

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

JOHN SMITH
PETITIONER

Vs.

FLORIDA DEPARTMENT OF CORRECTIONS
RESPONDENT

MOTION TO 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):

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.

John Smith, DC# 749343
Zephyrhills CI
2739 Gall Blvd.
Zephyrhills, Florida 33541

Date: October 15, 2018

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

I, John Smith 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 therefore; 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, r 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 past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Self-employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Income from real property (such as rental income)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Gifts	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Alimony	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Child Support	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Retirement (such as social security, pensions, annuities, Insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social Security, insurance payments)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public assistance (such as welfare)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify): _____	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Monthly Income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent first. (Gross monthly is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A			\$ 0.00
			\$ 0.00
			\$ 0.00

3. List you spouse's 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
N/A			\$ 0.00
			\$ 0.00
			\$ 0.00

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.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A			\$ 0.00
			\$ 0.00
			\$ 0.00

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

- | | |
|--|--|
| <input type="checkbox"/> Home Value: <u>N/A</u>
Value: <u>N/A</u> | <input type="checkbox"/> Other real estate value : <u>N/A</u>
Value: <u>N/A</u> |
| <input type="checkbox"/> Motor Vehicle #1
Year, make and model: <u>N/A</u>
Value: <u>N/A</u> | <input type="checkbox"/> Motor Vehicle #2
Year, make and model: <u>N/A</u>
Value: <u>N/A</u> |
| <input type="checkbox"/> Other assets
Description _____
Value: \$ 0.00 | |

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or Amount owed to you **Amount owed to your spouse**
Your spouse money

<u>N/A</u>	\$ 0.00	\$ 0.00
<u>N/A</u>	\$ 0.00	\$ 0.00
<u>N/A</u>	\$ 0.00	\$ 0.00

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

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</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 rent for mobile home)	\$ 0.00	\$ 0.00
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	\$ 0.00
Home maintenance (repairs and upkeep)	\$ 0.00	\$ 0.00
Food	\$ 0.00	\$ 0.00
Clothing	\$ 0.00	\$ 0.00
Laundry and dry-cleaning	\$ 0.00	\$ 0.00
Medical and dental expenses	\$ 0.00	\$ 0.00

	You	Your spouse
Transportation (not including motor vehicle payments	\$ 0.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renters	\$ 0.00	\$ 0.00
Life	\$ 0.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor vehicle	\$ 0.00	\$ 0.00
Other: <u>N/A</u>	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ 0.00	\$ 0.00
Installment payments		
Motor vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department stores	\$ 0.00	\$ 0.00
Other: <u>N/A</u>	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, Or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify): <u>N/A</u>	\$ 0.00	\$ 0.00
Total monthly expenses	\$ 0.00	\$ 0.00

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. N/A.

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? \$ 0.00

If yes, state the attorney's name, address, and telephone number: N/A.

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? \$ 0.00.

If yes, state the person's name, address, and telephone number: N/A.

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

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

Executed on October 15, 2018.

/s/ John Smith

John Smith, DC# 749343