

No. **26 - 5578**

ORIGINAL

Supreme Court, U.S.
FILED

JUN 20 2026

OFFICE OF THE CLERK

**IN THE
SUPREME COURT OF THE UNITED STATES**

JEANNETTE SOTO SANTINI, Petitioner

v.

**UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF
VIRGINIA, Respondent**

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:

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

United States District Court for the Eastern District of Virginia

United States Court of Appeals for the Fourth Circuit

[] Petitioner has not previously been granted leave to proceed in forma pauperis in any other court.

[X] Petitioner's affidavit or declaration in support of this motion is attached hereto.

RECEIVED

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OFFICE OF THE CLERK
SUPREME COURT, U.S.

☐ Petitioner's affidavit 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.

JEANNETTE SOTO SANTINI

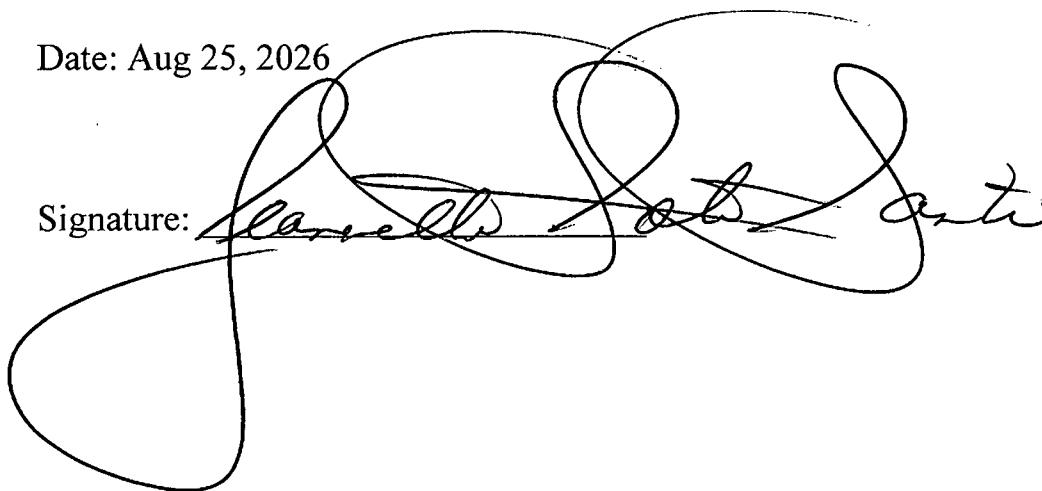
Petitioner, Pro Se

Po Box 710152

Herndon, VA 20171

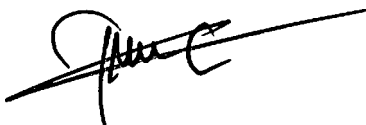
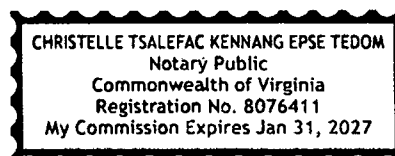
Date: Aug 25, 2026

Signature:

A large, stylized handwritten signature in black ink, appearing to read "Jeannette Soto Santini".

STATE OF VIRGINIA
COUNTY OF LOUDOUN

Acknowledged this 25th day of August 2026, by
Christelle Tedom, Notary Public

A handwritten signature in black ink, appearing to read "Christelle Tedom".

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

I, Ronald J. Martin, 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 <i>Less hours</i>	Spouse
Employment	\$ <u>493.67</u>	\$ _____	\$ <u>hours</u>	\$ _____
Self-employment	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Food Stamp \$170	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Other (specify): ~~Food Stamp~~ <i>NO cash</i>	\$ <u>170</u>	\$ _____	\$ _____	\$ _____
<i>Storage Phone</i>	\$ <u>312</u>	\$ <u>105</u>	\$ _____	\$ _____
Total monthly income:	\$ <u>493.67</u>	\$ _____	\$ _____	\$ _____

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
Fogo de Chao		May 24, 2026 Present	\$154.75 first check \$1672.38 2nd check \$551.46 3rd check \$498.59

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
Adventure Tours	17517B Indian Head	02/22/21 - 08/30/24	\$3,668
Resten Limousine	45685 Elmwood Ct VA	02/25/25 - 07/3/25	\$3,200

4. How much cash do you and your spouse have? \$ 0.00 (me) \$ 32.88 / N/A spouse
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	\$32.88	\$0.00

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

☐ Home Value <u>N/A</u>	☐ Other real estate Value <u>N/A</u>
☐ Motor Vehicle #1 Year, make & model <u>N/A</u> Value <u>N/A</u>	☐ Motor Vehicle #2 Year, make & model <u>N/A</u> Value <u>N/A</u>
☐ Other assets Description <u>N/A</u> Value <u>N/A</u>	

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").

N/A Name

Relationship

Age

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.

