

18-6926  
No. 18-10859

IN THE  
SUPREME COURT OF THE UNITED STATES

JAMES VALENTINE - PETITIONER,

vs.

UNITED STATES OF AMERICA - RESPONDENT.

ORIGINAL

Supreme Court, U.S.  
FILED

OCT 17 2018

OFFICE OF THE CLERK

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

AND

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

COME NOW, Petitioner (James Valentine) Pro se<sup>1</sup>, files this "Motion For Leave To Proceed In Forma Pauperis" and "Affidavit or Declaration In Support of Motion For Leave To Proceed In Forma Pauperis."

Petitioner would state the following:

#1. Petitioner would like the records to reflect that "Petitioner (James Valentine) is a **"poor person"** requesting entitlement to proceed **"In Forma Pauperis"** in behalf of said "Petition For a Writ of Certiorari To The United States Court of Appeals For The Eleventh Circuit", in which Petitioner have supplied a copy of Petitioner's Inmate 6-Month Trust Fund Deposits Account Statement from Pensacola Federal Prison Camp, P.O. Box 3949, Pensacola, Florida 32516. (See Exhibit-**"A"**- A copy of Petitioner's Six (6) Month Trust Fund Deposits Account Statement, Dated **November 15th, 2018**.).

WHEREFORE, Petitioner would request that This Honorable United States Supreme Court **"GRANT"** Petitioner's "Motion For Leave To Proceed In Forma Pauperis" and "Affidavit or Declaration In Support of Motion For Leave To Proceed In Forma Pauperis" abd/or **"GRANT"** Any Other Relief Deems Just.

By: James Valentine  
James Valentine

FILED

NOV 27 2018

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, JAMES VALENTINE, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
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>0</u>	\$ <u>0</u>	\$ <u>0</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>N/A</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0

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 N/A	<input type="checkbox"/> Other real estate Value N/A
<input type="checkbox"/> Motor Vehicle #1 Year, make & model N/A Value N/A	<input type="checkbox"/> Motor Vehicle #2 Year, make & model N/A Value N/A
<input type="checkbox"/> Other assets Description N/A Value \$ 0.00	

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
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

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

Name	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

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

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

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? 10.00

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? 0.00

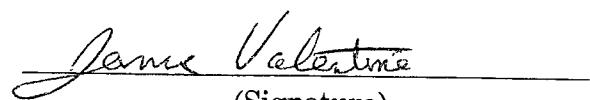
If yes, state the person's name, address, and telephone number:

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

Petitioner (James Valentine) would like this Honorable United States Supreme Court to know that Petitioner has been incarcerated since ( MARCH 15, 2005 ) and Petitioner is a "poor person" and it is **impossible** for Petitioner to pay the cost of this case.

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

Executed on: November 16th, 2018, 2018.

  
(Signature)

UNNOTARIZED OATH

I (James Valentine) declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 16th, 2018.**

By: James Valentine  
James Valentine

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a True and Correct copy of the foregoing was mailed to the below listed on this 16th day of November, 2018:

United States Attorney's Office  
100 Norht Palafox Street  
Pensacola, Florida 32502

Respectfully submitted,

James Valentine  
James Valentine #06383-017  
Pensacola Federal Prison Camp  
P.O. Box 3949  
Pensacola, Florida 32516

(1) Haines v. Kerner, 30 L.Ed.2d 652 (1972), "Pro se litigant pleadings are to be construed liberally and held to less stringent standards than formal pleadings drafted by lawyers;..."

EXHIBIT

**Deposits**

Inmate Reg #:	06383017	Current institution:	Pensacola FPC
Inmate Name:	VALENTINE, JAMES	Housing Unit:	PEN-C-A
Report Date:	11/15/2018	Living Quarters:	C02-049L
Report Time:	2:19:57 PM		

<u>Date/Time</u>	<u>Transaction Type</u>	<u>Amount</u>	<u>Ref#</u>	<u>Sender Last Name</u>	<u>Sender Zip</u>
11/8/2018 8:35:26 AM	Centralized Unicorn	\$205.54	UUNI1018		
10/4/2018 12:27:01 PM	Centralized Unicorn	\$185.97	UUNI0918		
9/7/2018 6:38:36 AM	Centralized Unicorn	\$195.75	TUNI0818		
8/8/2018 6:38:34 AM	Centralized Unicorn	\$215.32	TUNI0718		
7/6/2018 6:37:38 AM	Centralized Unicorn	\$195.76	TUNI0618		
6/8/2018 8:48:59 AM	Centralized Unicorn	\$207.50	TUNI0518		
5/8/2018 10:16:46 AM	Centralized Unicorn	\$280.54	TUNI0418		
4/6/2018 12:29:52 PM	Centralized Unicorn	\$207.55	TUNI0318		
3/8/2018 9:38:03 AM	Centralized Unicorn	\$189.00	TUNI0218		

**EXHIBIT-A"****3 of 9**