

19-6322
No. _____

ORIGINAL

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IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

AUG 19 2019

OFFICE OF THE CLERK

KELVIN MILES — PETITIONER

VS.

STATE OF FLORIDA — RESPONDENT

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

UNITED STATES DISTRICT COURT, MIDDLE DISTRICT OF FLORIDA, GAINESVILLE DIVISION.

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.

Kelvin C. Miles

(Signature)

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OCT 21 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, KELVIN MILES, 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 therefore; and 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 biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes of otherwise.

Income source	Average monthly amount during expected the past 12 months		Amount next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ _____	\$ _____	\$ _____
Self-employment	\$ 0	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ 0	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ 0	\$ _____	\$ _____	\$ _____
Gifts	\$ 0	\$ _____	\$ _____	\$ _____
Alimony	\$ 0	\$ _____	\$ _____	\$ _____
Child Support	\$ 0	\$ _____	\$ _____	\$ _____
Retirement (such as social' security, pensions, annuities, insurance)	\$ 0	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ 0	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ 0	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ _____	\$ _____	\$ _____
Other (specify):	\$ 0	\$ _____	\$ _____	\$ _____

Total monthly income: \$ 0 \$ \$ \$

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 Gross Monthly Pay	Employment
<u>N/A</u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </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 Gross Monthly Pay	Employment
<u>N/A</u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>

4. How much cash do you and your spouse have? \$ 0

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
<u>N/A</u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	<u> </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 0

Other real estate
Value

Motor Vehicle #1
Year, make & model NONE
Value

Motor Vehicle #2
Year, make & model
Value

Other assets

Description _____
Value _____

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

Person owing you or	Amount owed to you	Amount owed to your spouse or your spouse money
<u>NONE</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 of home-mortgage payment (include lot rented for mobile home)	\$ <u>0</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>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>0</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____

Laundry and dry-cleaning	\$ <u>0</u>	\$ <u> </u>
Medical and dental expenses	\$ <u>0</u>	\$ <u> </u>
	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u> </u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u> </u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u> </u>
Life	\$ <u>0</u>	\$ <u> </u>
Health	\$ <u>0</u>	\$ <u> </u>
Motor Vehicle	\$ <u>0</u>	\$ <u> </u>
Other: _____	\$ <u>0</u>	\$ <u> </u>
Taxes (not deducted from wages or included in mortgage payments) (specify): _____		
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u> </u>
Credit card(s)	\$ <u>0</u>	\$ <u> </u>
Department store(s)	\$ <u>0</u>	\$ <u> </u>
Other: _____	\$ <u>0</u>	\$ <u> </u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u> </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u> </u>
Other (specify): _____	\$ <u>0</u>	\$ <u> </u>
Total monthly expenses:	\$ <u>0</u>	\$ <u> </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? _____ 0 _____

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

N/A

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 compensation of this form?

Yes No

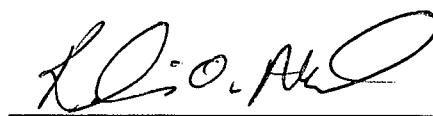
If yes, how much? _____ 0 _____

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 penalty of perjury that the foregoing is true and correct.

Executed on: August 19, 2019.



(Signature)