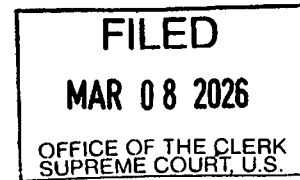


No. 26 - 5634



IN THE  
SUPREME COURT OF THE UNITED STATES

MICHAEL WASHINGTON AND  
LAVONNE WASHINGTON, Petitioners,

v.

U.S. DISTRICT COURT FOR THE MIDDLE  
DISTRICT OF FLORIDA,  
AND PRIMERICA LIFE INSURANCE COMPANY,  
Respondents.

=====

MOTION FOR LEAVE TO PROCEED  
IN FORMA PAUPERIS

Pursuant to Supreme Court Rule 39, Petitioners Michael Washington and LaVonne Washington respectfully request leave to file the attached Petition for a Writ of Certiorari without the prepayment of fees or costs, and to proceed *in forma pauperis*.

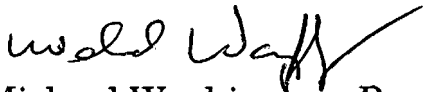
In support of this motion, Petitioners declare as follows:

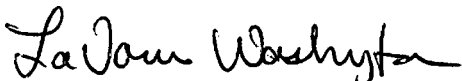
1. Petitioners are individuals proceeding *pro se* in this matter.
2. Due to their indigency and constrained financial resources, Petitioners are unable to pay the docketing fees or the substantial costs associated with printing the required booklet copies under Rule 33.1.

3. Petitioners have attached hereto their separately executed Affidavits/Declarations of Insolvency in support of this Motion, detailing their current financial status as required by the Court's rules.
4. As documented in the attached Petition, Petitioners were previously forced to pay a lower appellate docketing fee "under duress" to avoid a permanent administrative default. However, their ongoing financial hardship prevents them from absorbing any further filing fees or costs before this Court.

Wherefore, Petitioners respectfully request that this Court grant them leave to proceed *in forma pauperis* and accept the accompanying Petition for a Writ of Certiorari for filing.

Respectfully submitted,

  
Michael Washington, Pro Se  
6210 113th Ave.  
Tampa, FL 33617

  
LaVonne Washington, Pro Se  
5205 79th Street  
Tampa, FL 33619

**Dated: June 25, 2026**

No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

LaVonne Washington — PETITIONER  
(Your Name)

VS.  
U.S. District Court for the Middle District of Florida  
— 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):

Thirteenth Judicial Circuit, Hillsborough County

☐ 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.

LaVonne Washington  
(Signature)

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

I, La Vonne Washington, 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>3683</u>                                   | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Self-employment                                                      | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Income from real property (such as rental income)                    | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Interest and dividends                                               | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Gifts                                                                | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Alimony                                                              | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Child Support                                                        | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Disability (such as social security, insurance payments)             | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Unemployment payments                                                | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Public-assistance (such as welfare)                                  | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| Other (specify): <u>0.00</u>                                         | \$ <u>          </u>                             | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </u> |
| <b>Total monthly income:</b>                                         | \$ <u>3400</u>                                   | \$ <u>          </u> | \$ <u>          </u>       | \$ <u>          </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 |
|-------------|-------------------|---------------------|-------------------|
| TGH Imaging | 4719 N Habana Ave | 3/93-present        | \$ 3683           |
|             | Tampa, FL         |                     | \$                |
|             | 33614             |                     | \$                |

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 |
|------------------|------------------|---------------------|-------------------|
| <del>_____</del> | <del>_____</del> | <del>_____</del>    | <del>\$</del>     |
| <del>_____</del> | <del>_____</del> | <del>_____</del>    | <del>\$</del>     |
| <del>_____</del> | <del>_____</del> | <del>_____</del>    | <del>\$</del>     |

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 |
|---------------------------------------------|-----------------|------------------------|
| _____                                       | \$ 2500+        | \$ <del>_____</del>    |
| _____                                       | \$ _____        | \$ <del>_____</del>    |
| _____                                       | \$ _____        | \$ <del>_____</del>    |

