No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

KIMBERLY DIANE SETTLE,
As Personal Representative for the Estate of Jacob Settle, Sr.

Petitioner,

v.

DAVID COLLIER,

Respondent.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner, Kimberly Dianne Settle, as Personal Representative for the Estate of Jacob Settle, respectfully moves to proceed in forma pauperis pursuant to 28 U.S.C. § 1915.

In the proceedings below, Petitioner, in her capacity as Personal Representative of the Estate of Jacob Settle, Sr., brought a wrongful death action and retained counsel on a contingency fee basis. As set forth in the attached affidavit/application, neither the Estate nor the

beneficiaries of this action possess the financial ability to prepay fees or provide security for costs.

Petitioner therefore seeks to file the attached Petition for a Writ of Certiorari without prepayment of costs and to proceed in forma pauperis.

Respectfully submitted,

Jennifer Shoaf Richardson
Florida Bar No. 0067998
EMMANUEL, SHEPPARD & CONDON
30 S. Spring Street
Pensacola, Florida 32502
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Counsel for Petitioner
June 3, 2026

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

I, Kimberly Diane Settle, As Personal Representative for the Estate of Jacob Settle, 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	$ 0	$ 0	$ 0	$ 0
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)	$ 0	$ 0	$ 0	$ 0
Unemployment payments	$ 0	$ 0	$ 0	$ 0
Public-assistance (such as welfare)	$ 0	$ 0	$ 0	$ 0
Other (specify): N/A	$ 0	$ 0	$ 0	$ 0
Total monthly income:	$ 0	$ 0	$ 0	$ 0

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	$ 0
N/A	N/A	N/A	$ 0
N/A	N/A	N/A	$ 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
N/A	N/A	N/A	$ 0
N/A	N/A	N/A	$ 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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
N/A	$ 0	$ 0
N/A	$ 0	$ 0
N/A	$ 0	$ 0

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

☐ Home
Value **0**

☐ Other real estate
Value **0**

X☐ Motor Vehicle #1
Year, make & model 2007 Chevy Silverado
Value $500.00

☐ Motor Vehicle #2
Year, make & model **N/A**
Value **0**

☐ Other assets
Description **N/A**
Value **0**

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
N/A	$ 0	$ 0
N/A	$ 0	$ 0

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
N/A	N/A	N/A
N/A	N/A	N/A
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, 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? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$ 0	$ 0
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0	$ 0
Home maintenance (repairs and upkeep)	$ 0	$ 0
Food	$ 0	$ 0
Clothing	$ 0	$ 0
Laundry and dry-cleaning	$ 0	$ 0
Medical and dental expenses	$ 0	$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 0	$ 0
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$ 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: N/A	$ 0	$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): N/A	$ 0	$ 0
Installment payments		
Motor Vehicle	$ 0	$ 0
Credit card(s)	$ 0	$ 0
Department store(s)	$ 0	$ 0
Other: N/A	$ 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): N/A	$ 0	$ 0
Total monthly expenses:	$ 0	$ 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.

N/A

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? **Contingency Agreement per Florida Statute**

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

EMMANUEL SHEPPARD & CONDON
30 S. Spring Street
Pensacola FL 32502
(850)433-6581

STEVENSON KLOTZ
127 Palafox Place
Suite 100
Pensacola FL 32502
(850)444-0000

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.

Petitioner is the mother of the decedent, Joseph Settle, Sr., who died intestate and without dependents. The Estate's statutory beneficiaries (the surviving spouse and two adult children) lack the financial resources to pay court costs. Their respective circumstances are as follows:

Sophronia Whitehead (Surviving Spouse): Ms. Whitehead has been unemployed for over two years. She possesses no other sources of income, capital, or financial assets of any kind.

Stacey Settle (Adult Child): Ms. Settle is currently homeless and cannot be directly located by the Personal Representative. However, she is believed to be a recipient of SNAP benefits, but possesses no other sources of income, capital, or financial assets of any kind.

Jacob Settle, Jr. (Adult Child): Mr. Settle is unemployed in a formal capacity and relies entirely on sporadic, informal cash jobs, generating an estimated $500 to $700 per month in gross income. He possesses no other sources of income, capital, or financial assets of any kind.

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

Executed on: June 3, 2026

Kimberley Smith
(Signature)

Witnessed by me as Notary.

LESLIE R. WHITE
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # HH 565593
My Commission Expires 06/26/2028

6/3/2026