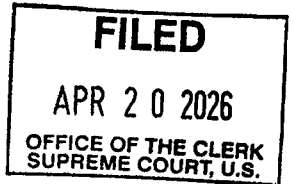


ORIGINAL

26-5627

No. _____



IN THE

SUPREME COURT OF THE UNITED STATES

Michelle Harris et al. PETITIONER
(Your Name)

VS.

Sandra Durham et al. 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):

United States Courts of Appeals
for the eighth circuit

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

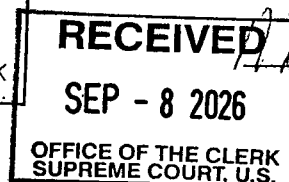
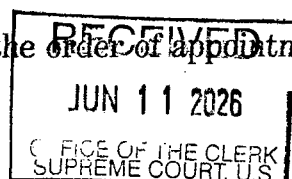
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

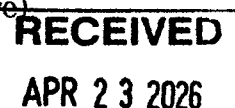
☐ The appointment was made under the following provision of law: _____

_____, or

☐ a copy of the order of appointment is appended.



Edgar Harris
Michelle Harris
(Signature)



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

I, Michele Harris, 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)	\$ 1004	\$ 254	\$ 1004	\$ 254
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <u>SSI</u>	\$ 254	\$ 0	\$ 254	\$ 0
Total monthly income:	\$ 1258	\$ 254	\$ 1258	\$ 254

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
			\$ 0
			\$ 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
			\$ 0
			\$ 0

4. How much cash do you and your spouse have? \$ _____
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
GOZ BANK	\$ 0	\$ 0
Direct Express	\$ 0	\$ 0
	\$ 0	\$ 0

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

☐ Home
Value 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model N/A
Value 0

☐ 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

N/A

Amount owed to you

\$ 0
\$ 0
\$ 0

Amount owed to your spouse

\$ 0
\$ 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

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)

\$ 780

\$ 100

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ 0

\$ 100

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: <u>Food stamps</u>	\$ 0	\$ 535
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: <u>N/A</u>	\$ 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): <u>N/A</u>	\$ 0	\$ 0
Total monthly expenses:	\$ 780	\$ 200

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? 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.

Michelle is only source of income and disabled with no extra cash on hand. Edgar Harris only receives food stamps and is disabled and GORG Blind. (Income verification attached)

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

Executed on: August 26, 2025

Edgar Harris
Michelle Harris
(Signature)



Social Security Administration Benefit Verification Letter

Date: August 28, 2026
BNC#: 26UQ437F00137
REF: A, DI



MICHELE KIMBERLY HARRIS
APT B4
5408 S HUTCHINSON AVE
BATTLEFIELD MO 65619-9746

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2025, the full monthly Social Security benefit before any deductions is \$1,003.10.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,003.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on July 20, 2022.

Information About Past Social Security Benefits

From December 2024 to November 2025, the full monthly Social Security benefit before any deductions was \$975.80.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$975.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

Information About Supplemental Security Income Payments

Beginning July 2026, the current Supplemental Security Income payment is \$254.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on July 20, 2022.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

Medicare Information

You are entitled to hospital insurance under Medicare beginning January 2025.

You are entitled to medical insurance under Medicare beginning January 2025.

Your Medicare number is 6FH6JD2YR78. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is July 21, 1972.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions**Need more help?**

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-877-850-7824**.

SOCIAL SECURITY
STE 100
1570 W BATTLEFIELD ST
SPRINGFIELD MO 65807

Social Security Administration



Social Security Administration Benefit Verification Letter

Date: August 28, 2026
BNC#: 26KN804A42716
REF: A, C1, DS

EDGAR SIMM HARRIS
5408 S HUTCHINSON AVE
APT B4
BATTLEFIELD MO 65619-9746

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning July 2026, the full monthly Social Security benefit before any deductions is \$309.10.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$309.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on August 1, 2024.

Information About Past Social Security Benefits

From January 2026 to June 2026, the full monthly Social Security benefit before any deductions was \$309.10.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$309.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

Information About Current Social Security Benefits

Beginning May 1991, the full monthly Social Security benefit before any deductions is \$0.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$0.00.
(We must round down to the whole dollar.)

Benefits were stopped beginning May 1991.

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Type of Social Security Benefit Information

You are entitled to monthly benefits as a dependent of the wage earner.

Information About Supplemental Security Income Payments

Beginning July 2026, the current Supplemental Security Income payment is \$254.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on September 8, 2023.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled spouse.

Date of Birth Information

The date of birth shown on our records is October 8, 1973.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-877-850-7824**.

SOCIAL SECURITY
STE 100
1570 W BATTLEFIELD ST
SPRINGFIELD MO 65807

Social Security Administration