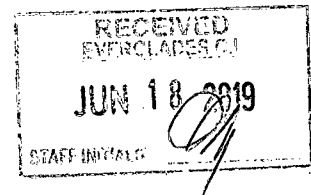


No. 18M156



IN THE
SUPREME COURT OF THE UNITED STATES

IN RE PROSE KAZI BOWLES — PETITIONER
(Your Name)

FLORIDA DEPT. OF CORR. VS.
ATTORNEY GENERAL STATE OF FLORIDA ET AL — 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 ^{EXTRA ORDINARY}

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

SOUTHERN FEDERAL DISTRICT COURT OF FLORIDA
ELEVENTH CIRCUIT COURT OF APPEALS

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

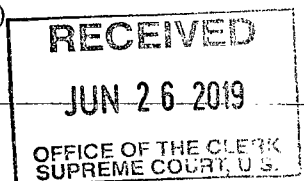
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Kazi Bowles
(Signature)



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

I, KAZI BOWLES, 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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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	\$ N/A

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	\$ 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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
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 N/A

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

☐ Other assets
Description N/A
Value N/A

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

N/A
N/A
N/A

Amount owed to you

\$ N/A
\$ N/A
\$ N/A

Amount owed to your spouse

\$ N/A
\$ N/A
\$ N/A

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

N/A

Relationship

N/A

Age

N/A

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

You

\$ N/A

Your spouse

\$ N/A

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

\$ N/A

\$ N/A

Home maintenance (repairs and upkeep)

\$ N/A

\$ N/A

Food

\$ N/A

\$ N/A

Clothing

\$ N/A

\$ N/A

Laundry and dry-cleaning

\$ N/A

\$ N/A

Medical and dental expenses

\$ N/A

\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>N/A</u>	\$ <u>N/A</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 N/A ☒ 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 N/A ☒ No

If yes, how much? N/A

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 N/A ☒ No

If yes, how much? N/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.

- Can't afford it

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

Executed on: JUNE 18, 2019

Kaz Bowles

(Signature)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 401 - EVERGLADES C.I.
FOR: 12/06/2018 - 06/06/2019

ACCT NAME: BOWLES, KAZI K.
BED: B1225U
PO BOX:

ACCT#: M23610
TYPE: INMATE TRUST

BEGINNING BALANCE 12/06/18

\$33.50

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
12/07/18	073	CANTEEN SALES	40120181206	000		-	\$2.12	\$31.38
12/08/18	075	CANTEEN SALES	40120181207	000		-	\$3.28	\$28.10
12/10/18	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.12	\$27.98
12/13/18	207	NO FEE DEPOSITS	1375	000	THE GEO GROUP	+	\$4.87	\$32.85
12/14/18	075	CANTEEN SALES	40120181213	000		-	\$6.19	\$26.66
12/17/18	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.06	\$26.60
12/22/18	075	CANTEEN SALES	40120181221	000		-	\$4.08	\$22.52
12/24/18	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.04	\$22.48
12/27/18	075	CANTEEN SALES	40120181226	000		-	\$6.07	\$16.41
12/27/18	114	INDIVIDUAL CHEC	0672163	000	KENNETH COPELAND MINISTRI	-	\$4.00	\$12.41
12/31/18	143	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.06	\$12.35
01/04/19	075	CANTEEN SALES	40120190103	000		-	\$1.67	\$10.68
01/06/19	075	CANTEEN SALES	40120190105	000		-	\$4.34	\$6.34
01/07/19	075	CANTEEN SALES	40120190106	000		-	\$5.70	\$0.64
01/07/19	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.12	\$0.52
01/25/19	125	VENDOR REFUND C	55580	000	INMATE CALLING SOLUTIONS	+	\$9.35	\$9.87
01/25/19	142	PROCESSING FEE	012519125031	000		-	\$0.50	\$9.37
02/04/19	274	JPAY DEPOSIT	96664533	000	KNIGHT, ANDREA	+	\$30.00	\$39.37
02/11/19	075	CANTEEN SALES	40120190210	000		-	\$1.20	\$38.17
02/11/19	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.01	\$38.16
02/16/19	073	CANTEEN SALES	40120190215	000		-	\$2.96	\$35.20
02/17/19	073	CANTEEN SALES	40120190216	000		-	\$8.15	\$27.05
02/18/19	125	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.11	\$26.94
02/20/19	075	CANTEEN SALES	40120190219	000		-	\$3.09	\$23.85
02/24/19	075	CANTEEN SALES	40120190223	000		-	\$3.46	\$20.39
02/25/19	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.07	\$20.32
03/02/19	075	CANTEEN SALES	40120190301	000		-	\$4.01	\$16.31
03/04/19	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.04	\$16.27
03/06/19	075	CANTEEN SALES	40120190305	000		-	\$2.80	\$13.47
03/09/19	073	CANTEEN SALES	40120190308	000		-	\$0.95	\$12.52
03/11/19	129	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.04	\$12.48
03/16/19	075	CANTEEN SALES	40120190315	000		-	\$5.09	\$7.39
03/18/19	075	CANTEEN SALES	40120190317	000		-	\$2.65	\$4.74
03/18/19	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.08	\$4.66
03/25/19	075	CANTEEN SALES	40120190324	000		-	\$1.72	\$2.94
03/25/19	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.02	\$2.92
03/29/19	075	CANTEEN SALES	40120190328	000		-	\$1.20	\$1.72
04/01/19	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.01	\$1.71
04/10/19	075	CANTEEN SALES	40120190409	000		-	\$1.62	\$0.09
04/11/19	221	JPAY DEPOSIT	99565370	000	KNIGHT, ANDREA	+	\$30.00	\$30.09
04/15/19	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.02	\$30.07
04/19/19	073	CANTEEN SALES	40120190418	000		-	\$5.08	\$24.99

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
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FOR: 12/06/2018 - 06/06/2019

06/06/19
09:06:19
PAGE 2

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BED: B1225U
PO BOX:

ACCT#: M23610
TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
04/22/19	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.05	\$24.94
04/26/19	075	CANTEEN SALES	40120190425	000		-	\$0.80	\$24.14
04/28/19	075	CANTEEN SALES	40120190427	000		-	\$0.70	\$23.44
04/29/19	125	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.02	\$23.42
04/30/19	075	CANTEEN SALES	40120190429	000		-	\$3.54	\$19.88
05/03/19	075	CANTEEN SALES	40120190502	000		-	\$4.02	\$15.86
05/03/19	184	LEGAL POSTAGE W	2019041601	000		-	\$8.00	\$7.86
05/03/19	184	LEGAL POSTAGE W	2019041602	000		-	\$7.35	\$0.51
05/06/19	127	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.08	\$0.43

ENDING BALANCE 06/06/19 \$0.43

**Additional material
from this filing is
available in the
Clerk's Office.**