

RECEIVED
UNION CORRECTIONAL INSTITUTION

No. 18-8967

APR 18 2019

BY: FOR MAILING

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

LARRY L. BRINSON — PETITIONER
(Your Name)

Supreme Court, U.S.
FILED
FEB 12 2019
OFFICE OF THE CLERK

VS.

— 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):

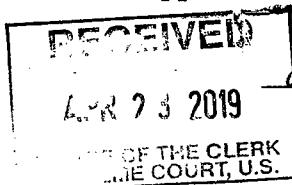
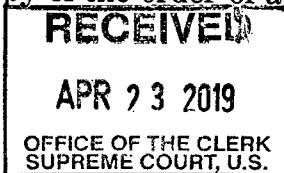
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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.



Larry Brinson
(Signature)

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

I, LARRY L. BRINSON, 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>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Self-employment	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Gifts	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Alimony	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Child Support	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Other (specify): _____	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>
Total monthly income:	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</u>	\$ <u>NONE</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
<u>None</u>	<u> </u>	<u> </u>	<u>\$ - - - -</u>
<u>None</u>	<u> </u>	<u> </u>	<u>\$ - - - -</u>
<u>None</u>	<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
<u>None</u>	<u> </u>	<u> </u>	<u>\$ - - - -</u>
<u>None</u>	<u> </u>	<u> </u>	<u>\$ - - - -</u>
<u>None</u>	<u> </u>	<u> </u>	<u>\$ - - - -</u>

4. How much cash do you and your spouse have? \$ None

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<u>None</u>	<u>\$ - - - -</u>	<u>\$ - - - -</u>
<u>None</u>	<u>\$ - - - -</u>	<u>\$ - - - -</u>
<u>None</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 None

Other real estate
Value None

Motor Vehicle #1
Year, make & model None
Value

Motor Vehicle #2
Year, make & model None
Value

Other assets
Description None
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>None</u>	\$ <u>1 1 1</u>	\$ <u>~ ~ ~</u>
<u>None</u>	\$ <u>1 1 1</u>	\$ <u>1 1 1</u>
<u>None</u>	\$ <u>1 1 1</u>	\$ <u>1 1 1</u>

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>None</u>	<u>— — —</u>	<u>— — ~</u>
<u>None</u>	<u>— — —</u>	<u>— — —</u>
<u>None</u>	<u>— — —</u>	<u>— — —</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 rented for mobile home)	\$ <u>None</u>	\$ <u>None</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>None</u>	\$ <u>None</u>
Home maintenance (repairs and upkeep)	\$ <u>None</u>	\$ <u>None</u>
Food	\$ <u>None</u>	\$ <u>None</u>
Clothing	\$ <u>None</u>	\$ <u>None</u>
Laundry and dry-cleaning	\$ <u>None</u>	\$ <u>None</u>
Medical and dental expenses	\$ <u>None</u>	\$ <u>None</u>

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

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? _____

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'm in prison.

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

Executed on: 3-28-19, 2019

Darci Benson
(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 213 - UNION C.I..
 FOR: 10/01/2018 - 04/05/2019

04/05/19
 13:03:08
 PAGE 1

ACCT NAME: BRINSON, LARRY L.
 BED: B21051
 PO BOX:

ACCT#: 709342
 TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
10/25/18	237	MEDICAL CO-PAY	1023180910SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/25/2018	1023180910SC		-	\$0.00	\$0.00
11/01/18	214	MEDICAL CO-PAY	1030180840SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/01/2018	1030180840SC		-	\$0.00	\$0.00
12/10/18	226	LEGAL POSTAGE W	2018120601	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/10/2018	2018120601		-	\$0.00	\$0.00
01/19/19	207	MEDICAL CO-PAY	0117190953SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 01/19/2019	0117190953SC		-	\$0.00	\$0.00
02/12/19	223	LEGAL POSTAGE W	2019020401	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/12/2019	2019020401		-	\$0.00	\$0.00
02/12/19	223	LEGAL POSTAGE W	2019020402	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/12/2019	2019020402		-	\$0.00	\$0.00
02/21/19	224	MEDICAL CO-PAY	0219190915SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/21/2019	0219190915SC		-	\$0.00	\$0.00

BEGINNING BALANCE 10/01/18 \$0.00

ENDING BALANCE 04/05/19 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$13.33	\$13.33
SUMMARY	PROCESSING FEE		\$0.60	\$0.60
SUMMARY	MEDICAL CO-PAYMENT		\$20.00	\$20.00
10/25/18	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
11/01/18	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
12/10/18	LEGAL POSTAGE	000	\$3.31	\$3.31
01/19/19	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
02/12/19	LEGAL POSTAGE	000	\$2.80	\$2.80
02/12/19	LEGAL POSTAGE	000	\$2.80	\$2.80
02/21/19	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00