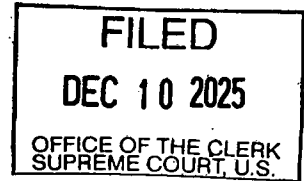


No. 25-7275



IN THE
SUPREME COURT OF THE UNITED STATES

HIRA UDDIN — PETITIONER

v.

TEXANA BEHAVIORAL HEALTHCARE AND DEVELOPMENT SERVICES,
d/b/a TEXANA CENTER AND CHAD BRIDGES, IN HIS OFFICIAL CAPACITY AS JUDGE
OF THE 458TH JUDICIAL DISTRICT COURT OF FORT BEND COUNTY, TEXAS —
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):

1. 458th District Court of Fort Bend County, Texas
2. First Court of Appeals, Houston, Texas

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.



Hira Uddin - Petitioner, Pro Se

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

I, Hira Uddin, 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 therefore; 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 (N/A)	You	Spouse (N/A)
Employment	\$6,000	N/A	\$1980	N/A
Self-employment	None	N/A	None	N/A
Income from real property (such as rental income)	None	N/A	None	N/A
Interest and dividends	None	N/A	None	N/A
Gifts	\$100	N/A	None	N/A
Alimony	N/A	N/A	N/A	N/A
Child support	N/A	N/A	N/A	N/A
Retirement (such as social security, pensions, annuities, insurance)	\$1000	N/A	\$1000	N/A
Disability (such as social security, insurance)				

payments)	None	N/A	None	N/A
Unemployment payments	None	N/A	None	N/A
Public-assistance (such as welfare)	None	N/A	None	N/A
Other (specify):	N/A	N/A	N/A	N/A
Total monthly income:	\$7000	N/A	\$2980	N/A

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
Memorial Hermann	7600 Beechnut St, Houston, TX 77074	8/4/25 - Present	\$1980 (PRN varied)
Copperfield Healthcare & Rehabilitation	7107 Queenston Blvd, Houston, TX 77095	6/14/24 - 5/31/25	\$6000

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.) N/A- I AM UNMARRIED

Employer	Address	Dates of Employment	Gross monthly pay
N/A- I AM UNMARRIED			

4. How much cash do you and your spouse have? (N/A - I AM UNMARRIED)

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 Account	\$300	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 (N/A)

Value None

Other real estate (N/A)

Value None

Motor Vehicle #1

Year, make & model 2020 Toyota 4RUNNER

Value ~15,000

Motor Vehicle #2

Year, make & model 2024 Tesla 3

Value ~20,000

Other assets (None)

Description (N/A)

Value (None)

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or

your spouse money

None

Amount owed to you

None

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
Shahab Uddin	Father	65
Nabila Uddin	Mother	55

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)	\$2,500	N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$300	N/A
Home maintenance (repairs and upkeep)	\$200	N/A
Food	\$300	N/A
Clothing	\$175	N/A
Laundry and dry-cleaning	\$150	N/A
Medical and dental expenses	\$300	N/A
Transportation (not including motor vehicle payments)	\$275	N/A
Recreation, entertainment, newspapers, magazines, etc.	\$50	N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$200	N/A
Life	\$0	N/A
Health	\$250	N/A
Motor Vehicle	\$400	N/A
Other: Payments supporting dependants	\$175	N/A

Taxes (not deducted from wages or included in mortgage payments)
(specify): N/A

\$0

N/A

Installment payments

Motor Vehicle

\$350

N/A

Credit card(s)

\$1750

N/A

Department store(s)

\$75

N/A

Other: Miscellaneous expenses
(toiletries, pet costs)

\$200

N/A

Alimony, maintenance, and support paid to others

\$375

N/A

Regular expenses for operation of business, profession, or farm
(attach detailed statement) - N/A

\$0

N/A

Other (specify): parking fees, tolls

\$250

N/A

Total monthly expenses:

\$8,275

N/A

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? N/A

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? N/A

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.

Petitioner is employed on a PRN (as-needed) basis. Work hours are not guaranteed and monthly income varies depending on availability of shifts.

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

Executed on February 5th, 2026.



Hira Uddin - Petitioner, Pro Se