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MERYL S. MCDONALD — PETITIONER (Your Name)

SUPREME COURT OF THE UNITED STATES

VS.

STATE OF FLORIDA - 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:

Men Mc Donala (Signature)

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

I, Meryl S. McDonal , 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.

	age monthly amo ast 12 months	ount during	Amount expected next month		
	You	Spouse	You	Spouse	
Employment	\$ None	\$ None	\$ None	\$ None	
Self-employment	\$ None	\$ None	\$ None	s None	
Income from real property (such as rental income)	\$ None	s None	\$ None	\$ None	
Interest and dividends	\$ None	\$ None	\$ None	s None	
Gifts	\$ None	\$ None	\$_None_	s None	
Alimony	\$ None	\$ None	\$ None	s None	
Child Support	s None	s None	\$ None	\$ None	
Retirement (such as social security, pensions, annuities, insurance)	s None	s None	\$ None	s None	
Disability (such as social security, insurance payments	\$ <u>None</u>	s None	\$ None	\$ None	
Unemployment payments	s None	s None	s None	* None	
Public-assistance (such as welfare)	\$_None	\$ None	\$ None	* None	
Other (specify): None	s None	\$ None	* None	s None	
Total monthly income:	s None	\$ None	* None	s_None	

is before taxes or	r other deductions.)		ent first. (Gross monthly pa
Employer	Address	Dates of Employment	Gross monthly pay
None	None	_ None	* None
NONE	None	NONE	\$ NONE
None	NONE	None	\$ None
3. List your spouse (Gross monthly pa	's employment history ay is before taxes or o	y for the past two years ther deductions.)	s, most recent employer firs
Employer	Address	Dates of	Gross monthly pay
Maria	N .	Employment	
None	None	None	\$ None
None None	None	<u>None</u>	\$ <i>None</i>
INONE	None	None	\$ None
institution. inancial institution			unts or in any other financia
		Amount you have	Amount your spouse has \$None \$None
inancial institution	Type of account RISON ACCOUNT The state of account a	Amount you have \$_\\ 74.75 \\ \$\\$	Amount your spouse has \$ None \$ None \$ None
List the assets, an	Type of account RISON ACCOUNT The state of account a	Amount you have \$_\\ 74.75 \\ \$\\$	Amount your spouse has \$ None \$ None \$ None \$ None e owns. Do not list clothing
List the assets, an	Type of account RISON ACCOUNT The state of account a	Amount you have \$\\\ \frac{174.75}{\$}\\ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Amount your spouse has \$ None \$ None \$ None \$ None e owns. Do not list clothin
List the assets, an and ordinary house Home Value None Motor Vehicle #1 Year, make & mode	Type of account RISON ACCOUNT TRISON ACCOUNT ACCOUNT RISON ACC	Amount you have \$\\\ \begin{align*}	Amount your spouse has \$None \$None \$None e owns. Do not list clothing te
List the assets, an and ordinary house Value None	Type of account RISON ACCOUNT TRISON ACCOUNT ACCOUNT RISON ACC	Amount you have \$\\ \frac{17\partial 15}{5}\$ \$ you own or your spouse \text{Other real estate} Value \\ \text{NANC} \text{Motor Vehicle #}	Amount your spouse has \$None \$None \$None e owns. Do not list clothing the
List the assets, an and ordinary house Home Value None Motor Vehicle #1 Year, make & mode	Type of account RISON ACCOUNT TRISON ACCOUNT ACCOUNT RISON ACC	Amount you have \$\\\ \begin{align*} \frac{14.15}{5} \\ \\$ \\ \end{align*} you own or your spouse \text{\text{Other real estat}} Value \text{\text{\text{ANC}}} \text{\text{Motor Vehicle #}} Year, make & m	Amount your spouse has \$None \$None \$None e owns. Do not list clothing the 2 andelNone
List the assets, an and ordinary house Home Value None Motor Vehicle #1 Year, make & mode Value None	Type of account RISON ACCOUNT Ind their values, which ehold furnishings.	Amount you have \$\\\ \begin{align*} \frac{14.15}{5} \\ \\$ \\ \end{align*} you own or your spouse \text{\text{Other real estat}} Value \text{\text{\text{ANC}}} \text{\text{Motor Vehicle #}} Year, make & m	Amount your spouse has \$None \$None \$None e owns. Do not list clothing the

6. State every person, busine amount owed.	ess, or organization	owing you or your	spouse money, and the
Person owing you or your spouse money	Amount owed to y	ou Amour	nt owed to your spouse
None	s None	s 1	lone
None	s None	s \	Vone
None	s None	\$ \$	None
7. State the persons who rely o	on you or your spouse	e for support.	•
Name	Relationship		Age
<u>None</u>			
None			
None			
paid by your spouse. Adjust annually to show the monthly Rent or home-mortgage payment (include lot rented for mobile how Are real estate taxes included? Is property insurance included?	rate. it me)	You \$ <u>None</u>	Your spouse
Utilities (electricity, heating fuel water, sewer, and telephone)	,	\$ None	\$ None
Home maintenance (repairs and	upkeep)	* None	s None
Food		s None	* None
Clothing		* None	* None
Laundry and dry-cleaning	•	* None	* None
Medical and dental expenses		None	Mana

	You	Your spouse
Transportation (not including motor vehicle payments)	s None	\$ None
Recreation, entertainment, newspapers, magazines, etc.	\$ 22.95	\$ None
Insurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$ None	s None
Life	\$ None	\$ None
Health	\$ None	* None
Motor Vehicle	s None	\$ None
Other: None	s None	\$ None
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify): None	\$ None	* None
Installment payments		
Motor Vehicle	\$ None	* None
Credit card(s)	\$ None	\$ None
Department store(s)	\$ None	\$ None
Other: None	\$ None	s_None
Alimony, maintenance, and support paid to others	s None	s None
Regular expenses for operation of business, profession, or farm (attach detailed statement)	s None	s None
Other (specify): None	* None	* None
Total monthly expenses:	* None	s None

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?
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 of 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 None
I declare under penalty of perjury that the foregoing is true and correct. Executed on: September 28, 2020
Mar Inda Daria