

26-5699

ORIGINAL

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

Megan Harwood, Petitioner v.

Superior Court of Los Angeles County and Justin Gurnari, Respondents

FILED

SEP 22 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner Megan Harwood requests leave under Supreme Court Rule 39 to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

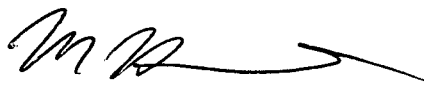
Petitioner was granted in forma pauperis status by the Supreme Court of California in No. S296715 on May 19, 2026, as reflected in the attached register of actions. Petitioner has also provided California superior-court fee-waiver orders.

Petitioner's financial declaration in the form prescribed by Rule 39.1 accompanies this motion. Petitioner reports no current employment income and receipt of public assistance. The attached benefits verification and state-court docket supplement, but do not replace, the completed financial declaration.

Petitioner requests this Court's independent determination that she is unable to pay the costs of this case without depriving herself of the necessities of life.

Dated: September 22, 2026

Respectfully submitted,



/s/ Megan Harwood

Megan Harwood

Petitioner, pro se

P.O. Box 1679, No. 5911

Sacramento, CA 95812

631-948-5508 | megan.harwood@gmail.com

FINANCIAL DECLARATION IN SUPPORT OF IFP

Megan Harwood v. Superior Court of Los Angeles County, et al.

COMPLETE EVERY UNANSWERED ITEM BEFORE SIGNING. Use 0, none, or N/A only when accurate. "U" below means spouse information is unavailable; see item 12.

I, Megan Harwood, am the petitioner. Because of my poverty, I am unable to pay the costs of this case or give security for them, and I believe I am entitled to redress.

1. Income — past 12-month average and next month

Use gross monthly equivalents. Current employment income is reported as \$0; that does not establish the past 12-month average. Include benefits and other income even when wages are zero.

Source	You: past 12-mo. monthly avg.	Spouse: past 12-mo. avg.	You: expected next month	Spouse: expected
Employment	\$ <u>150</u>	U	\$0	U
Self-employment	\$ _____	U	\$ _____	U
Real-property / rental income	\$ _____	U	\$ _____	U
Interest and dividends	\$ _____	U	\$ _____	U
Gifts	\$ _____	U	\$ _____	U
Alimony received	\$ _____	U	\$ _____	U
Child support received	\$ _____	U	\$ _____	U
Retirement / Social Security / pensions	\$ _____	U	\$ _____	U
Disability payments	\$ _____	U	\$ _____	U
Unemployment payments	\$ _____	U	\$ _____	U
Public assistance / welfare	\$ _____	U	\$ _____	U
Other (identify below)	\$ _____	U	\$ _____	U
TOTAL	\$ <u>150</u>	U	\$ _____	U

Other income / noncash benefits, including CalFresh or Medi-Cal:

Current public-assistance amount(s): _____

2. Your employment history during the past two years

Most recent first. State employer, address, employment dates, and gross monthly pay. If none during the entire period, write "none."

Employer and address	Dates	Gross monthly pay
_____	_____	\$ _____
_____	_____	\$ _____

3. Spouse's employment history during the past two years

Unknown to me. I do not have access to my spouse's employment or financial records during our contested dissolution proceeding. See item 12. I will identify any information I actually know here: _____

4. Cash and financial accounts

My cash on hand: \$ _____. Spouse's cash: unknown (item 12). Do not include complete account numbers.

Institution / account type	My balance	Spouse's balance
_____	\$ _____	U
_____	\$ _____	U

5. Assets and approximate values

List interests owned by either spouse, including disputed or inaccessible interests. Do not list ordinary clothing or household furnishings.

Asset	My interest / value	Spouse's interest / value
Home / other real estate	_____	U
Vehicle 1: year, make, model	_____	U
Vehicle 2: year, make, model	_____	U
Other assets / interests	_____	U

6. Money owed to you or your spouse

Identify every person, business, or organization and amount owed. If none is owed to you, state none; spouse information is unknown except as stated.

Debtor / person owing money	Amount owed to me	Amount owed to spouse
_____	\$ _____	U
_____	\$ _____	U

7. People who rely on you or your spouse for support

Use initials for minor children. Benefit-household size is not necessarily the same as the number of dependents.

