

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

Cause Number: C-1-PB-23-000919

(The Clerk's office will fill in the Cause Number when you file this form)



Plaintiff: Jaden Alexandra Riley (f.k.a., Adrienne Jaffe) In the
(Print first and last name of the person filing the lawsuit.)

(check one):

PC #1

☐ District Court

☒ County Court

☐ Justice Court

And

Court
Number

Defendant: Lindsey Ann Bloch

(Print first and last name of the person being sued.)

Travis

County

Texas

FILED FOR REC
7/15/23 FEB 12 A 9:44
CLERK OF THE DISTRICT COURT
TRAVIS COUNTY TEXAS

**Statement of Inability to Afford Payment of
Court Costs or an Appeal Bond**

1. Your Information

My full legal name is: Jaden Alexandra Riley

First

Middle

Last

My date of birth is: [REDACTED]

Month/Day/Year

My address is: (Home) 11008 Wandering Way, Austin, TX 78754

(Mailing) 312 W 2nd St., Unit #A-2922, Capser, WY 82601

My phone number: 307-228-1090

My email: jadenariley@outlook.com

JADEN ALEXANDRA RILEY @
GMAIL.COM

About my dependents: "The people who depend on me financially are listed below."

Name

Age

Relationship to Me

1 None

2

3

4

5

6

2. Are you represented by Legal Aid?

☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-or-

☐ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☒ I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

☐ I do not receive needs-based public benefits. - or -

☐ I receive these public benefits/government entitlements that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

☒ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD

☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance

☒ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")

☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant

☐ County Assistance, County Health Care, or General Assistance (GA)

☒ Other: Capital Metro Equifare Program

4. What is your monthly income and income sources?

"I get this monthly income:

\$ _____ in monthly wages. I work as a _____ for _____
Your job title Your employer

\$ _____ in monthly unemployment. I have been unemployed since (date) _____.

\$ _____ in public benefits per month.

\$ 1,304 from other people in my household each month: (List only if other members contribute to your household income.)

\$ _____ from ☐ Retirement/Pension ☐ Tips, bonuses ☒ Disability ☐ Worker's Comp
☐ Social Security ☐ Military Housing ☐ Dividends, interest, royalties
☐ Child/spousal support
☐ My spouse's income or income from another member of my household (if available)

\$ _____ from other jobs/sources of income. (Describe) _____

\$ 1,304 is my total monthly income.

5. What is the value of your property?

"My property includes:

Value*

Cash \$ _____

Bank accounts, other financial assets

Personal Checking 1 \$ ~<100

Personal Checking 2 \$ ~<100

_____ \$ _____

Vehicles (cars, boats) (make and year)

2012 BMW 328i \$ <7,000

_____ \$ _____

_____ \$ _____

Other property (like jewelry, stocks, land, another house, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total value of property → \$ 7,200

6. What are your monthly expenses?

"My monthly expenses are:

Amount

Rent/house payments/maintenance \$ 725

Food and household supplies \$ 400

Utilities and telephone \$ 60

Clothing and laundry \$ _____

Medical and dental expenses \$ _____

Insurance (life, health, auto, etc.) \$ 44

School and child care \$ _____

Transportation, auto repair, gas \$ 30

Child / spousal support \$ _____

Wages withheld by court order \$ _____

Debt payments paid to: (List) \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Expenses → \$ 1,215

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

"My debts include: (List debt and amount owed) _____

_____ City of Austin court fees related to that car accident were waived due to indigency.

See additional attached pages supporting the accident, recent court acknowledged indigency, and disability.

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page. ☒

8. Declaration

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

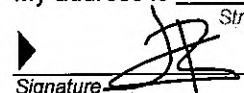
☒ I cannot afford to pay court costs.

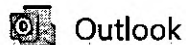
☐ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is Jaden Riley My date of birth is : _____

My address is 11008 Wandering Way Austin, TX 78754

Street City State Zip Code Country

Signature  signed on 01 / 09 / 25 in Travis County, Texas
Month/Day/Year county name State



Submission of Documentation for Case #AMC00434286A Jaden Alexandra Riley

From: J Riley [REDACTED]
Date: Tue 12/10/2024 1:46 PM
To: court@austintexas.gov <court@austintexas.gov>
Cc: J Riley [REDACTED]

1 attachment (1 MB)

AMC00434286A-Jaden Riley-Court Order Completion Documentation.pdf;

Subject: Submission of Documentation for Case #AMC00434286A Jaden Alexandra Riley

I am submitting the required documentation for my case per the court order of Judge George C. Thomas on September 19, 2024. As outlined in the order, I was instructed to complete a driving safety course and either pay \$144 or provide proof of completing eight hours of community service in place of the fine or court costs due to court-acknowledged financial indigency. The deadline for compliance is December 12, 2024.