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

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

You

Your spouse

Homeless
\$ N/A

\$ N/A

\$ N/A

\$ 200

\$ 50

\$ 40

\$ N/A

\$

\$

\$

\$

\$

\$

\$

NO

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>BYS 25</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ _____
Life	\$ <u>N/A</u>	\$ _____
Health	\$ <u>N/A</u>	\$ _____
Motor Vehicle	\$ <u>N/A</u>	\$ _____
Other: <u>N/A</u>	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ _____
Credit card(s) <u>collections</u>	\$ <u>N/A</u>	\$ _____
Department store(s)	\$ <u>N/A</u>	\$ _____
Other: <u>N/A</u>	\$ <u>N/A</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ _____
Other (specify): <u>N/A</u>	\$ <u>N/A</u>	\$ _____
Total monthly expenses:	\$ <u>315</u>	\$ _____

NO

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.

I work less than 20 hours a week.

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? 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.

I'm Homeless I live on the street. Right now, I work at Foggo de chao for 3 hrs, or 2.5 hrs per day. I have 3 days off. I earn \$490 or less every 2 weeks. I pay \$312 a month for a storage, my cell \$105, plus other expenses like laundry, eating out, bus fare and personal items.

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

Executed on: Aug 25, 2024


(Signature)

IN THE
SUPREME COURT OF THE UNITED STATES

JEANNETTE SOTO SANTINI,
Petitioner,

v.

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF VIRGINIA,
Respondent.

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

I, **Jeannette Soto Santini**, declare that I am the petitioner in the above-entitled proceeding and that, because of my limited income and financial circumstances, I am unable to pay the costs of these proceedings or provide security therefor.

I respectfully provide the following information in support of my Motion for Leave to Proceed *In Forma Pauperis*.

1. Employment and Income

I am presently employed by **Fogo de Chão**.

My work hours are limited and vary according to my employer's scheduling and production needs. I generally work approximately **2.5 to 3 hours on the days that I am scheduled**, rather than five hours per day.

My recent biweekly pay has been approximately **\$490 to \$498**, although my earnings may vary because my hours are not guaranteed.

I have requested additional working hours from my employer. I was informed that the number of hours available depends upon production.

My current wages are insufficient for me to obtain and maintain stable rental housing while also paying my necessary living expenses.

2. Public Assistance

I presently receive approximately **\$170 per month in SNAP/food assistance benefits.**

These benefits are used for food and do not provide cash with which I can pay housing, court, transportation, storage, telephone, medical, or other necessary expenses.

3. Necessary Monthly Expenses

My necessary recurring expenses presently include approximately:

- **Storage:** \$312 per month
- **Cellular telephone:** \$105 per month
- **Vitamins and/or other medication:** approximately \$40 per month
- **Laundry:** additional recurring expense
- **Food:** expenses exceeding the amount provided through SNAP, as necessary
- **Transportation and other basic necessities:** amounts vary according to need

The storage expense is necessary because I do not presently have stable housing in which to keep my personal belongings.

My cellular telephone is provided through a monthly contract rather than a prepaid plan.

4. Housing Circumstances

I presently **lack stable and permanent housing.**

My wages are insufficient to rent and maintain a room while also meeting my other necessary living expenses.

My sleeping arrangements are temporary and unstable and may include staying temporarily with another person or sleeping outdoors when no other accommodation is available.

For personal safety and privacy reasons, I respectfully do not identify particular temporary sleeping locations. I maintain a mailing address at which I can receive Court correspondence.

5. Financial Ability to Pay Supreme Court Costs

My limited and variable employment income, together with my necessary living expenses and lack of stable housing, leaves me without sufficient funds to prepay the costs associated with this proceeding.

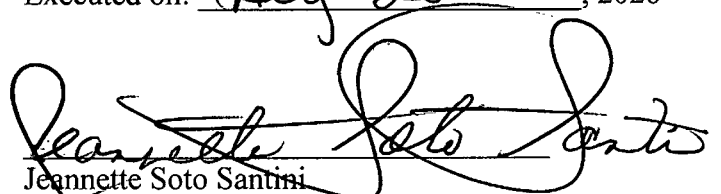
Requiring payment of Court costs would substantially interfere with my ability to pay for food, communication, storage of my belongings, transportation, medication and other basic necessities.

I therefore respectfully request permission to proceed *in forma pauperis* pursuant to **Supreme Court Rule 39**.

DECLARATION

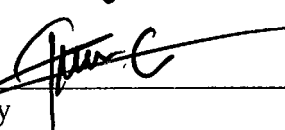
I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed on: Aug 25, 2026


Jeannette Soto Santini
Petitioner, Pro Se
Po Box 710152
Herndon, VA 20171

STATE OF VIRGINIA
COUNTY OF LOUDOUN

Acknowledged today August 25, 2026, by Christelle Tedom Notary Public


Notary