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             | <input type="checkbox"/> Other real estate |
| Value 150,000+ (homestead)                           | Value _____                                |
| <input checked="" type="checkbox"/> Motor Vehicle #1 | <input type="checkbox"/> Motor Vehicle #2  |
| Year, make & model 4000                              | Year, make & model _____                   |
| Value _____                                          | Value _____                                |

☐ Other assets  
Description \_\_\_\_\_  
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

~~\$ \_\_\_\_\_~~  
~~\$ \_\_\_\_\_~~  
~~\$ \_\_\_\_\_~~

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 |
|---------------------------------------------------------------------|--------------|-----|
| Gilbert Washington                                                  | Brother      | 67  |
| (not claimed / change in circumstance may make support impractical) |              |     |

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

\$ 293.50

no mortgage

pay property taxes

pay property insurance

\$ 300

\$ \_\_\_\_\_

\$ 450

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 100

\$ \_\_\_\_\_

|                                                                                             | You               | Your spouse |
|---------------------------------------------------------------------------------------------|-------------------|-------------|
| Transportation (not including motor vehicle payments)                                       | \$ 200            | \$          |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$                | \$          |
| Insurance (not deducted from wages or included in mortgage payments)                        |                   |             |
| Homeowner's or renter's                                                                     | \$                | \$          |
| Life                                                                                        | \$                | \$          |
| Health                                                                                      | \$                | \$          |
| Motor Vehicle                                                                               | \$                | \$          |
| Other: _____                                                                                | \$                | \$          |
| Taxes (not deducted from wages or included in mortgage payments)                            |                   |             |
| (specify): _____                                                                            | \$                | \$          |
| Installment payments                                                                        |                   |             |
| Motor Vehicle                                                                               | \$                | \$          |
| Credit card(s)                                                                              | \$                | \$          |
| Department store(s)                                                                         | \$                | \$          |
| Other: _____                                                                                | \$                | \$          |
| Alimony, maintenance, and support paid to others                                            | \$                | \$          |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$                | \$          |
| Other (specify): _____                                                                      | \$                | \$          |
| <b>Total monthly expenses:</b>                                                              | <b>\$ 1343.50</b> |             |

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.

Under Article I, Section 21 of the Florida Constitution, the petitioner argues that a fundamental breakdown of judicial access has occurred. This appeal seeks redress for a Manifest Injustice where the lower courts have blocked access to the judicial process, constituting a violation of Due Process and exceptional circumstances that warrant a fee waiver.

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

Executed on: May 2, , 2026

Ralonne Washita

(Signature)

LaVonne Washington  
et al

IN THE CIRCUIT COURT OF THE 3<sup>rd</sup> JUDICIAL CIRCUIT  
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA

2026-0343

CASE NO. 15-CA-005663

Plaintiff/Petitioner or in the interest of  
VSF (ROT) vs.  
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? ... \$ N/A

2. I have a net income of \$ 1,780.00 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 ( ) monthly ( ) yearly ( ) other  
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

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

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") over 2500.00

|                            |                        |    |                                         |                   |    |
|----------------------------|------------------------|----|-----------------------------------------|-------------------|----|
| Cash                       | Yes \$ <u>2,500.00</u> | No | Savings account                         | Yes \$ <u>N/A</u> | No |
| Bank account(s)            | Yes \$ <u>2,500.00</u> | No | Stocks/bonds                            | Yes \$ <u>N/A</u> | No |
| Certificates of deposit or | Yes \$ <u>N/A</u>      | No | Homestead Real Property                 | Yes \$ <u>N/A</u> | No |
| Money market accounts      | Yes \$ <u>N/A</u>      | No | Motor Vehicle                           | Yes \$ <u>N/A</u> | No |
| Boats                      | Yes \$ <u>N/A</u>      | No | Non-homestead real property/real estate | Yes \$ <u>N/A</u> | No |
|                            |                        |    | Other assets                            | Yes \$ <u>N/A</u> | No |

