

ORIGINAL

26-5781
Case No. _____

FILED JUL 19 2026 OFFICE OF THE CLERK SUPREME COURT, U.S.
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IN THE SUPREME COURT OF THE UNITED STATES

TAMARA FLOYD

Petitioner

v.

DOMAIN, LLC D/B/A DOMAIN, et al.

Respondent

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Pursuant to Rule 39, petitioner in the above titled case, respectfully asks leave to file the attached petition for a writ or certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner was previously granted leave to proceed *in forma pauperis* in the following court(s):

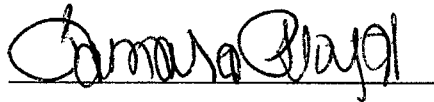
- Georgia Supreme Court (Petition for Certiorari);
- Court of Appeals of Georgia (Discretionary Appeal); and
- Gwinnett County Superior Court (Petition for Review).

Affidavit in support of motion and attached Form 4:

I, Tamara Floyd, in support of my motion to proceed *in forma pauperis*, state that because of my indigence I am unable to pay the cost of this case or to give security therefore: and I believe I am entitled to redress. I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I strongly believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this attached form are true and correct.

28 U.S.C. § 1746; 18 U.S.C. § 1621.

Respectfully submitted this 20th day of July, 2026.

A handwritten signature in cursive script, appearing to read "Tamara Floyd", is written over a horizontal line.

Tamara Floyd
Petitioner *In Pro Per*
1840-24 Jerry Way
Norcross, Ga 30093
800.914.8884

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

I, Tamara Floyd, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>900</u>	\$ _____	\$ <u>700</u>	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>1582</u>	\$ _____	\$ <u>1582</u>	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>2489</u>	\$ _____	\$ <u>2489</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
Independent Contractor as my ailments permit			\$Varies \$500 - \$1000
			\$
			\$

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? \$ 0
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 for benefits	\$ 261.09	\$
	\$	\$
	\$	\$

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 \$148,000

☐ 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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
Rod Harris (nominal support)	Son (primary caregiver)	27
_____	_____	_____
_____	_____	_____

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)	\$ 630	\$ _____
Are real estate taxes included? ☒ Yes ☐ No		
Is property insurance included? ☒ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 400	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ 150	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ 125	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 90	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 185	\$
Life	\$ 30	\$
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): <u>phone and internet service (needed to supplement income)</u>	\$ 190	\$
Total monthly expenses:	\$ 1811	\$

TAMARA FLOYD

Date: July 1, 2026

We are writing to you about your Social Security benefits.

The State of Georgia will no longer pay your Medicare Part B (Medical Insurance) premiums after May 2026. You must pay the premiums starting June 2026.

If you disagree or have questions about the State's determination to stop paying the premiums, please call the State Medicaid office. If you recently received a notice from the State Medicaid office telling you that you lost benefits, follow the instructions in the notice about the best way to contact them.

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$1,176.10 for June 2026 [REDACTED].
- After that you will receive \$1,379.00 on or about the third of each month.

We deduct Medicare medical insurance (Part B) premiums 1 month in advance.

We are deducting past-due premiums of \$202.90 from your payment.

If the deduction of past-due premiums causes a financial hardship, ask us about options for financial relief.

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