

No. 19-5059

IN THE  
SUPREME COURT OF THE UNITED STATES

ORIGINAL  
Supreme Court, U.S.  
FILED  
JUN 18 2019  
OFFICE OF THE CLERK

PAUL A. VIERA - PETITIONER

VS.

MARK S. INCH, Secretary - 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*.

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

United States Supreme Court; Eleventh Circuit U.S. Court of Appeals;  
U.S. District Court (Orlando); State 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.

  
(Signature)

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

I, Paul A. Viera, 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 thereof; 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 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	\$ 50.00	\$ N/A	\$ 50.00	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify):	\$ 0	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 50.00	\$ 0	\$ 50.00	\$ N/A

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
Trinity	Tomoka C.I.	past year	\$50.00

3. List your spouse's 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			

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
Inmate Trust Fund		\$97.02	\$ 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 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>0</u>	\$ <u>N/A</u>
	\$ <u>  </u>	\$ <u>  </u>
	\$ <u>  </u>	\$ <u>  </u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>None</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>0</u>	\$ <u>N/A</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>0</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>0</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</u>

	You	Your Spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspaper, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 0	\$ N/A
Other: <u>None</u>	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ 0	\$ N/A
Installment payments		
Motor Vehicle	\$ 0	\$ N/A
Credit card(s)	\$ 0	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other:	\$ 0	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): <u>Writing supplies, soap, coffee, toothpaste</u>	\$ 50.00	\$ N/A
<b>Total monthly expenses</b>	<b>\$ 50.00</b>	<b>\$ N/A</b>

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

Executed on: June 19, 2019



(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 282 - TOMOKA C.I.  
FOR: 05/01/2019 - 05/31/2019

06/03/19  
10:08:54  
PAGE 52

ACCT NAME: VEIRA, PAUL A.  
BED: K2114L  
PO BOX:

ACCT#: V19217  
TYPE: INMATE TRUST

BEGINNING BALANCE 05/01/19 \$163.67

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
05/06/19	061	CANTEEN SALES	28220190505	000		-	\$2.00	\$161.67
05/06/19	149	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.02	\$161.65
05/13/19	264	ACCESS CATALOG	2282	000		-	\$11.29	\$150.36
05/21/19	061	CANTEEN SALES	28220190520	000		-	\$39.02	\$111.34
05/24/19	059	CANTEEN SALES	28220190523	000		-	\$10.45	\$100.89
05/25/19	061	CANTEEN SALES	28220190524	000		-	\$50.47	\$50.42
05/26/19	107	CANTEEN OPERATO	C052619	000	CANTEEN OPERATOR SALARY	( +	\$50.00	\$100.42
05/26/19	108	PROCESSING FEE	052619107435	000		-	\$0.50	\$99.92
05/27/19	145	PROCESSING FEE	WEEKLY DRAW	000		-	\$1.00	\$98.92
05/29/19	061	CANTEEN SALES	28220190528	000		-	\$1.90	\$97.02

ENDING BALANCE 05/31/19 \$97.02