No. 26-6191

ORIGINAL

FILED
OCT 29 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Jan Elizabeth Lightfoot, aka Christopher
(Your Name) — PETITIONER

VS.

Oak Bend Medical Center, 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):

☒ 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.

Jan Elizabeth Lightfoot
(Signature)

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

I, Jan Elizabeth Lightfoot, 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	$ N/A	$ N/A	$ N/A	$ N/A
Self-employment	$ N/A	$ N/A	$ N/A	$ N/A
Income from real property (such as rental income)	$ N/A	$ N/A	$ N/A	$ N/A
Interest and dividends	$ N/A	$ N/A	$ N/A	$ N/A
Gifts	$ N/A	$ N/A	$ N/A	$ 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)	$ 1,483.00	$ N/A	$ N/A	$ N/A
Disability (such as social security, insurance payments)	$ 3,374.00	$ N/A	$ N/A	$ N/A
Unemployment payments	$ N/A	$ N/A	$ N/A	$ N/A
Public-assistance (such as welfare)	$ N/A	$ N/A	$ N/A	$ N/A
Other (specify):	$ N/A	$ N/A	$ N/A	$ N/A
Total monthly income:	$ 4,857.00	$ N/A	$ N/A	$ 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
N/A			$ 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			$ 00
			$
			$

NOTE: I am not employed by the Department of Labor or any other employer, despite the 2021 through 2025 IRS Form 1095-B report listing me as employed by the DOL.

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	$ 1,000.00	$ N/A
Savings	$ 2,084.00	$ 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 256,000.00

☐ Other real estate
Value

☒ Motor Vehicle #1
Year, make & model 2017, MB, 350GLE
Value $16,000.00

☒ Motor Vehicle #2
Year, make & model 2006 420 C Lexus
Value Inoperable: $00.00 value at this time.

☐ 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
Office of Personnel Mgmt.	$ 67,000.00	$ N/A
Social Security Admin.	$ 36,400 (Approx)	$ 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
Brandon Christopher	Son	47

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 (Paid-off Mortgage) (include lot rented for mobile home) Are real estate taxes included? ☐ Yes ☒ No Is property insurance included? ☐ Yes ☒ No	$ 00.00	$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 350.00	$ N/A
Home maintenance (repairs and upkeep)	$ 500.00	$ N/A
Food	$ 450.00	$ N/A
Clothing	$ 200.00	$ N/A
Laundry and dry-cleaning	$ 100.00	$ N/A
Medical and dental expenses	$ 900.00	$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 400.00	$ N/A
Recreation, entertainment, newspapers, magazines, etc.	$ 40.00	$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 250.00	$ N/A
Life	$ 229.00	$ N/A
Health	$ 273.00	$ N/A
Motor Vehicle	$ 245.00	$ N/A
Other: Home Maintenance/Alarm Service	$ 80.00	$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): Real Estate Taxes	$ 325.00	$ N/A
Installment payments		
Motor Vehicle	$ 575.00	$ N/A
Credit card(s)	$ 400.00	$ N/A
Department store(s)	$ 60.00	$ N/A
Other: Home Depot/Repairs	$ 100.00	$ N/A
Alimony, maintenance, and support paid to others	$ 378.00	$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ N/A	$ N/A
Other (specify):	$ N/A	$ N/A
Total monthly expenses:	$ 5,855.00	$ 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? $400.00 (Consultation)

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

Ghazzaleh Rezazadeh, Attorney
950 Echo Lane, Suite 200, Houston, TX 77024 [grezazadeh@silblawfirm.com
Direct Phone: 713-904-5274]

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 (Printing Company)

If yes, how much? To be determined

If yes, state the person's name, address, and telephone number: Andro Loaiza
Discount Copy, 10690 Shadow Wood Dr. Suite 128
Houston, TX 77043
(713) 484-8068 | www.discountcopytx.com

12. Provide any other information that will help explain why you cannot pay the costs of this case.
My monthly expenses exceed my fixed disability and retirement income. I support a disabled adult son. Although my mortgage is paid, I own an older home requiring ongoing maintenance, insurance, taxes, and repairs. The expenses of preparing, printing, copying, and serving this petition on numerous parties exceed my available resources. The fee-paid route is not financially feasible.

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

Executed on: October 22, , 2026

Jan Elizabeth Lightfoot
(Signature)