

U.S. Supreme Court Forms

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Robert J. Frank —PETITIONER
(Your Name)

vs.

STATE OF FLORIDA —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):

LOWELL TRIBUNAL COURT, SECOND DISTRICT COURT OF APPEALS

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.

ATTESTATION BY CORRECTIONAL
OFFICER PERSUANT TO SECTION
117.10 FLORIDA STATUTES
NAME(PRINT) S. Stephens ID# 401
SIGNATURE J. S. DATE 4/10/18

Robert Frank
(Signature)

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

I, Robert J. Franck, 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>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>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Total monthly income: | \$ <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? \$ 0
 Below, state any money you and 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.

Home
 Value N/A

Other real estate
 Value N/A

Motor Vehicle #1
 Year, make & model N/A
 Value N/A

Motor Vehicle #2
 Year, make & model N/A
 Value N/A

Other assets
 Description 0
 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</u> | \$ <u>0</u> | \$ <u>0</u> |
| <u>N/A</u> | \$ <u>0</u> | \$ <u>0</u> |
| <u>N/A</u> | \$ <u>0</u> | \$ <u>0</u> |

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 spouse. 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> | \$ <u>0</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>0</u> | \$ <u>0</u> |
| Home maintenance (repairs and upkeep) | \$ <u>0</u> | \$ <u>0</u> |
| Food | \$ <u>0</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) | \$ <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>0</u> | \$ <u>0</u> |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ <u>0</u> | \$ <u>0</u> |
| Installment payments | | |
| Motor Vehicles | \$ <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>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>0</u> | \$ <u>0</u> |
| Total monthly expenses: | \$ <u>0</u> | \$ <u>0</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? N/A

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?

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.

I HAVE BEEN IN COUNTY JAIL FOR 4 1/2 YEARS

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

Executed on: APRIL 10, 2018

Robert Frank

(Signature)

ATTESTATION BY COMMISSIONAL
OFFICER PERSUANT TO SECTION

117.10 FLORIDA STATUTES

NAME (PRINT): Stephens ID# 4611

SIGNATURE: Robert Frank DATE: 4/10/18