

No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

Melissa May — PETITIONER  
(Your Name)

VS.

Continental Towers Condo Association, *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):

Fayette County Ky. Circuit Court

The Kentucky Supreme Court

Kentucky Court of Appeals

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.

*Rachel Hagan*  
Notary Public  
W 17 A 19  
My Commission No: 551197  
Expires February 22, 2020

*Melissa A. May*  
(Signature)

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

I, Melissa May, 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	\$ 0	\$ n/a	\$ 0	\$ n/a
Self-employment	\$ 0	\$ n/a	\$ 0	\$ n/a
Income from real property (such as rental income)	\$ 400/month	\$ n/a	\$ 400/month	\$ n/a
Interest and dividends	\$ 0	\$ n/a N/A	\$ 0 N/A	\$ n/a N/A
Gifts	\$ 0-250.00 dental	\$ n/a	\$ 0	\$ 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)	\$ SEE BELOW	\$ N/A	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)	\$ ssdi 958/month	\$ n/a	\$ 968	\$ 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): <u>none</u>	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income:	\$ 1358	\$ N/A	\$ 1358	\$ 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
Too disabled N/A N/A	N/A N/A N/A	N/A N/A N/A	\$ N/A \$ N/A \$ N/A

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

4. How much cash do you and your spouse have? \$ About \$150.00

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	\$	\$
Savings	\$ about \$125.00	\$ N/A
	\$ property taxes \$25.00	\$ 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 \_\_\_\_\_

Other real estate  
Value \_\_\_\_\_

Motor Vehicle #1  
Year, make & model N/A  
Value 0

Motor Vehicle #2  
Year, make & model N/A  
Value 0

Other assets  
Description N/A  
Value 0

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	\$ N/A
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ 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
NONE	N/A	N/A
NONE	N/A	N/A
NONE	N/A	N/A

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)	\$ 0	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$350 month delinquent	
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$121 month - State Farm	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 700.00 month	\$ N/A
Home maintenance (repairs and upkeep)	\$ 50.00 month	\$ N/A
Food	\$ 350.00 month	\$ N/A
Clothing	\$ 25.00 month	\$ N/A
Laundry and dry-cleaning	\$ none w disability	\$ N/A
Medical and dental expenses	\$ ??? - generally healthy trying to have Medicaid pay somedental	none N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 120.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 120.00	\$ N/A
Life	\$ 0 - Get \$25,000 free w-disability	\$ N/A
Health	\$ 0 Medicare & Medicaid	N/A
Motor Vehicle	\$ none	\$ N/A
Other: N/A	\$ none	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): property	\$ 350.00	\$ N/A
Installment payments		
Motor Vehicle	\$ N/A	\$ N/A
Credit card(s)	\$ N/A	\$ N/A
Department store(s)	\$ N/A	\$ N/A
Other: N/A	\$ N/A	\$ N/A
Alimony, maintenance, and support paid to others	\$ N/A	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify): N/A	\$ N/A	\$ N/A
<b>Total monthly expenses:</b>	<b>\$ 1245.00</b>	<b>\$ N/A</b>

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? \$? - For oral argument, and

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

Perhaps the ACLU

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? \$1500.00

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

property taxes while locked out by Continental Towers.

Public transportation for briefs, and motions for DR

Two copy machines

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

This disability was caused by Oxygen Deprivation, and after my accident I earned a BA, and equivalent to a MA Political Science, but with my disability prevents my accurately taking entrance exam, GRE. The same problem existed with the L.S.A.T., and still I could be a very good appeals atty.. The fact that I cannot be gainfully employed without a Graduate degree, this necessitates my need for IFP in this case.

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

Executed on: June 29, 2018

Rachael Flynn  
Notary Public  
1017A/19

M 21/594 A May  
(Signature)