

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Thomas Arnold — PETITIONER
(Your Name)

VS.

Julia L. Jones — 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*.

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

Second Judicial Circuit of Florida

Case 1990CFZ999 Tallahassee, Florida

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.

8th day of June 2018

Date

Thomas Arnold
(Signature)

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

I, Thomas Arnold, 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	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>200.00</u> ^{month}	\$ <u>0</u>	\$ <u>200.00</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>200.00</u>	\$ <u>0</u>	\$ <u>200.00</u>	\$ <u>0</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
Incarcerated since 1990			\$
			\$
			\$

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? \$ 178.58 as of 6-7-88
 Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
D.O.C.	Inmate Trust	\$ 200.00	\$
		\$	\$
		\$	\$

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

Home
 Value None

Other real estate
 Value None

Motor Vehicle #1
 Year, make & model None
 Value _____

Motor Vehicle #2
 Year, make & model None
 Value _____

Other assets
 Description None
 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
<u>Person</u>	\$ _____	\$ _____
<u>Person</u>	\$ _____	\$ _____
<u>Person</u>	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>Spouse</u>	<u>Wife</u>	<u>41</u>
<u>None</u>	<u>None</u>	<u>None</u>

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)	\$ <u>100</u>	\$ <u>100</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>100</u>	\$ <u>100</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>200.00</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

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

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.

Incarcerated

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

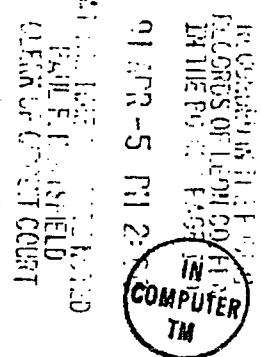
Executed on: 8th day of June, 2018

Thomas Arnal
(Signature)

IN THE CIRCUIT COURT OF THE
SECOND JUDICIAL CIRCUIT, IN
AND FOR LEON COUNTY, FLORIDA

CASE NO. 90-2999, 90-3014

THOMAS JOSEPH ARNOLD,
Defendant/Appellant,
vs.
STATE OF FLORIDA,
Plaintiff/Appellee.



ORDER OF INSOLVENCY

THIS CAUSE came on before me upon motion of the Defendant, THOMAS JOSEPH ARNOLD, for the appointment of counsel to represent him on appeal from the judgment and sentence of April 3, 1991, and this Court having been advised in the premises and having previously made inquiry of the Defendant and having found him so insolvent that she was incapable of hiring his own attorney, it is hereby

ORDERED AND ADJUDGED that the Public Defender, Second Judicial Circuit, in the State of Florida, be and is hereby appointed to represent the Defendant on his appeal in this cause.

It is further ORDERED AND ADJUDGED that the Defendant, THOMAS JOSEPH ARNOLD, is without funds to pay the costs of his appeal and that Leon County, Florida, shall bear any and all costs necessary and incident to the prosecution of this appeal for the Defendant.

DONE AND ORDERED this 3rd day of April, 1991.

CIRCUIT COURT JUDGE

Copies to:

District Court of Appeal
Robert Butterworth, Attorney General
William N. Meggs, State Attorney
Barbara Lithicum, Public Defender
Thomas F. Woods, Court Appointed Attorney