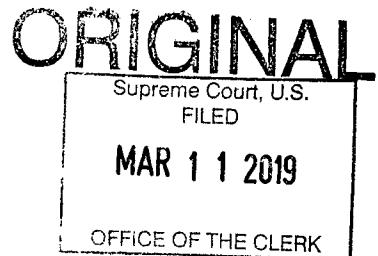


No. 18-8530

IN THE
SUPREME COURT OF THE UNITED STATES



Steven D. Young PETITIONER
(Your Name)

VS.

Mark Rich 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):

FLA. State Courts, + District Court of Appeal, and
U.S. District Court

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.

Steven D. Young
(Signature)

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

I, Steven D. Young, 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>	\$ <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
None	PRISONER		\$ <u> </u> \$ <u> </u> \$ <u> </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
No Spouse	None	<u> </u>	\$ <u> </u> \$ <u> </u> \$ <u> </u>

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
<u> </u>	<u> </u>	\$ <u> </u> \$ <u> </u> \$ <u> </u>	\$ <u> </u> \$ <u> </u> \$ <u> </u>

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

Home
Value

Other real estate
Value

Motor Vehicle #1
Year, make & model
Value

Motor Vehicle #2
Year, make & model
Value

Other assets
Description
Value None

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

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? W/et

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? W/A

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 am a PRISONER for 38 yrs, and HAVE NEVER BEEN PAID. ACTUALLY INNOCENT.

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

Executed on: Feb. 7th, 2019

Steven D Young
(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 213 - UNION C.I.
 FOR: 09/01/2018 - 03/01/2019

03/01/19
 16:47:07
 PAGE 1

ACCT NAME: YOUNG, STEVEN
 BED: E32011
 PO BOX:

ACCT#: 861067
 TYPE: INMATE TRUST

BEGINNING BALANCE 09/01/18 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
09/14/18	194	LEGAL POSTAGE W	2018091401	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/14/2018	2018091401		-	\$0.00	\$0.00
09/24/18	212	LEGAL POSTAGE W	2018092101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/24/2018	2018092101		-	\$0.00	\$0.00
09/28/18	441	LEGAL POSTAGE W	2018092401	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/28/2018	2018092401		-	\$0.00	\$0.00
10/20/18	189	MEDICAL CO-PAY	1016181000SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/20/2018	1016181000SC		-	\$0.00	\$0.00
11/27/18	204	MEDICAL CO-PAY	1126180830SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/27/2018	1126180830SC		-	\$0.00	\$0.00
12/12/18	165	LEGAL COPIES WD	21320181054	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/12/2018	21320181054		-	\$0.00	\$0.00
01/05/19	187	MEDICAL CO-PAY	0104190920DS	000		-	\$0.00	\$0.00
		LIEN CREATED	- 01/05/2019	0104190920DS		-	\$0.00	\$0.00
01/09/19	233	LEGAL POSTAGE W	2019010301	000		-	\$0.00	\$0.00
		LIEN CREATED	- 01/09/2019	2019010301		-	\$0.00	\$0.00
02/06/19	275	MEDICAL CO-PAY	0205191415DS	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/06/2019	0205191415DS		-	\$0.00	\$0.00
02/27/19	251	LEGAL POSTAGE W	2019021801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/27/2019	2019021801		-	\$0.00	\$0.00

ENDING BALANCE 03/01/19 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$58.48	\$58.48
SUMMARY	POSTAGE		\$9.75	\$9.75
SUMMARY	LEGAL COPIES		\$81.97	\$81.47
SUMMARY	MEDICAL CO-PAYMENT		\$773.00	\$772.00
SUMMARY	FEDERAL PRISON LITIGATION		\$1,055.00	\$1,051.00
SUMMARY	STATE PRISON LITIGATION		\$31.50	\$31.50
09/14/18	LEGAL POSTAGE	000	\$0.47	\$0.47
09/24/18	LEGAL POSTAGE	000	\$2.47	\$2.47
09/28/18	LEGAL POSTAGE	000	\$1.21	\$1.21
10/20/18	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
11/27/18	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00

IBSR140 (74)

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PAGE 2

ACCT NAME: YOUNG, STEVEN
BED: E32011
PO BOX:

ACCT#: 861067
TYPE: INMATE TRUST

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
12/12/18	LEGAL COPIES	000	\$1.35	\$1.35
01/05/19	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
01/09/19	LEGAL POSTAGE	000	\$0.68	\$0.68
02/06/19	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
02/27/19	LEGAL POSTAGE	000	\$0.65	\$0.65