26-5857

IN THE SUPREME COURT OF THE UNITED STATES

FILED
OCT 08 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

HUGUETTE MOLINA AMADOR, Petitioner

v.

PROVIDENCE MISSION HOSPITAL REGIONAL MEDICAL CENTER; CRAIG ALLEN SALCIDO, M.D.; AND AHMAD ABOU ABBASS, M.D., Respondents

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 box before signing:

☒ Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):
Superior Court of California-County of Orange
California Court of Appeal - Fourth Appellate District, Division Three

☐ 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.

Signature: _____

Huguette Molina Amador, Petitioner Pro Se

Date: October 8, 2026

ORIGINAL

RECEIVED
OCT 15 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

Huguette Molina Amador, 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	$ 1,400.00	$ N/A	$ 0	$ N/A
Self-employment	$ 0	$ N/A	$ 0	$ N/A
Income from real property (such as rental income)	$ 0	$ N/A	$ 0	$ N/A
Interest and dividends	$ 0	$ N/A	$ 0	$ N/A
Gifts	$ 0	$ N/A	$ 0	$ N/A
Alimony	$ 0	$ N/A	$ 0	$ N/A
Child Support	$ 0	$ N/A	$ 0	$ N/A
Retirement (such as social security, pensions, annuities, insurance)	$ 0	$ N/A	$ 0	$ N/A
Disability (such as social security, insurance payments)	$ 0	$ N/A	$ 0	$ N/A
Unemployment payments	$ 916.67	$ N/A	$ 0	$ N/A
Public-assistance (such as welfare)	$ 0	$ N/A	$ 0	$ N/A
Other (specify): _____	$ 0	$ N/A	$ 0	$ N/A
Total monthly income:	$ 2,316.67	$ N/A	$ 0	$ N/A

RECEIVED
OCT 15 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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
Richard Grenell	See attached sheet	11/20/25-2/15/26	$ Approx. 4,800
Lucien Grainge	See attached sheet	11/2024-1/20/25	$ Approx. 4,000
			$

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 - not married			$
			$
			$

4. How much cash do you and your spouse have? $ 0.00
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
Wells Fargo checking	$ -98.00	$ 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 2004 Ford Expedition
Value Approx. $1,000

☐ Motor Vehicle #2
Year, make & model
Value

☐ Other assets
Description None reported
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
None	$	$
	$	$
	$	$

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
None		

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) Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$1,500	$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	$189	$ N/A
Home maintenance (repairs and upkeep)	$0	$ N/A
Food	$0	$ N/A
Clothing	$0	$ N/A
Laundry and dry-cleaning	$0	$ N/A
Medical and dental expenses	$0	$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 400	$ N/A
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 0	$ N/A
Life	$ 0	$ N/A
Health	$ 0	$ N/A
Motor Vehicle	$ 160	$ N/A
Other: _____	$ 0	$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): Estimated taxes	$ 54	$ N/A
Installment payments		
Motor Vehicle	$ 0	$ N/A
Credit card(s)	$ Approx. 200	$ N/A
Department store(s)	$ 0	$ N/A
Other: _____	$ 0	$ N/A
Alimony, maintenance, and support paid to others	$ 0	$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ 134	$ N/A
Other (specify): Storage	$ 618	$ N/A
Total monthly expenses:	$ 3,255	$ 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.

See attached explanation.

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.

Thrombosis limits my ability to work. I currently have no regular employment income and expect no employment income next month. Please also see the attached explanation.

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

Executed on: October 8, 2026



_____
(Signature)

HUGUETTE MOLINA AMADOR

SUPPLEMENT TO IFP FINANCIAL DECLARATION

Question 2 - Employer addresses

Richard Grenell
218 33rd Street
Hermosa Beach, CA 90254
United States

Lucien Grainge
668 Chautauqua Blvd
Pacific Palisades, CA 90272
United States

Question 1 - Reported income

EDD received in 2026 over six months: $11,000 total.
Average over the past 12 months: $916.67 per month.
EDD ended in September 2026; expected next month: $0.
Alexa's Accessories: $0; no events performed.
Trial work payments reported: $2,400.
Grenell wages for approximately 3 months: estimated $14,400.
Estimated employment total over past 12 months: $16,800.
Estimated monthly employment average: $1,400.
Total estimated average monthly income: $2,316.67.

Question 9 and Question 12 - Health and expected income

My health is poor, and thrombosis limits my ability to work.
I currently have no regular employment income and do not expect to receive employment income next month. My unemployment benefits have ended. My medical care is covered by Medi-Cal.
As of October 8, 2026, I have $0 in cash and my Wells Fargo checking account balance is negative $98.00.