Attached is a single PDF document containing the following:

- Austin Municipal Court-Plea of No Contest,
- Driving Record,
- Austin Municipal Court-Court Orders,
- Driver Safety Course Completion Certificate,
- Confirmation from the nonprofit organization (Austin Allies) regarding my community service and
- Austin Municipal Court-Court Issued Adult Community Service Volunteer Log-Completed.

Please confirm receipt of this email and let me know if any additional steps or information are needed..

Thank you,

Jaden Alexandra Riley
11008 Wandering Way
Austin, TX 78754
[REDACTED]
[REDACTED]



City of Austin Municipal Court
Municipal Court | AustinTexas.gov - The Official Website of the City of Austin
Address: 6800 Burleson Road Building 310, Suite 175, Austin, TX 78744
Mail: P.O. Box 2135, Austin, TX 78768
Phone: (512) 974-4800; Fax: (512) 974-4882
Email: court@austintexas.gov



Orders of the Court

State of Texas
v
Jaden Alexandra RILEY

In The Municipal Court
City of Austin, Texas
Travis County, Texas

Case Number: **AMC00434286A**
Total Amount: **\$144.00**

Jaden Alexandra RILEY has been ordered to complete the following:

Additional Notes:

Defendant will pay \$144.00 or submit proof of completion of 8 hours of community service in lieu of fine/costs on or before 12/12/2024.

September 19, 2024
Date

Judge George C. Thomas
Judge, Austin Municipal Court
SEP 19 2024

Indigency - not moving steadily, car in shop.

The City of Austin is committed to compliance with the American with Disabilities Act.
Reasonable modifications and equal access to communications will be provided upon request.

Create user: mercador
Create Date: September 19, 2024

Judicial Order-Order of the Court-Clerk Generated
Revised: July 2022



**DECLARATION AND CERTIFICATION OF INDEPENDENT CONTRACTOR STATUS /
OCCUPATIONAL ACCIDENT DISABILITY BENEFIT**

Insured/Independent Contractor: **Jaden Riley**
Blue Star Claim Number: **[REDACTED]**
Date of Occupational Accident Injury: **[REDACTED]**

I, Jaden Riley, Date of Birth: **[REDACTED]**, whose Social Security Number ends in 4390, certify as follows:

- INDEPENDENT CONTRACTOR STATUS:** I acknowledge that I am an Independent Contractor and that is how I qualify for Occupational Accident Benefits.
- CURRENT BENEFITS:** I am currently eligible for Temporary Total Disability ("TTD") income benefits and Accident Medical / Dental Expense Benefits (the "Occ Acc Benefits") under the Occupational Accident Policy US2070792 (the "Policy") issued by United States Fire Insurance Company ("Carrier") and administered by Blue Star Claims LLC ("Blue Star"), the third party administrator for Carrier. I understand that the Policy has an expiration date for Occ Acc Benefits from the Incident Date.
- WORK STATUS / TERMINATION OF BENEFIT:** In accordance with the terms of the Policy, I understand I am required to provide ongoing current and updated work status from my treating physician(s) when so requested by Blue Star. I understand that my eligibility for ongoing TTD benefits will cease the date I am released to return to work to my regular occupation and/or am no longer eligible for Occ Acc Benefits under the terms of the Policy. I certify I have not returned to work in any capacity (to my regular occupation or any other occupation) since the date of my occupational accident (the "Incident Date").
- OVERPAYMENTS:** I understand that if I fail to notify Blue Star of my return-to-work status and it results in an overpayment of TTD benefits, I will be responsible to reimburse Blue Star, on behalf of Carrier, in full. Any subsequent check(s) received after my eligibility for TTD has stopped will be sent back to my adjuster to be corrected, if necessary. I understand that any overpayments on my TTD claim must be reimbursed to Blue Star in full (including any lump sum benefit(s) I may receive that is/are categorized as Other Income, as further described below). In the event I am unable to reimburse the overpayment in full, Blue Star, in its sole discretion, will determine whether to withhold partial or full monthly benefits until such overpayment is recovered. If applicable, in the event I qualify for Continuous Total Disability ("CTD") or Permanent Total Disability ("PTD") benefits under the Policy and have not fully satisfied any TTD overpayment as of the expiration of my TTD benefits, Blue Star will continue to recover any remaining overpayment balance incurred during my TTD claim against my CTD or PTD claim, if applicable.

5. **OTHER INCOME:** ☒ NO or ☐ YES* – Amount: \$ _____ per _____
I understand that if I have any other source(s) of income, I must immediately notify Blue Star. Under the terms of the Policy, I understand that indemnity benefits may be reduced by different types of Other Income including, but not limited to, income from working or running a business; and Social Security Retirement / Income / Disability Benefits; and Unemployment Benefits; and other insurance benefits. The Policy defines Other Income, if applicable.

