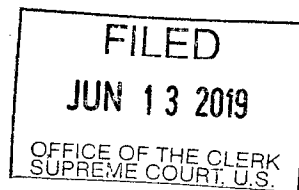


No. **19-5372**

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



MARY KATHERINE DAY-PETRANO — PETITIONER
(Your Name)

VS.
CHARLES D. HALL,
ASTRID HALL — 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) DISTRICT COURT OF APPEAL, FIRST DISTRICT, STATE OF FLORIDA
2) EIGHTH JUDICIAL CIRCUIT OF FLORIDA
3) U.S. BANKRUPTCY COURT, MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION

☐ 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.

RECEIVED
JUN 19 2019
OFFICE OF THE CLERK
SUPREME COURT, U.S.
(Signature) Petrano

19 - 5372

ORIGINAL

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

I, MARY KATHARINE DAY PETRAID, 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	\$ _____	\$ _____	\$ _____	\$ _____
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	\$ _____	\$ _____	\$ _____	\$ _____
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>0</u>	\$ <u>0</u>	\$ <u>0</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:	\$ _____	\$ _____	\$ _____	\$ _____

FILED

JUN 13 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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
SELF-EMPLOYED HORSE/PONY TRAINER	110 118 N. WALNUT ST. STARKE, FL	MORE THAN 40 YEARS	\$ _____ \$ _____ \$ _____

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
SELF-EMPLOYED BARBER	118 N. WALNUT ST. STARKE, FL	SINCE 2014	\$ _____ \$ _____ \$ _____

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
COMMUNITY STATE BANK OF STARKE FL	CHECKING	\$ 0	\$ APPX. \$18. (AFTER ITEMS AGAINST ACCOUNT PAID)
SAME	PETRAVO FARM, LLC	\$ JOINTLY	\$ APPX. \$10.

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

☐ Home
Value NONE

☐ Other real estate
Value NONE

☒ Motor Vehicle #1
Year, make & model 1996 FORD F-250
Value APPX \$1,000. PICKUP TRUCK

☒ Motor Vehicle #2
Year, make & model OLD MOTORHOME
Value APPX \$200. WITH INSIDE TORN OUT, LEAKS

☒ Other assets
Description RUSTY HORSE TRAILER NEEDING REPAIRS, WIRING, ETC.
Value APPX. \$1,000. USED FOR AUTISM HORSES/PONIES.

BARBERSHOP BUSINESS ASSETS OF HUSBAND'S BUSINESS

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

RESPONDENTS -
AT ISSUE IN THIS
CASE

APPR. OVER
\$52,000 IN
QUANTUM MERITT
\$ _____
\$ _____

\$ 0
\$ _____
\$ _____

7. State the persons who rely on you or your spouse for support.

Name

Relationship

Age

I RELY ON MY HUSBAND FOR SUPPORT I AM 63
BECAUSE I HAVE NOT BEEN ALLOWED
IN THIS CASE TO COLLECT PAYMENT
FOR THE WORK I DID FOR RESPONDENTS

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

WE ARE HOMELESS
Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

You

Your spouse

\$ 0 \$ 0

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 0 \$ 0

Home maintenance (repairs and upkeep)

\$ 0 \$ 0

Food

\$ _____ \$ _____

Clothing

\$ 0 \$ 0

Laundry and dry-cleaning

\$ _____ \$ _____

Medical and dental expenses

\$ CANNOT AFFORD MEDICAL
OR DENTAL CARE

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____ 0	\$ _____ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____ 0	\$ _____ 0
Life	\$ _____ 0	\$ _____
Health	\$ _____ 0	\$ _____ 0
Motor Vehicle	\$ _____	\$ _____
Other: <u>W/A</u>	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____ 0	\$ _____ 0
Installment payments		
Motor Vehicle	\$ _____ 0	\$ _____ 0
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____ 0	\$ _____ 0
Other: _____	\$ _____ 0	\$ _____ 0
Alimony, maintenance, and support paid to others	\$ _____ 0	\$ _____ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>A REAL BARBERSHOP</u>	\$ _____ 0	\$ _____ 0
<u>PETRON FARM, LLC</u>		
<u>TWO SPECIAL NEEDS TRUSTS, DISCRETIONARY</u>		
<u>+ SPENDING TRUST</u>		
Total monthly expenses:	\$ _____	\$ _____

HUSBAND PAYS
\$ FOR my support
UNDER COURT ORDER
WHEN I AM NOT
PAID FOR my work.

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.

UNKNOWN.

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? _____

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? _____

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 HAVE AUTISM & NUMEROUS OTHER DISABILITIES. MY HUSBAND IS DISABLED. WE HAVE MEDICAL PROBLEMS AND NO HEALTH CARE INSURANCE. WE JUST GOT OUT OF BANKRUPTCY. THE STATE COURTS AT ISSUE IN THIS CASE DECIDED NOT TO ORDER ME TO BE PAID FOR WORK I DID, & IN OTHER CASES THEY FORECLOSED OUR HOME & MY BUSINESS PREMISES AND DAMAGED MY INCOME TO THE POINT I AM HAVING EXTREME PROBLEMS EARNING ANY INCOME AND WE ARE NOW HOMELESS DUE TO THE FAILURE TO REASONABLY ACCOMMODATE.

Executed on: JUNE 13th, 2019

Maggie Kallman Day
(Signature) PETRA