

No. \_\_\_\_\_

PROVIDED TO AVON PARK  
CORRECTIONAL INSTITUTION  
On ~~8/18/18~~ FOR MAILING  
BY ~~AP~~ J.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Jose Soza — PETITIONER  
(Your Name)

VS.

Juliet Jones — RESPONDENT(S)  
Pla. Secy Dept. of Corr.

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):  
\_\_\_\_\_  
\_\_\_\_\_

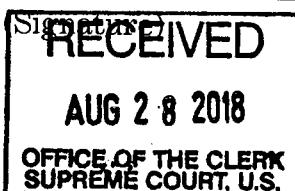
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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.



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

I, Jose Saca, 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>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Self-employment	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Interest and dividends	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Gifts	\$ <u>unknown</u>	\$ <u></u>	\$ <u>unknown</u>	\$ <u></u>
Alimony	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Child Support	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Unemployment payments	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
Other (specify): _____	\$ <u>0</u>	\$ <u></u>	\$ <u>0</u>	\$ <u></u>
<b>Total monthly income:</b>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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
NA	NA	NA	\$ NA
			\$
			\$

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	NA	NA	\$ NA
			\$
			\$

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
NA	NA	\$ NA	\$ 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 NA

Value \_\_\_\_\_

Motor Vehicle #2

Year, make & model NA

Value \_\_\_\_\_

Other assets

Description NA

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
_____	\$ _____	\$ _____
NA	\$ NA	\$ NA
_____	\$ _____	\$ _____

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

Name	Relationship	Age
José Soza	brother	32
Edwin Ruiz	cousin	47
Julio Miranda	friend	45

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>0</u>	\$ NA
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>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>0</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>  </u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>  </u>
Life	\$ <u>0</u>	\$ <u>  </u>
Health	\$ <u>0</u>	\$ <u>  </u>
Motor Vehicle	\$ <u>0</u>	\$ <u>  </u>
Other: _____	\$ <u>0</u>	\$ <u>  </u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>  </u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>  </u>
Credit card(s)	\$ <u>0</u>	\$ <u>  </u>
Department store(s)	\$ <u>0</u>	\$ <u>  </u>
Other: _____	\$ <u>0</u>	\$ <u>  </u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>  </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>  </u>
Other (specify): _____	\$ <u>0</u>	\$ <u>  </u>
<b>Total monthly expenses:</b>	\$ <u>0</u>	\$ <u>  </u>

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? \_\_\_\_\_

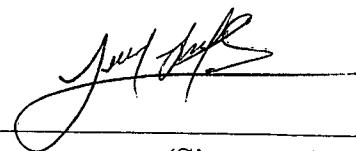
If yes, state the person's name, address, and telephone number:

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

I rely exclusively on the generosity of my family to send me money for personal care items. I don't have a dime left to my name on the streets.

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

Executed on: 24 day of August, 2018



(Signature)

## CONCLUSION

PROVIDED TO AVON PARK  
CORRECTIONAL INSTITUTION  
On 8/24/18 FOR MAILING  
BY J.S.

This Court should grant *certiorari* to review the judgment below.

Respectfully submitted,

  
\_\_\_\_\_  
Jose Soza #X62244  
Avon Park Correctional Institution  
8100 Highway 64 East  
Avon Park, FL 33826-6801

## CERTIFICATE OF SERVICE

Under penalties of perjury, I hereby certify that a true and correct copy of the foregoing has been served by first-class mail on after being placed in the hands of a prison official for mailing at Avon Park Correctional Institution:

**SUPREME COURT OF THE  
UNITED STATES**  
One First St. N.E.,  
Washington, DC 20543

**Attorney General's Office  
Daytona Beach Office (Fifth DCA)**  
444 Seabreeze Blvd. Ste. 500,  
Daytona Beach, Fl. 32118

On this 24 day of August 2018

  
\_\_\_\_\_  
Jose Soza #X62244  
Avon Park Correctional Institution  
8100 Highway 64 East  
Avon Park, FL 33826-6801