*If YES, please list Other Income source(s) and attach documentation of the income to this Declaration. If Social Security, provide copy of award or acceptance letter. Put N/A if not applicable.

1. _____ 2. _____ 3. _____

6. **OTHER HEALTH INSURANCE:** ☐ NO or ☒ YES**
I have other health insurance, Medicare or Medicaid?

**If YES, provide the Company / Source and ID # and attach a copy of the card. Put N/A if not applicable.

Name: Baylor Scott and White ID#: [REDACTED] Other: _____

MY AUTO CARRIER IS: State Farm POLICY #: [REDACTED] PIP/ MED LIMIT: [REDACTED]
(Must be filled in if you were in an auto accident – please supply a copy of your auto insurance card)

7. **OTHER CONTRACTED WORK:** ☒ NO or ☐ YES***
Prior to, on, or after the Incident Date, have you contracted with any other Delivery Network Company (DNC) or Transportation Network Company (TNC) where the Company is active and/or engaged in either: 1) Delivering Goods/Services; or 2) Driving Passengers (with or without Goods/Services)?

***If YES, please provide the name of the company(ies), your status with the Company (Active or Inactive), as well as the dates you began and ended contracting with such company(ies). Put N/A if not applicable.

Name of Company	Current Status	Begin Date	End Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Were you under the app or platform for any other Delivery Network Company (DNC) or Transportation Network Company (TNC) at the time of this Occupational Accident Injury? ☒ NO or ☐ YES - If yes, please list name of company: _____

8. **RIGHT OF RECOVERY / SUBROGATION:** If applicable, I also understand that if I make a claim for damages against another person or entity arising out of my occupational accident and/or injuries, Blue Star may assert US Fire's Right of Recovery rights under the Policy and file a Right of Recovery for indemnity benefits and/or any "Covered Expenses" (as that term is defined in Policy) that were paid through the Accident Medical / Dental Expense provision under the Policy against any third-party recovery I may receive.

SIGNATURE _____

DATE 12/22/2024

(THIS FORM MUST BE COMPLETED AND RETURNED WITHIN 14 DAYS IN ORDER FOR BENEFITS TO CONTINUE OR START).



21001 North Tatum Blvd., Suite 1630-646
Phoenix, AZ 85050
Phone: (480) 579-2501 | Fax: (480) 579-2476
Email: serviceteam@bluestarclaims.com
Web: www.bluestarclaims.com

January 3, 2025

Jaden Riley
11008 Wandering Way
Austin, TX 78754

Re: Occupational Accident Claim – **NOTICE OF CLAIM REASSIGNMENT**
Insured: Jaden Riley
Claim Number: [REDACTED]
Date of Injury: 8/18/2024

Dear Jaden Riley:

We are the Third Party Administrator of claims on behalf of United States Fire Insurance Company in reference to this accident claim. This is a courtesy letter to notify you that your claim [REDACTED] is now being handled by the following claim representative:

ADJUSTER NAME: Katie Bueltmann
EMAIL: [REDACTED]
DIRECT LINE: [REDACTED]
FAX NUMBER: [REDACTED]

As a reminder, in order to effectively handle your claim, we must be kept up to date on all medical treatment and your work status. We are here to assist you with your claim in any way we can. As always, if you have any questions or concerns, please feel free to contact our office. Thank you.

Nothing contained in this communication should be construed as a waiver of any rights or defenses under the policy. This determination has been made in good faith and without prejudice under the terms and conditions of the contract, whether or not specifically mentioned herein. If you believe we have misinterpreted any of the information provided to us, or if there is any additional information you would like us to review, please feel free to contact us.

Sincerely,
Katie Bueltmann
Katie Bueltmann
[REDACTED]

**STATEMENT OF INABILITY TO AFFORD PAYMENT
AND SUPPORTING DOCUMENTATION (Continued)**

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CERTIFICATE OF FINANCIAL ACCURACY AND SUBMISSION

I certify that a true and correct copy of this Statement of Inability to Afford Payment and Supporting Documentation, which represents my financial status based on the records, statements, and supporting evidence in my possession, was submitted to the Travis County Clerk for filing on February 12, 2025. This document is submitted in support of my request for court fee waivers and service assistance.

I further certify that all information contained within this statement is accurate to the best of my knowledge and belief and that any additional documentation or clarifications requested by the court will be provided as needed.

Upon acceptance of this filing, I will comply with all instructions from the court regarding the processing of my request, including any requirements for verification, additional supporting materials, or further communications related to this submission.



JADEN ALEXANDRA RILEY
Petitioner, Pro Se