

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

JOVAN HOWARD

Petitioner

VS.

**THE FLORIDA DEPARTMENT OF CORRECTIONS
JULIE L. JONES, SECRETARY.**

Respondent,

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 cost and to proceed in forma pauperis.

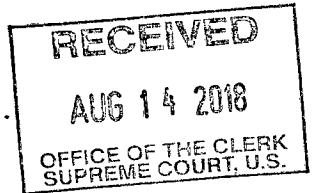
The petitioner has previously been granted leave to proceed in forma pauperis in the following courts: **The United States Supreme Court.**

The petitioner has not previously been granted leave to proceed in forma pauperis in any other court.

The petitioner' affidavit or declaration in support of this motion is attached to this motion.

Jovan Howard

PETITIONER



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

I, Govan Howard, 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>N/A</u>	\$ <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
0	0	0	\$ 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
0	0	0	\$ 0
N/A	N/A	N/A	\$
			\$
			\$

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
8	8	8	8
N/A	N/A	N/A	N/A

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 0

Motor Vehicle #2
 Year, make & model N/A
 Value 0

Other assets
 Description N/A
 Value 0

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
0	\$ 0	\$ 0
0	\$ 0	\$ 0
0	\$ 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
0	0	0

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" 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

	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>	\$ <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>
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? 0

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

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.

The Petitioner is under a 30 year sen.

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

Executed on: August 8th, 2018

Govan Howard
(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 251 - COLUMBIA ANNEX
 FOR: 05/01/2018 - 05/31/2018

06/01/18
 07:49:59
 PAGE 68

ACCT NAME: HOWARD, JOVAN
 BED: T2111U
 PO BOX:

ACCT#: 079919
 TYPE: INMATE TRUST

BEGINNING BALANCE 05/01/18 \$14.14-

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
05/01/18	218	JPAY DEPOSIT	85229803	000	JONES, EMILY	+	\$25.00	\$10.86
05/01/18	219	LIEN PAYMENT	050118218092	000		-	\$0.39	\$10.47
		PROCESSING FEE	- 04/30/2018	20180430				
05/05/18	033	CANTEEN SALES	20120180504	000		-	\$10.47	\$0.00
05/07/18	157	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.00	\$0.00
		LIEN CREATED	- 05/07/2018	20180507				
05/23/18	212	JPAY DEPOSIT	86086649	000	JONES, EMILY	+	\$40.00	\$40.00
05/23/18	213	LIEN PAYMENT	052318212274	000		-	\$0.10	\$39.90
		PROCESSING FEE	- 05/07/2018	20180507				
05/27/18	033	CANTEEN SALES	20120180526	000		-	\$10.17	\$29.73
05/28/18	158	PROCESSING FEE	WEEKLY DRAW	000		+	\$0.10	\$29.63
05/29/18	033	CANTEEN SALES	20120180528	000		-	\$18.74	\$10.89
05/31/18	033	CANTEEN SALES	20120180530	000		-	\$10.81	\$0.08

ENDING BALANCE 05/31/18 \$0.08