Name (initials for minors)	Relationship	Age
_____	_____	_____
_____	_____	_____

Additional explanation of support obligations / information unavailable about spouse:

8. Average monthly household expenses — part 1

Expense	Paid by me	Paid by spouse
Rent or mortgage (including lot rent)	\$ _____	U
Real-estate taxes included in housing?	Yes / No	U
Property insurance included in housing?	Yes / No	U
Utilities (including telephone)	\$ _____	U
Home maintenance / repairs	\$ _____	U
Food	\$ _____	U
Clothing	\$ _____	U
Laundry / dry cleaning	\$ _____	U
Medical / dental	\$ _____	U

8. Average monthly household expenses — part 2

Expense	Paid by me	Paid by spouse
Transportation (not vehicle payments)	\$_____	U
Recreation, newspapers, entertainment	\$_____	U
Homeowner's / renter's insurance	\$_____	U
Life insurance	\$_____	U
Health insurance	\$_____	U
Motor vehicle insurance	\$_____	U
Other insurance (specify)	\$_____	U
Taxes not otherwise included (specify)	\$_____	U
Motor vehicle installment payments	\$_____	U
Credit-card installment payments	\$_____	U
Department-store payments	\$_____	U
Other installment payments	\$_____	U
Alimony, maintenance, support PAID	\$_____	U
Business / profession / farm expenses	\$_____	U
Other necessary expenses (identify)	\$_____	U
TOTAL MONTHLY EXPENSES (parts 1 and 2)	\$_____	U

Explanations; debts/liabilities not otherwise shown: _____

9. Expected changes in the next 12 months

Do you expect major changes in income, expenses, assets, or liabilities? Yes ____ No ____

If yes, explain: _____

10. Payments to attorneys for this case or this form

Have you paid, or will you pay, an attorney? Yes ____ No ____

If yes, amount: \$ _____. Name, address, telephone: _____

11. Payments to nonlawyers for this case or this form

Have you paid, or will you pay, a nonlawyer? Yes ____ No ____

If yes, amount: \$ _____. Name, address, telephone: _____

12. Other circumstances explaining inability to pay

I receive public assistance and have no current employment income because of my health. I am involved in a contested marital dissolution. I do not have access to my spouse's financial records, income information, bank records, or tax returns. Entries marked U mean unknown for that reason, not zero. I have supplied the information actually available to me and have not guessed.

The August 11, 2026 County of Los Angeles verification documents benefits through August 2026. It is supporting historical evidence; my answers above identify my current finances and expected income. The California Supreme Court docket records an IFP grant in S296715 on May 19, 2026.

Additional explanation: I am on general relief / state benefits
and am currently separated for All Assets

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on September 22, 2026. Correct the date if signed on a different day.

Signature: _____

Megan Harwood

003 Pasadena
955 N LAKE AVE
PASADENA, CA 91104-4518

COUNTY OF LOS ANGELES

Date: 08/11/2026

Case Name: MEGAN HARWOOD

Case Number:

Worker Name: Customer Service

Worker ID: 19DP031T13

Worker Phone Number: (866) 613-3777

VERIFICATION OF BENEFITS

MEGAN B HARWOOD

Physical Address:

Home Phone Number: (631) 948-5508

Monthly Benefits

Month/Year	CalWORKs	GA/GR	RCA	CAPI	Cash Aid Assistance Unit Size	CalFresh	CF Household Size	MC	CMSP	MC Household Size
08/2025						292.00	1	Y	N	1
09/2025						292.00	1	Y	N	1
10/2025		11.70			1	298.00	1	Y	N	1
11/2025		221.00			1	298.00	1	Y	N	1
12/2025		221.00			1	298.00	1	Y	N	1
01/2026		221.00			1	294.00	1	Y	N	1
02/2026		221.00			0	294.00	1	Y	N	1
03/2026		221.00			0	294.00	1	Y	N	1
04/2026		221.00			1	294.00	1	Y	N	1
05/2026		221.00			1	298.00	1	Y	N	1
06/2026		221.00			1	294.00	1	Y	N	1
07/2026		221.00			1	294.00	1	Y	N	1
08/2026		221.00			1	294.00	1	Y	N	1

Current Household Details

Name	DOB	Aid Code	In the Home	CF	CW	GA /GR	CAPI	OHC	Medi-Cal	CMSP	MC/CMSP SOC
Megan B Harwood		M1	Y	Y	N	Y	N	N	Y	N	0.00

Comments