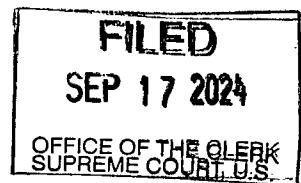


24-6013

ORIGINAL

No. FL SC 2024-0276

IN THE
SUPREME COURT OF THE UNITED STATES



SHERIE CLEMENTS — PETITIONER
(Your Name)

VS.

CLUB SPACE mgmt — 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):

FLORIDA SUPREME COURT, THIRD DISTRICT COURT OF APPEAL, THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA

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.

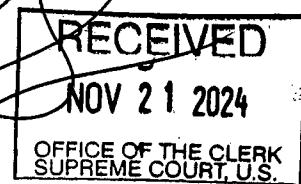
Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____

_____, or

a copy of the order of appointment is appended.

(Signature)



IN THE
SUPREME COURT OF THE UNITED STATES

Sherrie Clements,)
Plaintiff) SUPREME COURT OF
v.) FLORIDA CASE NO.:SC2024-
Club Space, AKA) 0276
Club Space Management LLC.) THIRD DISTRICT COURT OF
Defendant) APPEALS CASE NO.:3D22-
) 2016
) L.T.NO.:18-15418

**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

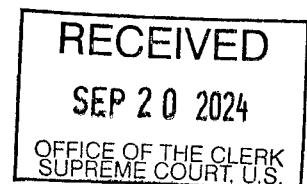
Signed: Sherrie Clements

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: September 14th, 2024

My issues on appeal are:



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	\$0	\$0	\$0
Income from real property (such as rental income)	\$0	\$0	\$0	\$0
Interest and dividends	\$0	\$0	\$0	\$0
Gifts	\$0	\$0	\$0	\$0
Alimony	\$0	\$0	\$0	\$0
Child support	\$0	\$0	\$0	\$0
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$0	\$0	\$0
Disability (such as social security, insurance payments)	\$964	\$0	\$964	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$0	\$0	\$0	\$0
Other (specify): Food stamps –on EBT Card	\$250	\$0	\$250	\$0
Total monthly income:	\$1214	\$0	\$1214	\$0

2. List your 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	\$0
Disability and Food Stamps			
			\$0
			\$0

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	\$0
			\$
			\$0

4. *How much cash do you and your spouse have? \$____0____*

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
Bank Regions	checking	\$223	\$N/A
		\$0	\$0
		\$223	\$0

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$0	(Value) \$0	(Value) \$0 I don't have a car
		Make and year:N/A
		Model: n/a
		Registration #:N/A

Motor vehicle #2	Other assets	Other assets
(Value) \$0	(Value) \$0	(Value) \$0
Make and year:	N/A	
Model:	N/A	
Registration #:	N/A	

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	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0

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

Name [or, if under 18, initials only]	Relationship	Age
n/a	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, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$400 But might be going up	\$N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$40 phone	\$N/A
Home maintenance (repairs and upkeep)	\$0	\$0
Food - Food Stamps give me \$250 per month so I do not pay that out of my monthly Disability payment.	\$0	\$0
Clothing	\$0	\$0
Laundry and dry-cleaning	\$0	\$0
Medical and dental expenses	\$0	\$0
Transportation (not including motor vehicle payments)	\$0	\$0
Recreation, entertainment, newspapers, magazines, etc.	\$130	\$0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$0	\$0
Life:	\$0	\$0
Health:	\$0	\$0
Motor vehicle:	\$0	\$0
Other:	\$0	\$0
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$0
Installment payments		
Motor Vehicle:	\$0	\$0
Credit card (name): Capital One is the same as recreation above so this \$130 does not count.	\$130	\$0

Department store (name):	\$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)	\$0	\$0
Other (specify): storage was \$220 october rent raised to \$255	\$255	\$0
Total monthly expenses:	\$825	\$0

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? [x] Yes [] No*

If yes, how much? \$50 - 100? Notorising documents to send to supreme Court, Printing of documents to send to Supreme court, 10 copies of documents.

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

I have a storage unit because I had to move out of the room / bedroom I was renting, I am now renting the couch in the living room area and have had to put most of my belongings ie. Clothes, small couch, mattress, lamp, bedside drawers, boxes of lawsuit paperwork, lots of paperwork in storage.

12. *State the city and state of your legal residence. Florida*

Your daytime phone number: (786) 753-8498 internet phone number, (786) 355-2212 cell phone number but currently I need to change company, so might not work.

Your age: 54 *Your years of schooling:* 2 years of junior college

Last four digits of your social-security number:

Department store (name):	\$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)	\$0	\$0
Other (specify): storage was \$220 october rent raised to \$255	\$255	\$0
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