

25 - 6696 ORIGINAL
No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED
DEC 03 2025
OFFICE OF THE CLERK

EVELYN BENTON,

Petitioner,

v.

BERKSHIRE RICHMOND LLC,

Respondent.

EVELYN SINKLER,

Petitioner,

v.

WYNDHAM VACATION RESORTS, INC.,

Respondent.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner respectfully asks leave to file the attached Petition(s) for a Writ of Certiorari **without prepayment of fees or costs** and to proceed **in forma pauperis**, pursuant to Rule 39 of the Rules of the Supreme Court of the United States.

This motion applies to the following proceedings:

- **Benton v. Berkshire Richmond LLC,**
United States Court of Appeals for the Fourth Circuit,
USCA4 No. 24-2122

- **Sinkler v. Wyndham Vacation Resorts, Inc.,**
United States Court of Appeals for the Fourth Circuit,
USCA4 No. 25-1442
-

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s): _____

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.

Respectfully submitted,



Evelyn Benton / Evelyn Sinkler
Petitioner, Pro Se

Date: January 14, 2026

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

I, _____, 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>Deceased</u> | \$ <u>0</u> | \$ <u>0</u> |
| Self-employment | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Interest and dividends | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Gifts | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Alimony | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Child Support | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>2,343</u> | \$ _____ | \$ _____ | \$ _____ |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Unemployment payments | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ _____ | \$ _____ | \$ _____ |
| Other (specify): <u>Wusband's pension</u> | \$ <u>1,100</u> | \$ _____ | \$ _____ | \$ _____ |
| Total monthly income: | \$ <u>3,443</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 |
|---------------------|-------------|---------------------|-------------------|
| Retired \emptyset | \emptyset | \emptyset | \$ \emptyset |
| | | | \$ |
| | | | \$ |

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 |
|----------|-------------|---------------------|-------------------|
| Deceased | \emptyset | \emptyset | \$ \emptyset |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$ 100.00
 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 |
|---------------------------------------------|------------------|------------------------|
| Checking | \$ <u>100.00</u> | \$ \emptyset |
| | \$ | \$ |
| | \$ | \$ |

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

| | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Home Value <u>240,000</u> | <input type="checkbox"/> Other real estate Value \emptyset |
| <input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model <u>2015 Lexus</u> Value <u>10,000.00</u> | <input type="checkbox"/> Motor Vehicle #2 Year, make & model \emptyset Value _____ |
| <input type="checkbox"/> Other assets Description <u>\emptyset</u> 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 | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| <u>Two lawsuits</u> | \$ <u>TBD</u> | \$ <u>0</u> |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

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 | Relationship | Age |
|----------|--------------|----------|
| <u>0</u> | <u>0</u> | <u>0</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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) | \$ <u>1500.00</u> | \$ _____ |
| 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 | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ <u>250.00</u> | \$ _____ |
| Home maintenance (repairs and upkeep) | \$ <u>100.00</u> | \$ _____ |
| Food | \$ <u>300.00</u> | \$ _____ |
| Clothing | \$ <u>100.00</u> | \$ _____ |
| Laundry and dry-cleaning | \$ <u>20.00</u> | \$ _____ |
| Medical and dental expenses | \$ <u>20.00</u> | \$ _____ |

| | You | Your spouse |
|---------------------------------------------------------------------------------------------|-------------|-------------|
| Transportation (not including motor vehicle payments) | \$ 200.00 | \$ 0 |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 0 | \$ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ 500.00 | \$ |
| Life | \$ 0 | \$ |
| Health | \$ 202.00 | \$ |
| Motor Vehicle | \$ 0 | \$ |
| Other: _____ | \$ 0 | \$ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ | \$ |
| Installment payments | | |
| Motor Vehicle | \$ 0 | \$ |
| Credit card(s) | \$ 200.00 | \$ |
| Department store(s) | \$ 0 | \$ |
| Other: _____ | \$ 0 | \$ |
| Alimony, maintenance, and support paid to others | \$ 0 | \$ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0 | \$ |
| Other (specify): _____ | \$ 0 | \$ |
| Total monthly expenses: | \$ 3,392.00 | \$ |

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 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.

little income

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

Executed on: January 14th, 2020

Chellym Heston-Just

(Signature)

STATE OF Virginia
COUNTY OF Henrico
SUBSCRIBED AND SWORN TO BEFORE ME
THIS 14 DAY OF January, 2020
BY Evelyn Benton
Leigh Ferrell
NOTARY PUBLIC

LEIGH FERRELL
Notary Public
Commonwealth of Virginia
Registration No. 00350480
My Commission Expires Feb 28, 2029