ORIGINAL

Cover Page

No 26-5454

Supreme Court, U.S.
FILED
MAY 14 2026
OFFICE OF THE CLERK

In The Supreme Court Of The United States

Jo-Anne Sparta,

Petitioner *Pro Se*

v

Related Affordable, LLC, TRG Management Company LLP, and

SA Residences Preservation, L.P.,

Respondents

Motion For Leave To Proceed In Forma Pauperis For A Petition For A Writ Of Certiorari To The Florida State Supreme Court

SC2026-0256 Lower Tribunal No(s).: 4D2025-0725

Petitioner: Jo-Anne Sparta

5795 Chesapeake Villa Road

Apt 211

Rock Hall, MD 21661

Email: conciergejo-anna@outlook.com

Cell: 561-490-5150

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SUPREME COURT, U.S.

No. _____

_____

IN THE

SUPREME COURT OF THE UNITED STATES

_____

JO-ANNE SPARTA — PETITIONER
(Your Name)

RELATED AFFORDABLE, LLC VS. TRG MANAGEMENT, LLP., SA RESIDENCES PRESERVATION, L.L. — 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: CIVIL COURT, APPEALS COURT, SUPREME COURTS COURTS' APPROVAL COPY IS ATTACHED

☐ 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)

No. _____

In The United States Supreme Court

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

I, JoAnne Sparta, 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	$ N/A	$ N/A	$ N/A	$ N/A
Self-employment	$ N/A	$ N/A	$ N/A	$ N/A
Income from real property (such as rental income)	$ N/A	$ N/A	$ N/A	$ N/A
Interest and dividends	$ N/A	$ N/A	$ N/A	$ N/A
Gifts	$ N/A	$ N/A	$ N/A	$ N/A
Alimony	$ N/A	$ N/A	$ N/A	$ N/A
Child Support	$ N/A	$ N/A	$ N/A	$ N/A
Retirement (such as social security, pensions, annuities, insurance)	$ 1,221.00	$ N/A	$ 1,221.00	$ N/A
Disability (such as social security, insurance payments)	$ N/A	$ N/A	$ N/A	$ N/A
Unemployment payments	$ N/A	$ N/A	$ N/A	$ N/A
Public-assistance (such as welfare)	$	$	$	$
Other (specify): EBT (not CASH)	$ 304.00	$ N/A	$ 304.00	$ N/A
Total monthly income:	$ 1,221.00	$ N/A	$ 1,221.00	$ N/A

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

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

4. How much cash do you and your spouse have? $ DIVORCED - $150.00
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
CHASE CHECKING	$ 150.00	$ N/A
N/A	$ N/A	$ N/A
N/A	$ N/A	$ N/A

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 FAMPO MASTER CITY VAN TRADESMAN 2019
Value $11,500.00

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

☐ Other assets
Description N/A
Value 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
RELATED ACCOUNTS AS OF AUGUST 2025	$93,694.43	$ N/A
N/A	$ N/A	$ N/A
	$ N/A	$ 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	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	$ 758.74	$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 53.00	$ N/A
Home maintenance (repairs and upkeep)	$ 75.00	$ N/A
Food	$ 100.00	$ N/A
Clothing	$ N/A	$ N/A
Laundry and dry-cleaning	$ 15.00	$ N/A
Medical and dental expenses	$ DUAL-SNP	$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	$ N/A	$ N/A
Recreation, entertainment, newspapers, magazines, etc.	$ 24.94 Internet	$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ N/A	$ N/A
Life	$ N/A	$ N/A
Health	$ N/A	$ N/A
Motor Vehicle	$ 111.14	$ N/A
Other: _____	$ N/A	$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ N/A	$ N/A
Installment payments		
Motor Vehicle - I LIVE in my VAN.	$ 583.74	$ N/A
Credit card(s)	$ 50.00	$ N/A
Department store(s)	$ N/A	$ N/A
Other: _____	$ N/A	$ N/A
Alimony, maintenance, and support paid to others	$ N/A	$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ N/A	$ N/A
Other (specify): _____	$ N/A	$ N/A
Total monthly expenses:	$ 1,187.82	$ N/A

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:

N/A

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? SEE DEMAND LETTER - APPENDIX F FOR DETAILS - TOO MANY TO LIST HERE.

