26-6243

ORIGINAL

No. _____

FILED
NOV 20 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

SHANNON GILMOUR,
Petitioner,

v.

JULIET STEPHENS,
Respondent.

ON PETITION FOR A WRIT OF CERTIORARI TO THE SUPREME COURT OF VERMONT

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner Shannon Gilmour asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis. Sup. Ct. R. 39; 28 U.S.C. § 1915(a).

Petitioner was permitted to proceed in forma pauperis in the courts below. The Vermont Superior Court, Washington Unit, Civil Division, granted her application to waive filing fees and service costs on July 15, 2025 (Exhibit 1), and the Vermont Supreme Court granted her application on December 1, 2025 (Exhibit 2). Each court found that her gross income is at or below 150% of the poverty income guidelines. Petitioner was not represented by appointed counsel in either court and proceeded pro se throughout.

Petitioner's declaration in support of this motion, in the form prescribed by the Court, is attached.

Respectfully submitted,

Shannon Gilmour

Shannon Gilmour
Petitioner, pro se
3291 Vermont Route 65
Brookfield, Vermont 05036
(720) 672-1192

Dated: Nov. 20, 2026

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

I, Shannon Gilmour, 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	$ 2521	$ NA	$ 2521	$ NA
Self-employment	$ 400	$	$ 400	$
Income from real property (such as rental income)	$ NA	$	$ NA	$
Interest and dividends	$ NA	$	$ NA	$
Gifts	$ NA	$	$ NA	$
Alimony	$ NA	$	$ NA	$
Child Support	$ 200	$	$ 200	$
Retirement (such as social security, pensions, annuities, insurance)	$ NA	$	$ NA	$
Disability (such as social security, insurance payments)	$ NA	$	$ NA	$
Unemployment payments	$ NA	$	$ NA	$
Public-assistance (such as welfare)	$ NA	$	$ NA	$
Other (specify):	$ NA	$	$ NA	$
Total monthly income:	$ 3121	$	$ 3121	$

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
"I Cleaning Green + Vermont cleaningsgreenvermont@gmail.com"		11/2024 - 11/2026	$ 2521
			$
			$

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
NA			$
			$
			$

4. How much cash do you and your spouse have? $ 24.00
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
Checking	$ 1608	$ NA
Savings	$ 84	$ NA
	$	$

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

☐ Home
Value NA

☐ Other real estate
Value NA

☒ Motor Vehicle #1
Year, make & model 2007 Volvo XC90
Value $1800

☒ Motor Vehicle #2
Year, make & model trailer
Value $35,000

☒ Other assets
Description Sculpture
Value $8000

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
NA	$ NA	$ NA
	$	$
	$	$

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
M. G.	Child	14

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)	$ 1100	$ NA
Are real estate taxes included? ☐ Yes ☒ No Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 28	$
Home maintenance (repairs and upkeep)	$ NA	$
Food	$ 600	$
Clothing	$ 50	$
Laundry and dry-cleaning	$ 20	$
Medical and dental expenses	$ NA	$

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 200	$ NA
Recreation, entertainment, newspapers, magazines, etc.	$ NA	$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ NA	$
Life	$ NA	$
Health	$ NA	$
Motor Vehicle	$ 48	$
Other: _____	$ NA	$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ NA	$
Installment payments		
Motor Vehicle	$ NA	$
Credit card(s)	$ NA	$
Department store(s)	$ NA	$
Other: _____	$ NA	$
Alimony, maintenance, and support paid to others	$ NA	$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ NA	$
Other (specify): _____	$ NA	$
Total monthly expenses:	$ 2046	$

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.

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

Executed on: Nov. 20, 2026

Shannon Gilmore
(Signature)

Exhibit 1

Determination of Financial Eligibility

☐ The Application is **DENIED**
The gross income of the applicant is greater than 150% of the poverty line, AND the applicant does not receive public assistance. The applicant is able to pay the filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.
YOU MUST PAY $_____ TO THE COURT CLERK WITHIN 30 DAYS OR THE CASE WILL BE DISMISSED.

☒ The Application is **GRANTED**
- ☐ Applicant receives public assistance OR
- ☒ The gross income of the applicant is at or below 150% of the poverty income guidelines. OR
- ☐ Applicant is unable to pay the entire filing fee or costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES AND COSTS OF SERVICE ARE WAIVED.

Date July 15 2025

Signature of Clerk or Designee

Notice of Right to Appeal: You have the right to **appeal** this order to the Judge of this Court. Your appeal must be filed in writing with the Clerk of this Court within 7 days of the date of this Order.

Exhibit 2

Determination of Financial Eligibility

☐ The Application is **DENIED**
The gross income of the applicant is greater than 150% of the poverty line, AND the applicant does not receive public assistance. The applicant is able to pay the filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.
YOU MUST PAY $_____ TO THE COURT CLERK WITHIN 30 DAYS OR THE CASE WILL BE DISMISSED.

☒ The Application is **GRANTED**
- ☐ Applicant receives public assistance OR
- ☒ The gross income of the applicant is at or below 150% of the poverty income guidelines. OR
- ☐ Applicant is unable to pay the entire filing fee or costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES AND COSTS OF SERVICE ARE WAIVED.

Date 12-1-25

Signature of Clerk or Designee

Notice of Right to Appeal: You have the right to **appeal** this order to the Judge of this Court. Your appeal must be filed in writing with the Clerk of this Court within 7 days of the date of this Order.