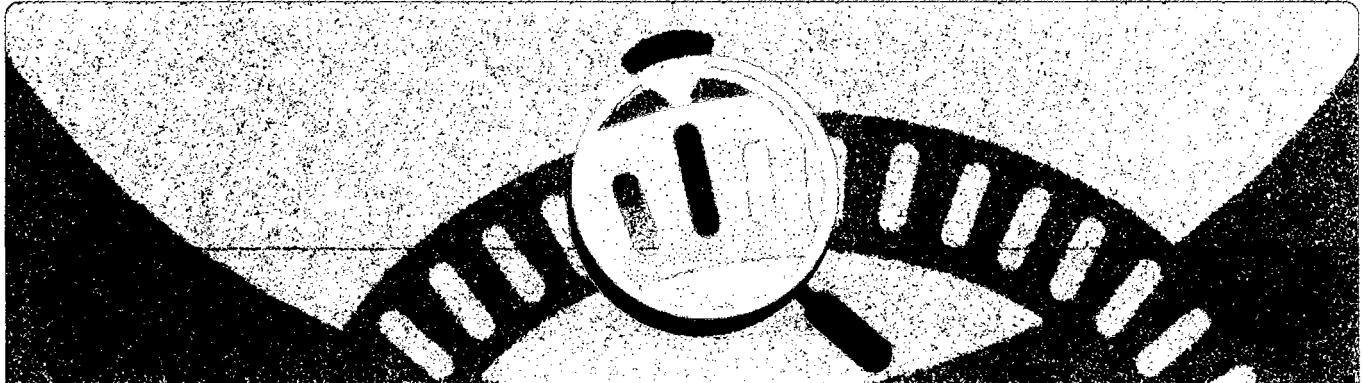
Mon, Sep 29, 2025 at 1:44 AM

H

Sent from AT&T Yahoo Mail on Android

----- Forwarded Message -----

From: "Wells Fargo" <alerts@notify.wellsfargo.com>
To: "ron3188@sbcglobal.net" <ron3188@sbcglobal.net>
Sent: Fri, Sep 26, 2025 at 9:09 AM
Subject: Your balance is at or below zero

WELLS FARGO**Your available balance¹ is -\$321.74**

for account ...1433

As of 09/26/2025 at 09:04 a.m., Central Time. See your latest balance in the app.

[Add money²](#)

With Extra Day Grace Period, you can avoid overdraft fees if your available balance is positive as of 11:59 p.m., Eastern Time on the next business day^{3,4}.

AFFIDAVIT IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS
SUPREME COURT OF THE UNITED STATES

I, Ronnie Coleman, residing at 3010 Deer Crossing, Missouri City, Texas 77459, being duly sworn, depose and state the following under penalty of perjury:

1. I am the Petitioner in this matter currently before the Supreme Court of the United States.
2. I am presently unemployed and have no steady source of income.
3. I am experiencing a severe financial crisis and am unable to pay the filing fees or costs associated with this proceeding.
4. I have no significant assets, savings, or property that could be liquidated to cover such expenses.
5. I respectfully request permission to proceed in forma pauperis, pursuant to Rule 39 of the Rules of the Supreme Court of the United States, as I am unable to pay the required filing fees without undue hardship.
6. I affirm that the statements contained in this affidavit are true and correct to the best of my knowledge and belief.

Executed this 4 day of November, 2025.

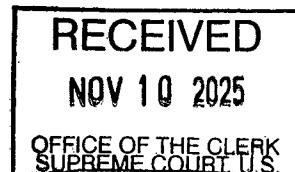


Ronnie Coleman, Petitioner
3010 Deer Crossing
Missouri City, Texas 77459
Phone: 281-804-1423
Email: ron3188@sbcglobal.net

STATE OF TEXAS
COUNTY OF Fort Bend

Before me, the undersigned authority, on this day personally appeared Ronnie Coleman, known to me (or proven by valid identification), who, being duly sworn, stated that the foregoing affidavit is true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this 11 day of November, 2025.



Hawkins

Notary Public, State of Texas

My Commission Expires: 01-05-2027

Seal: _____