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

STAPLES AND OTHER PRINT SHOPS.
CONSULTS WITH LEGAL PROFESSIONALS.

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

SEE STATEMENT OF ISSUES ON APPEAL FOR A DETAILING.

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

Executed on: May 14, 2026

(Signature)

IN THE CIRCUIT/COUNTY COURT OF THE 15 JUDICIAL CIRCUIT
IN AND FOR Circuit COUNTY, FLORIDA 50-2023-CA-0[illegible] -XXXX-MB

JOANNE SPARTA
Plaintiff/Petitioner or In the Interest of

CASE NO. Div: AM

SA Residences Corporation; Reg Agent: CSC 1201 Hays Street c/o [illegible] TALLAHASSEE, FL 32301
Defendant/Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence, the filing and summons fees are waived; other costs and fees are not waived.

1. I have 0 dependents. (Include only those persons you list on your U.S. income tax return.)
   Are you Married? _Yes (No) Does your Spouse Work? _Yes _No Annual Spouse Income? $________

2. I have a net income of $ 1,123.00 paid ( ) weekly ( ) every two weeks ( ) semi-monthly (monthly) ( ) yearly ( ) other ________
   (Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered payments such as child support.)

3. I have other income paid ( ) weekly ( ) every two weeks ( ) semi-monthly (x) monthly ( ) yearly ( ) other ________
   (Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job	Yes $ ____ (No)	Veterans' benefits	Yes $ ____ (No)
Social Security benefits		Workers compensation	Yes $ ____ (No)
For you	(Yes) $ 1,123.00 No	Income from absent family members	Yes $ ____ (No)
For child(ren)	Yes $ ____ (No)	Stocks/bonds	Yes $ ____ (No)
Unemployment compensation	Yes $ ____ (No)	Rental income	Yes $ ____ (No)
Union payments	Yes $ ____ (No)	Dividends or interest	Yes $ ____ (No)
Retirement/pensions	Yes $ ____ (No)	Other kinds of income not on the list	Yes $ ____ (No)
Trusts	Yes $ ____ (No)	Gifts	Yes $ ____ (No)

I understand that I will be required to make payments for costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets. (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash	Yes $ ____ (No)	Savings account	(Yes) $ 312.00 No
Bank account(s) 380 chkg	(Yes) $ ____ No	Stocks/bonds	Yes $ ____ (No)
Certificates of deposit or		Homestead Real Property*	Yes $ ____ (No)
Money market accounts	Yes $ ____ (No)	Motor Vehicle*	Yes $ ____ (No)
Boats*	Yes $ ____ (No)	Non-homestead real property/real estate*	Yes $ ____ (No)
		Other assets*	Yes $ ____ (No)

Check one: I ( ) DO (x) (DO NOT) expect to receive more assets in the near future. The asset is ________

5. I have total liabilities and debts of $3,500.00 as follows: Motor Vehicle $ 0 Home $ 0 Boat $ ____ Non-homestead Real Property $ ____ Child Support paid direct $ 0 Credit Cards $ 3,500 (Line of Credit) Medical Bills $ 0 Cost of medicines (monthly) $ 0 Other $ 0.

6. I have a private lawyer in this case ____ Yes (No)

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed on June 6, 2023
[signature]
Signature of Applicant for Indigent Status

1955 — 810-0
Year of Birth — Last 4 digits of Driver License or ID number

Print Full Legal Name: Jo-Anne Sparta
Phone Number/s: 561-490-5150

Email address
cachetconcierge@msn.com
Address, Street, City, State, Zip Code

This form was completed with the assistance of: ________
Clerk/Deputy Clerk/Other authorized person

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be (x) Indigent ( ) Not Indigent, according to s. 57.082, F.S.

Dated on 07/18/2023
Clerk of the Circuit Court
By [signature] Deputy Clerk Kagan Lee

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME. THERE IS NO FEE FOR THIS REVIEW.
Sign here if you want the judge to review the clerk's decision ________

FILED: PALM BEACH COUNTY, FL JOSEPH ABRUZZO, CLERK 07/18/2023 09:29:25 AM