## 25-5187 No. <u>24-13679</u>

## IN THE

SUPREME COURT OF THE UNITED STATES
ORIGIN.
Shantell LeGIS — PETITIONER FILED  (Your Name) MAR 03 2005
(Your Name) MAR 0 3 2025
Hernan Castro  Judge Sherey-Ann Ferrer VS.  Judge Christy Collins  Florida Defartment of Child Services RESPONDENT(S)
FLEFTDA DEMANTENT OF CHILD SAVEAL 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 <i>in forma pauperis</i> .
Please check the appropriate boxes:
Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):  US Middle District Court
☐ Petitioner has <b>not</b> previously been granted leave to proceed in forma
pauperis in any other court.
$\square$ Petitioner's affidavit or declaration in support of this motion is attached hereto.
☐ Petitioner's affidavit or declaration is <b>not</b> attached because the court below appointed counsel in the current proceeding, and:
☐ The appointment was made under the following provision of law:, or
$\Box$ a copy of the order of appointment is appended.
Shinter for
(Signature)

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

I, Shantel Le 415, 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.

	rage monthly am past 12 months	ount during	Amount e next mon	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	
Self-employment	\$_ <u>O</u>	\$	\$	<b></b> \$
Income from real property (such as rental income)	\$_ <i>O</i>	\$	\$	\$
Interest and dividends	\$	\$	\$	
Gifts	\$	\$	\$	\$
Alimony	\$ <i>U</i>	\$	\$	\$
Child Support	\$	\$	\$	
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance paymen	ts) \$	\$	\$	\$
Unemployment payments	\$	\$	\$	
Public-assistance (such as welfare)	\$ <u> </u>	\$	\$	\$
Other (specify):	_ \$	. \$	\$	\$
Total monthly incom	e: \$	\$	\$	\$

Employer	Address	Dates of	Gross monthly pay
1/A		Employment /	• /
/V // 1			\$
			\$ \$
. List vour spou	/ use's employment histo	ry for the past two years	. most recent employer
(Gross monthly	pay is before taxes or	other deductions.)	,
Employer	Address	Dates of	Gross monthly pay
<b>A</b> / A		Employment	• /
<del>- // //</del>			\$
			\$
		·	
institution.		s) Amount you have	
institution.			
institution.		s) Amount you have \$\$ \$	
institution.  Type of account (e	A		\$ \$ \$
institution.  Type of account (e	, and their values, whi	\$\$ \$\$ ch you own or your spous	\$s \$e owns. Do not list clot
institution.  Type of account (e	, and their values, whi	\$\$ \$\$ ch you own or your spous	\$s \$e owns. Do not list clot
institution.  Type of account (e	, and their values, whi busehold furnishings.	\$\$ \$\$ ch you own or your spous  □ Other real esta  Value	\$s \$e owns. Do not list clot  te
institution.  Type of account (e	and their values, which is the second furnishings.  VONE  1 NONE	\$\$ \$\$ ch you own or your spous  □ Other real esta  Value	\$s \$e owns. Do not list clot  te
institution.  Type of account (e	and their values, which ousehold furnishings.  VONE  1 None	\$\$ \$\$ ch you own or your spous  □ Other real esta  Value	\$s \$s e owns. Do not list clot te Wone
institution.  Type of account (e	and their values, which ousehold furnishings.  VONE  1 None	\$\$ch you own or your spous  Other real esta Value  Motor Vehicle # Year, make & n	\$s \$s e owns. Do not list clot te Wone
institution.  Type of account (e	and their values, which ousehold furnishings.  VONE  1 None	\$\$ch you own or your spous  Other real esta Value  Motor Vehicle # Year, make & n	\$s \$s e owns. Do not list clot te Wone
5. List the assets and ordinary how Value  Motor Vehicle # Year, make & n Value	and their values, which ousehold furnishings.  VONE  1 None	\$\$ch you own or your spous  Other real esta Value  Motor Vehicle # Year, make & n	\$s \$s e owns. Do not list clarify te ///////////////////////////////////

6. State every person, bus amount owed.	siness, or organization	owing you or you	ir spouse money, and the
Person owing you or your spouse money	Amount owed to	you Amoi	unt owed to your spouse
NONE	\$ \$	\$ _ \$	
	\$	\$	
7. State the persons who re instead of names (e.g. "J.			minor children, list initials
Name	Relationsh	ip	Age 1
None			
8. Estimate the average mo paid by your spouse. A annually to show the more	djust any payments th		ow separately the amounts dy, biweekly, quarterly, or
		You	Your spouse
Rent or home-mortgage pay (include lot rented for mobiliance Are real estate taxes included in the property insurance includes).	le home) ded?  □ Yes  □ No	<u>*_O</u>	<u> </u>
Utilities (electricity, heating water, sewer, and telephone		<u>*</u>	\$
Home maintenance (repairs	and upkeep)	\$ <u> </u>	<b></b> \$
Food		\$	\$
Clothing		\$ <i>O</i>	<b>\$</b>
Laundry and dry-cleaning		\$ <u> </u>	\$
Medical and dental expense	5	\$ <i>O</i>	

	You	Your spouse
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ <i>O</i>	\$
Insurance (not deducted from wages or included in mortg	gage payments)	
Homeowner's or renter's	\$ <i>©</i>	\$
Life	\$	\$
Health	\$ <u>O</u>	\$
Motor Vehicle	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage	payments)	
(specify):	\$	\$
Installment payments	6	
Motor Vehicle	\$	\$
Credit card(s)	<b>\$</b>	\$
Department store(s)	\$ <u>O</u>	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <i>O</i>	\$
Other (specify):	\$O	\$
Total monthly expenses:	<u>\$O</u>	\$

٠ ,٧

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:
	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 V No
	□ Yes □ No
	If yes, how much?
If y	res, state the person's name, address, and telephone number:
10	Drawide any other information that will help emploin why you connet now the costs of this case
12.	Provide any other information that will help explain why you cannot pay the costs of this case  I am a Homeless Veteran
	eclare under penalty of perjury that the foregoing is true and correct.
Exe	ecuted on: The 3rd of March, 20_25
	Shouted Leus
	(Signature)