

Case No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

ZAVIEN BRAND,
Petitioner,

-vs-

UNITED STATES OF AMERICA,
Respondent.

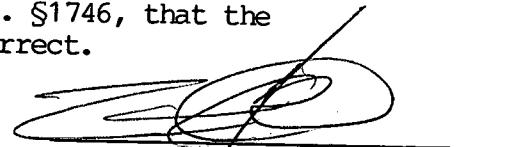
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

COMES NOW, Petitioner, ZAVIEN BRAND, in proper person, hereby respectfully requesting this Honorable Court to grant him leave to file the accompanying PETITION FOR A WRIT OF CERTIORARI without prepayment of costs, and to proceed in forma pauperis.

Petitioner Brand affirms that he has no employment, assets, securities, or financial resources of any significance, and that compliance with the applicable filing fees is impossible for him in consideration of his poverty and incarceration. Petitioner's affidavit or declaration in support of this motion is attached hereto, including verification of his institutional account.

I, ZAVIEN BRAND, declare under the penalty of perjury, pursuant to 28 U.S.C. §1746, that the foregoing is both true and correct.

Dated this 26th day of September, 2018.


Zavien Brand, pro se
Reg. No. 55306-018
Federal Correctional Complex
U.S. Penitentiary-Coleman II
P.O. Box 1034
Coleman, FL 33521-1034

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

ZAVIEN BRAND — PETITIONER
(Your Name)

VS.

UNITED STATES OF AMERICA — 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*.

Please check the appropriate boxes:

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

U.S. District Court, Middle District of Florida, at Tampa

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

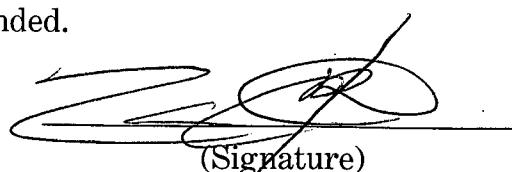
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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.


(Signature)

Zavien Brand, pro se

Reg. No. 55306-018

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

I, ZAVIEN BRAND, 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	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Self-employment	\$ 0.00	\$	\$ 0.00	\$
Income from real property (such as rental income)	\$ 0.00	\$	\$ 0.00	\$
Interest and dividends	\$ 0.00	\$	\$ 0.00	\$
Gifts (Occasionally/Family)	\$ 100.00	\$	\$ 50.00	\$
Alimony	\$ 0.00	\$	\$ 0.00	\$
Child Support	\$ 0.00	\$	\$ 0.00	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$	\$ 0.00	\$
Disability (such as social security, insurance payments)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Unemployment payments	\$ 0.00	\$	\$ 0.00	\$
Public-assistance (such as welfare)	\$ 0.00	\$	\$ 0.00	\$
Other (specify): _____	\$ 0.00	\$	\$ 0.00	\$
Total monthly income:	\$ 100.00	\$ N/A	\$ 50.00	\$ N/A

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
<u>INCARCERATED</u>	<u>(Unemployed more than 10 years)</u>		\$ <u>N/A</u>
			\$ _____
			\$ _____

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
<u>INCARCERATED</u>	<u>(Unemployed more than 10 years)</u>		\$ _____
			\$ _____
			\$ _____

4. How much cash do you and your spouse have? \$ 31.25

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
<u>N/A (None)</u>	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

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

Home NONE
Value _____

Other real estate NONE
Value _____

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

Motor Vehicle #2 NONE
Year, make & model _____
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>N/A NONE</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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)	\$ 0.00	\$ N/A
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)	\$ 0.00	\$ _____
Home maintenance (repairs and upkeep)	\$ 0.00	\$ _____
Food	\$ 50.00	\$ _____
Clothing	\$ 20.00	\$ _____
Laundry and dry-cleaning	\$ 10.00	\$ _____
Medical and dental expenses	\$ 5.00	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 15.00	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$
Life	\$ 0.00	\$
Health	\$ 0.00	\$
Motor Vehicle	\$ 0.00	\$
Other: _____	\$ 0.00	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ 0.00	\$ N/A
Installment payments		
Motor Vehicle	\$ 0.00	\$
Credit card(s)	\$ 0.00	\$
Department store(s)	\$ 0.00	\$
Other: <u>NONE</u>	\$ 0.00	\$
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$
Other (specify): <u>NONE</u>	\$ 0.00	\$
Total monthly expenses:	<u>\$ 100.00</u>	<u>\$ N/A</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?

No.

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 affirm that I have no assets, securities, or financial resources of any significance and that the circumstances of my incarceration in poverty make compliance with any court fees impossible for me. I affirm that this action is filed in good-faith upon grounds that are believed to be meritorious entitlements to relief.

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

Executed on: September 26, 2018, 2018



(Signature)

ZAVIEN BRAND, pro se
Reg. No. 55306-018

Inmate Inquiry



Inmate Reg #: 55306018 **Current Institution:** Coleman FCC
Inmate Name: BRAND, ZAVIEN **Housing Unit:** CLP-L-B
Report Date: 09/12/2018 **Living Quarters:** L02-126L
Report Time: 3:07:42 PM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 8502
 PAC #: 053553343
 Revalidation Date: 19th
 FRP Participation Status: Completed
 Arrived From:
 Transferred To:
 Account Creation Date: 8/20/2012
 Local Account Activation Date: 8/21/2012 3:19:11 AM
 Sort Codes: 
 Last Account Update: 9/12/2018 2:26:17 PM
 Account Status: Active
 Phone Balance: .00

Pre-Release Plan Information

Target Pre-Release Account Balance: .00
 Pre-Release Deduction %: 0%
 Income Categories to Deduct From: Payroll Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

→ Account Balance: 31.25 ←
 Pre-Release Balance: .00
 Debt Encumbrance: .00
 SPO Encumbrance: .00
 Other Encumbrances: .00
 Outstanding Negotiable Instruments: .00

Administrative Hold Balance:	.00
Available Balance:	31.25
National 6 Months Deposits:	541.05
National 6 Months Withdrawals:	973.57
Available Funds to be considered for IFRP Payments:	91.05
National 6 Months Avg Daily Balance:	73.50
Local Max. Balance - Prev. 30 Days:	60.15
Average Balance - Prev. 30 Days:	38.26

Commissary History

Purchases

Validation Period Purchases:	77.10
YTD Purchases:	483.02
Last Sales Date:	9/4/2018 6:26:44 PM

SPO Information

SPO's this Month:	0
SPO \$ this Quarter:	

Spending Limit Info

Spending Limit Override:	No
Weekly Revalidation:	Yes
Bi-Weekly Revalidation:	No
Spending Limit:	.90.00
Expended Spending Limit:	.00
Remaining Spending Limit:	

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit:	.00
Restricted Expended Amount:	.00
Restricted Remaining Spending Limit:	.00
Restriction Start Date:	N/A
Restriction End Date:	N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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Comments

Comments:

DHO SANCTON 120 DAYS 2/6/13-PL

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