19-5341

No. 18A924

ORIGINAL

Supreme Court, U.S.
FILED
MAY 08 2019
OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

PROVIDED TO JEFFERSON C.I.
JUL 17 2019
FOR MAILING
RECEIVED BY

Roshard Whitehead pro se — PETITIONER
(Your Name)

VS.

Mark INCH — 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):

The Fifteenth circuit; 4DCA; US: District Court- Southern District 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.

(Signature)

RECEIVED
JUL 23 2019
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, RoShard Whitehead, 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	$NONE	$NONE	$NONE	$NONE
Self-employment	$NONE	$NONE	$NONE	$NONE
Income from real property (such as rental income)	$NONE	$NONE	$NONE	$NONE
Interest and dividends	$NONE	$NONE	$NONE	$NONE
Gifts	$NONE	$NONE	$NONE	$NONE
Alimony	$NONE	$NONE	$NONE	$NONE
Child Support	$NONE	$NONE	$NONE	$NONE
Retirement (such as social security, pensions, annuities, insurance)	$NONE	$NONE	$NONE	$NONE
Disability (such as social security, insurance payments)	$NONE	$NONE	$NONE	$NONE
Unemployment payments	$NONE	$NONE	$NONE	$NONE
Public-assistance (such as welfare)	$NONE	$NONE	$NONE	$NONE
Other (specify): N/A	$NONE	$NONE	$NONE	$NONE
Total monthly income:	$NONE	$NONE	$NONE	$NONE

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	$ NONE
None	None	None	$ None
None	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	$ NONE
None	None	None	$ None
None	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
None	$ None	$ None
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 None

☐ Motor Vehicle #2
Year, make & model None
Value None

☐ Other assets
Description NONE
Value None

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
None	$ None	$ None
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
None	None	None
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) Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$ None	$ None
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)	$ None	$ None
Recreation, entertainment, newspapers, magazines, etc.	$ None	$ None
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ None	$ None
Life	$ None	$ None
Health	$ None	$ None
Motor Vehicle	$ None	$ None
Other: None	$ None	$ None
Taxes (not deducted from wages or included in mortgage payments)		
(specify): None	$ None	$ None
Installment payments		
Motor Vehicle	$ None	$ None
Credit card(s)	$ None	$ None
Department store(s)	$ None	$ None
Other: None	$ None	$ None
Alimony, maintenance, and support paid to others	$ None	$ None
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ None	$ None
Other (specify): None	$ None	$ None
Total monthly expenses:	$ None	$ None

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? NONE

If yes, state the attorney's name, address, and telephone number:
NONE

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? NONE

If yes, state the person's name, address, and telephone number:

NONE

12. Provide any other information that will help explain why you cannot pay the costs of this case.
I have been without A Job in About 10 years and NO income

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

Executed on: JULY 15- , 2019

Richard Whitehead
(Signature)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 404 - OKEECHOBEE C.I.
FOR: 01/01/2019 - 04/25/2019

ACCT NAME: WHITEHEAD, ROSHARD
BED: D3201U
PO BOX:

ACCT#: B10144
TYPE: INMATE TRUST

BEGINNING BALANCE 01/01/19 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
01/13/19	109	MEDICAL CO-PAY	0111190650SC	000		-	$0.00	$0.00
		LIEN CREATED	- 01/13/2019	0111190650SC				
03/08/19	243	LEGAL POSTAGE W	2019030601	000		-	$0.00	$0.00
		LIEN CREATED	- 03/08/2019	2019030601				
03/08/19	243	LEGAL POSTAGE W	2019030602	000		-	$0.00	$0.00
		LIEN CREATED	- 03/08/2019	2019030602				
03/08/19	243	LEGAL POSTAGE W	2019030801	000		-	$0.00	$0.00
		LIEN CREATED	- 03/08/2019	2019030801				
03/08/19	243	LEGAL POSTAGE W	2019030802	000		-	$0.00	$0.00
		LIEN CREATED	- 03/08/2019	2019030802				
04/03/19	173	LEGAL COPIES WD	40420190262	000		-	$0.00	$0.00
		LIEN CREATED	- 04/03/2019	40420190262				
04/03/19	173	LEGAL COPIES WD	40420190272	000		-	$0.00	$0.00
		LIEN CREATED	- 04/03/2019	40420190272				
04/19/19	143	LEGAL COPIES WD	40420190452	000		-	$0.00	$0.00
		LIEN CREATED	- 04/19/2019	40420190452				

ENDING BALANCE 04/25/19 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		$65.03	$65.03
SUMMARY	ID CARDS		$5.00	$5.00
SUMMARY	LEGAL COPIES		$26.85	$26.85
SUMMARY	MEDICAL CO-PAYMENT		$65.00	$65.00
01/13/19	MEDICAL CO-PAYMENT	000	$5.00	$5.00
03/08/19	LEGAL POSTAGE	000	$0.50	$0.50
03/08/19	LEGAL POSTAGE	000	$0.50	$0.50
03/08/19	LEGAL POSTAGE	000	$0.50	$0.50
03/08/19	LEGAL POSTAGE	000	$0.50	$0.50
04/03/19	LEGAL COPIES	000	$0.30	$0.30
04/03/19	LEGAL COPIES	000	$0.15	$0.15
04/19/19	LEGAL COPIES	000	$72.60	$72.60

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		LIEN CREATED	- 03/08/2019	2019030601				
03/08/19	243	LEGAL POSTAGE W	2019030602	000		-	$0.00	$0.00
		LIEN CREATED	- 03/08/2019	2019030602				
03/08/19	243	LEGAL POSTAGE W	2019030801	000		-	$0.00	$0.00
		LIEN CREATED	- 03/08/2019	2019030801				
03/08/19	243	LEGAL POSTAGE W	2019030802	000		-	$0.00	$0.00
		LIEN CREATED	- 03/08/2019	2019030802				
04/03/19	173	LEGAL COPIES WD	40420190262	000		-	$0.00	$0.00
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03/08/19	LEGAL POSTAGE	000	$0.50	$0.50
03/08/19	LEGAL POSTAGE	000	$0.50	$0.50
03/08/19	LEGAL POSTAGE	000	$0.50	$0.50
04/03/19	LEGAL COPIES	000	$0.30	$0.30
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241.93

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03/08/19	LEGAL POSTAGE	000	$0.50	$0.50
04/03/19	LEGAL COPIES	000	$0.30	$0.30
04/03/19	LEGAL COPIES	000	$0.15	$0.15
04/19/19	LEGAL COPIES	000	$72.60	$72.60