

No. 19-5372

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

FILED  
JUN 13 2019  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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.

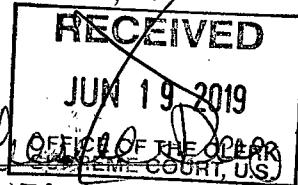
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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.



Mary K. Hall  
(Signature)

Petra

19-5372 ORIGINAL

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

I, MARY KATHARINE DPP PERIN, 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	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
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	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>
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>
<b>Total monthly income:</b>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>	\$ <u>  </u>

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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	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 SAME FL	CHECKING PETRASSO FARM, LLC	\$ 0	\$ APPX. \$18. (AFTER ITEMS \$ APPX. \$10. AGAINST ACCOUNT PAID)
		\$ 100	\$

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 WITH INSIDE TORN OUT, LEAKS  
Value APPX. \$200.

Other assets  
Description RUSTY HORSE TRAILER NEEDING REPAIRS, WIRING, ETC.  
Value APPX. \$1000. USED FOR AUTISM HORSES/POULSES.

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
<u>RESPONDENTS -</u> <u>AT ISSUE IN THIS</u> <u>CASE</u>	APX. OVER \$152,000 IN QUANTUM MERUIT	\$ <u>0</u>
	\$ _____	\$ _____
	\$ _____	\$ _____

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

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

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
<b>We Are Homeless</b>		
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <input checked="" type="text"/>	\$ <input checked="" type="text"/>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <input checked="" type="text"/>	\$ <input checked="" type="text"/>
Home maintenance (repairs and upkeep)	\$ <input checked="" type="text"/>	\$ <input checked="" type="text"/>
Food	\$ <input type="text"/>	\$ <input type="text"/>
Clothing	\$ <input checked="" type="text"/>	\$ <input checked="" type="text"/>
Laundry and dry-cleaning	\$ <input type="text"/>	\$ <input type="text"/>
Medical and dental expenses	\$ <input type="text"/>	\$ <input type="text"/>
	<b>CANNOT AFFORD MEDICAL CARE</b>	
	1912 DENTAL CARE	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>      </u>	\$ <u>      </u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>      </u> <input checked="" type="radio"/>	\$ <u>      </u> <input checked="" type="radio"/>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>      </u> <input checked="" type="radio"/>	\$ <u>      </u> <input checked="" type="radio"/>
Life	\$ <u>      </u> <input checked="" type="radio"/>	\$ <u>      </u>
Health	\$ <u>      </u> <input checked="" type="radio"/>	\$ <u>      </u> <input checked="" type="radio"/>
Motor Vehicle	\$ <u>      </u>	\$ <u>      </u>
Other: <u>N/A</u>	\$ <u>      </u>	\$ <u>      </u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	\$ <u>      </u> <input checked="" type="radio"/>	\$ <u>      </u> <input checked="" type="radio"/>
Installment payments		
Motor Vehicle	\$ <u>      </u> <input checked="" type="radio"/>	\$ <u>      </u> <input checked="" type="radio"/>
Credit card(s)	\$ <u>      </u>	\$ <u>      </u>
Department store(s)	\$ <u>      </u> <input checked="" type="radio"/>	\$ <u>      </u> <input checked="" type="radio"/>
Other:	\$ <u>      </u> <input checked="" type="radio"/>	\$ <u>      </u> <input checked="" type="radio"/>
Alimony, maintenance, and support paid to others	\$ <u>      </u> <input checked="" type="radio"/>	\$ <u>      </u> <input checked="" type="radio"/>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>      </u>	\$ <u>      </u> <i>HUSBAND PAYS \$ FOR MY SUPPORT UNDER COURT ORDER WHEN I AM NOT PAID FOR MY WORK.</i>
Other (specify): <u>A REAL BARBERSHOP PETRANO FARM, LLC</u>	\$ <u>      </u> <input checked="" type="radio"/>	\$ <u>      </u> <input checked="" type="radio"/>
Two SPECIAL NEEDS TRUSTS, DISCRETIONARY + SPENDTHRIFT	\$ <u>      </u>	\$ <u>      </u>
Total monthly expenses:	\$ <u>      </u>	\$ <u>      </u>

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 NEED TO COMPLETE THIS FORM —

Executed on: JUNE 13, 2019

AND DAMAGED MY INCOME TO THE POINT I AM HAVING EXTREME PROBLEMS EARNING ANY INCOME AND WE ARE NOW HOMELESS DUE TO THE

*Mag Kelleher-Dig*  
(Signature) *DETRANO*

"FAILURE TO  
REASONABLY  
ACCOMMODATE"