Check one: ( ) DO (X) NOT expect to receive more assets in the near future. The asset is \_\_\_\_\_

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

6. I have a private lawyer in this case: Yes \_\_\_\_\_ No X

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 March 26, 20 26  
Year of Birth 1959 Last 4 digits of Driver License or ID Number 059  
Email address: mardenofgod31@aol.com  
Address: Street, City, State, Zip Code \_\_\_\_\_

Signature of Applicant for Indigent Status LaVonne Washington  
Print Full Legal Name LaVonne Washington  
Phone Number/s: 813-965-6257  
Sarah Washington@gmail.com

This form was completed with the assistance of: \_\_\_\_\_  
Clerk/Deputy Clerk/Other authorized person.

Based on the information in this Application, I have determined the applicant to be ( ) Indigent (X) Not Indigent, according to s. 57.082, F.S.  
Dated on MAR 26 2026 Omega Brown

Clerk of the Circuit Court  
By Omega Brown, Deputy Clerk

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE 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 \_\_\_\_\_

No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

Michael Washington — PETITIONER  
(Your Name)

VS.

U.S. District Court for the Middle District of Florida — 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):

☒ 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.

Michael Washington  
(Signature)

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

I, Michael Washington, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state 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>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Self-employment                                                      | \$ <u>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Income from real property (such as rental income)                    | \$ <u>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Interest and dividends                                               | \$ <u>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Gifts                                                                | \$ <u>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Alimony                                                              | \$ <u>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Child Support                                                        | \$ <u>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>over \$300</u>                             | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Disability (such as social security, insurance payments)             | \$ <u>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Unemployment payments                                                | \$ <u>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Public-assistance (such as welfare)                                  | \$ <u>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| Other (specify):                                                     | \$ <u>N/A</u>                                    | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
|                                                                      | \$ <u>over</u>                                   | \$ <u></u> | \$ <u></u>                 | \$ <u></u> |
| <b>Total monthly income:</b>                                         | \$ <u>\$300</u>                                  | \$ <u></u> | \$ <u></u>                 | \$ <u></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 |
|----------|---------|---------------------|-------------------|
| /        | /       | /                   | \$ /              |
| /        | /       | /                   | \$ /              |
| /        | /       | /                   | \$ /              |

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 |
|----------|---------|---------------------|-------------------|
| /        | /       | /                   | \$ /              |
| /        | /       | /                   | \$ /              |
| /        | /       | /                   | \$ /              |

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 |
|---------------------------------------------|-----------------|------------------------|
| Checking                                    | \$ 600.00       | \$ /                   |
| Savings                                     | \$ 300.00       | \$ /                   |
|                                             | \$ /            | \$ /                   |

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

☐ Home  
Value N/A

☐ Other real estate  
Value N/A

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

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

☐ Other assets  
Description N/A  
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

/

\$ /

\$ /

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

/

/

/

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)

\$ N/A

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No  
Is property insurance included? ☐ Yes ☐ No

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

\$ N/A

\$ N/A

Home maintenance (repairs and upkeep)

\$ N/A

\$ N/A

Food

\$ N/A

\$ N/A

Clothing

\$ S

\$ S

Laundry and dry-cleaning

\$ S

\$ S

Medical and dental expenses

\$ S

\$ S

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

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?

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

N/A

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.

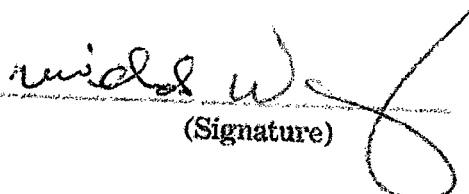
Under Article I, Section 21 of the Florida Constitution, the petitioner argues that a fundamental breakdown of judicial access has occurred. This appeal seeks redress for a Manifest Injustice where the lower courts have blocked access to the judicial process, constituting a violation of Due Process and exceptional circumstances that warrant a fee waiver.

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

Executed on:

4/30

2026

  
(Signature)