

No. **18-8967**

RECIEVED  
UNION CORRECTIONAL INSTITUTION

APR 18 2019

BY: *[Signature]*  
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.

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APR 23 2019  
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SUPREME COURT, U.S.

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SUPREME COURT, U.S.

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>
<b>Total monthly income:</b>	\$ <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
NONE	---	---	\$ ---
NONE	---	---	\$ ---
NONE	---	---	\$ ---

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
NONE	---	---	\$ ---
NONE	---	---	\$ ---
NONE	---	---	\$ ---

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
NONE	\$ ---	\$ ---
NONE	\$ ---	\$ ---
NONE	\$ ---	\$ ---

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

NONE

\$       

\$       

NONE

\$       

\$       

NONE

\$       

\$       

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

NONE

      

      

NONE

      

      

NONE

      

      

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)

\$ NONE

\$ NONE

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ NONE

\$ NONE

Home maintenance (repairs and upkeep)

\$ NONE

\$ NONE

Food

\$ NONE

\$ NONE

Clothing

\$ NONE

\$ NONE

Laundry and dry-cleaning

\$ NONE

\$ NONE

Medical and dental expenses

\$ NONE

\$ NONE

	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>
<b>Total monthly expenses:</b>	\$ <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

Larry Bunson  
(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
							BEGINNING BALANCE 10/01/18	\$0.00
10/25/18	237	MEDICAL CO-PAY	1023180910SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/25/2018	1023180910SC				
11/01/18	214	MEDICAL CO-PAY	1030180840SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/01/2018	1030180840SC				
12/10/18	226	LEGAL POSTAGE W	2018120601	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/10/2018	2018120601				
01/19/19	207	MEDICAL CO-PAY	0117190953SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 01/19/2019	0117190953SC				
02/12/19	223	LEGAL POSTAGE W	2019020401	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/12/2019	2019020401				
02/12/19	223	LEGAL POSTAGE W	2019020402	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/12/2019	2019020402				
02/21/19	224	MEDICAL CO-PAY	0219190915SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/21/2019	0219190915SC				

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