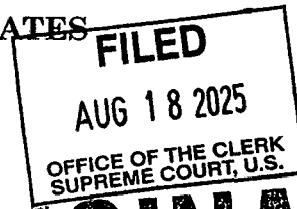


25-6176

IN THE SUPREME COURT OF THE UNITED STATES

Case No. 23_____



Melanie Nicole Moore

Petitioner,

v.

Pooches of Largo, Inc., et al.

Respondents.

ORIGINAL

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Pursuant to Rule 39, the Petitioner respectfully moves for leave to proceed *in forma pauperis* in connection with the filing of the attached Petition for Writ of Certiorari.

The Petitioner is unable to pay the costs of this proceeding and asks the Court to accept and file the petition without prepayment of fees and costs.

In support of this motion, the Petitioner states as follows:

1. The Petitioner is presently unable to pay the costs of filing and prosecution of this matter due to financial hardship.
2. The attached affidavit or declaration in support of this motion provides details of the Petitioner's income, assets, and expenses, demonstrating indigency.

Petitioner was granted leave to file *in forma pauperis* in the following courts:

Florida Middle District Court

Eleventh Circuit Court of Appeals

WHEREFORE, the Petitioner respectfully requests that this Court grant leave to proceed in forma pauperis and file the attached Petition for Writ of Certiorari without requiring payment of fees or costs.

Respectfully submitted,

Melanie Nicole Moore,

Petitioner, *Pro Se*

General Delivery
Clearwater, Florida 33758
(727) 241-9199

Dated: October 25, 2025

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

I, Melanie Moore, 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>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Self-employment | \$ <u>0</u> | \$ <u>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ <u>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Interest and dividends | \$ <u>0</u> | \$ <u>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Gifts | \$ <u>0</u> | \$ <u>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Alimony | \$ <u>0</u> | \$ <u>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Child Support | \$ <u>0</u> | \$ <u>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u> | \$ <u>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ <u>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Unemployment payments | \$ <u>0</u> | \$ <u>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Public-assistance (such as welfare) | \$ <u>298</u> | \$ <u>n/a</u> | \$ <u>298</u> | \$ <u>n/a</u> |
| Other (specify): _____ | \$ <u>0</u> | \$ <u>n/a</u> | \$ <u>0</u> | \$ <u>n/a</u> |
| Total monthly income: | \$ <u>298</u> | \$ <u>n/a</u> | \$ <u>298</u> | \$ <u>n/a</u> |

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 |
|-----------|---------|---------------------|-------------------|
| n/a | n/a | n/a | \$ n/a |
| disabled) | | 1 | \$ 1 |
| | | | \$ |

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 | \$ n/a |
| | | 1 | \$ 1 |
| | | | \$ |

4. How much cash do you and your spouse have? \$ n/a

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| n/a | \$ n/a | \$ n/a |
| | \$ 1 | \$ 1 |
| | \$ | \$ |

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

Home
Value n/a

Other real estate
Value n/a

Motor Vehicle #1
Year, make & model n/a
Value —

Motor Vehicle #2
Year, make & model n/a
Value —

Other assets
Description n/a
Value —

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

n/a
|
|
|

Amount owed to you

\$ n/a
\$
\$
\$

Amount owed to your spouse

\$ n/a
\$
\$
\$

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name
n/a
|
|
|

Relationship
n/a
|
|
|

Age
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, or annually to show the monthly rate.

You

Your spouse

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

\$ n/a \$ n/a

Are real estate taxes included? Yes No
Is property insurance included? Yes No

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

\$ n/a \$ n/a

Home maintenance (repairs and upkeep)

\$ n/a \$ n/a

Food

\$ 298 \$ n/a

Clothing

\$ n/a \$ n/a

Laundry and dry-cleaning

\$ n/a \$ n/a

Medical and dental expenses

\$ n/a \$ n/a

| | You | Your spouse |
|---|---------------|---------------|
| Transportation (not including motor vehicle payments) | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Life | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Health | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Motor Vehicle | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Other: <u> </u> | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <u>n/a</u> | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Installment payments | | |
| Motor Vehicle | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Credit card(s) | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Department store(s) | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Other: <u> </u> | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Alimony, maintenance, and support paid to others | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Other (specify): <u> </u> | \$ <u>n/a</u> | \$ <u>n/a</u> |
| Total monthly expenses: | \$ <u>0</u> | \$ <u>n/a</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.

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? n/a

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? n/a

If yes, state the person's name, address, and telephone number:

n/a

12. Provide any other information that will help explain why you cannot pay the costs of this case.

disabled - no income

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: October 26, 2025



JAMAL WESLEY
Notary Public
State of Florida
Comm# HH445311
Expires 9/19/2027

Melanie Moore
(Signature)

X Jamal Wesley

Notary