

No. 26-5710

ORIGINAL

FILED

JUL 20 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Shannon Perry

— PETITIONER

(Your Name)

VS.

Encore at Blvd One LLC, Mark

Tschetter, J. Brandl, Ricci Donati — 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):

10th Cir Court of Appeals - Order and Judgement, before Matheson, Lucero, Bacharach
Circuit Judges ; Case No. 25-1128 Dkt 47 03/06/2026

☐ 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

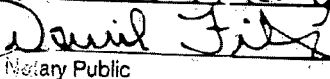
☐ a copy of the order of appointment is appended.



(Signature)

State of Colorado
County of Douglas
Subscribed and affirmed before me
this 12 day of SEPT 2026

by Shannon Perry


Notary Public

DANIEL RAY FILES
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20254040158
MY COMMISSION EXPIRES NOV 12, 2029

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

I, Shannon L. Perry, 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	\$00	\$/	\$/	\$/
Self-employment	\$ 00	\$/	\$/	\$/
Income from real property (such as rental income)	\$00	\$/	\$/	\$/
Interest and dividends	\$00	\$/	\$/	\$/
Gifts	\$00	\$/	\$/	\$/
Alimony	\$0	\$/	\$/	\$/
Child Support	\$0	\$/	\$/	\$/
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$/	\$/	\$/
Disability (such as social security, insurance payments)	\$248	\$/	\$248	\$/
Unemployment payments	\$0	\$/	\$/	\$/
Public-assistance (such as welfare)	\$298	\$/	\$298	\$/
Other (specify):	\$0	\$/	\$248	\$/
Total monthly income:	\$248	\$/	\$248	\$/

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
Disabled	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
No Spouse	N/A	N/A	\$ N/A
			\$
			\$

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
CHASE CHECKING	\$6.00	\$ 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 /	☐ Other real estate Value /
☐ Motor Vehicle #1 Year, make & model Value /	☐ Motor Vehicle #2 Year, make & model 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
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
A.J.	Son	21
G.R.	Son	17

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)	\$2,600	\$n/a
Are real estate taxes included? ☐ Yes ☒ No		
Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$127	\$n/a
Home maintenance (repairs and upkeep)	\$0	\$n/a
Food	\$298	\$n/a
Clothing	\$0	\$0
Laundry and dry-cleaning	\$15	\$n/a
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	\$n/a
Health	\$0	\$n/a
Motor Vehicle	\$0	\$n/a
Other: _____	\$0	\$n/a
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$0	\$n/a
Installment payments		
Motor Vehicle	\$n/a	\$n/a
Credit card(s)	\$n/a	\$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:	\$2700	\$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.

A federal review of my Social Security Benefits is going to have a U.s. District Court Final Judgement by Sept 29th of 2026. 1:26-CV-794-REB

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? 3,000

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

Geary Barton - at Supreme Court Press, 1089 commonwealth ave. Suite 283 Boston, MA 02215
617-505-1088

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

I have 24/7 live in caregivers, who take care of me. I do not work. My medicaid benefits under the CIH/DD waiver, pay for habilitation, and caregiver services. I am totally and permanently disabled.

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

Executed on: Friday Sept 11th, 2026

State of Colorado
County of DOUGLAS
Subscribed and affirmed before me
this 12 day of SEPT 2026

by Shannon Perry
Daniel Files
Notary Public

Shannon Perry
(Signature)

