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No. 19-6575

September, 2019

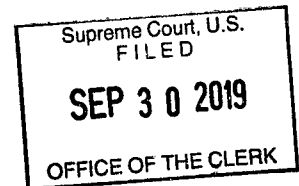
ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Dorothy Williams Elliott — PETITIONER
(Your Name)

VS.

The State of Fla — RESPONDENT(S)



MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS* (Rule 39)

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*. (3 Courts)

Please check the appropriate boxes:

Lower Tribunal, Third District of Appeals, and Fla Supreme Court

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): 11th Judicial Criminal Circuit Court, Miami-

- 1) Dade County Fla. case # F08-32079 Lower Tribunal. 2) The 3rd District Court of Appeal of FL case # 3DCA 3D18-2204 And
3) Florida Supreme Court, case # SC19-1291.

☐ 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.

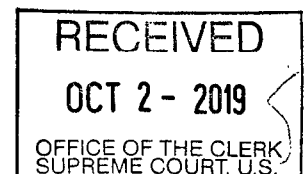
☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and: N/A

☐ The appointment was made under the following provision of law: _____

N/A, or

☐ a copy of the order of appointment is appended.

Dorothy Williams Elliott
(Signature)



(2)

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

I, Dorothy W. Elliott, 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		Since 9-21-1990
	You (Widow)	Spouse	You	Spouse (Deceased)	
Employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	
Retirement (such as social security, <u>pensions</u> , annuities, insurance)	\$ <u>614.00</u>	\$ <u>N/A</u>	\$ <u>614.00</u>	\$ <u>N/A</u>	
Disability (such as social security, insurance payments)	\$ <u>1,358</u>	\$ <u>N/A</u>	\$ <u>1,358</u>	\$ <u>N/A</u>	
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	
Total monthly income:	\$ <u>1,972</u>	\$ <u>N/A</u>	\$ <u>1,972</u>	\$ <u>N/A</u>	

Vehicle #2
Daughter Drives/
pays all expenses.
see pg. 3

Widower Husband Ron Elliott,
Employment Fire Captain Dade County
Miami, Fla Dept, prior to his Death,
on 9/21/1990.

(3)

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
Disabled/unemployed	N/A	N/A	\$ N/A
more than 3 years	N/A	N/A	\$ 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 Spouse (DECEASED)			\$
Since 9/21/1990		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
Checking	\$ 10.00	\$ N/A
Savings	\$ 40.00	\$ 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. (Foreclosure Home Properties)

Home	Other real estate
<input checked="" type="checkbox"/> Home Today's Value \$ 398,000 10815 SW 141 Ln. Miami, FL 33176 <input type="checkbox"/> Motor Vehicle #1 Year, make & model N/A Value	<input checked="" type="checkbox"/> Other real estate Today's Value \$ 258,000 13061 SW 260 Terrace Home Stead, FL 33032 <input checked="" type="checkbox"/> Motor Vehicle #2 2006 Year, make & model Magnum-Dodge Value \$ 2,400
<input checked="" type="checkbox"/> Other assets Description Value \$ 18,000 10815 SW 141 Lane Primary Residence Purchase Yr of 1975 Amt. \$ 33,000 Dollars	(Land Will To children) Nine (9) acres, vacant land from my Grand Father, located in Orangeburg, South Carolina 13061 SW 260 Terrace Secondary Residence Purchase Yr of 1989 Amt \$ 65,000 Dollars

As of this Day, Both Homes are in Foreclosure/and were almost destroyed by Hurricane Andrew on August 24, 1992. { Severely Damaged Homes }

(4)

6. State every person, business, or organization owing you or your spouse money, and the amount owed. *Husband (Spouse) Deceased since 9-21-1990*

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>None</u>	\$ <u>0</u>	\$ <u>N/A</u>
<u>None</u>	\$ <u>0</u>	\$ <u>N/A</u>

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
<u>None</u>	<u>None</u>	<u>None</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</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.

Both Homes are in Foreclosure
Paying Attorney Fee's Totaling \$1,500 monthly
(Foreclosure Attornies Fees) (Deceased)

Rent or home-mortgage payment (include lot rented for mobile home)	<u>\$</u>	<u>\$</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

\$ 60.00 \$ N/A

Home maintenance (repairs and upkeep)

\$ 40.00 \$ N/A

Food

\$ 120.00 \$ N/A

Clothing

\$ 45.00 \$ N/A

Laundry and dry-cleaning N/A

\$ 20.00 \$ N/A

Medical and dental expenses

\$ 40.00 \$ N/A

(STS)

(5)

Special Transportation Services

Transportation (not including motor vehicle payments)

You

\$ 28.00

Your spouse

\$ N/A
(Deceased)

Recreation, entertainment, newspapers, magazines, etc.

\$ 0

\$ 0

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's

\$ 0

\$ 0

Life

(Daughter pays)

\$ 0

\$ 0

Health

(Medicare/Medicaid)

Co Payment 25.00

\$ 0

\$ 0

Insurance already deducted

Motor Vehicle

\$ 0

\$ 0

Due to my disability utilizes

Other: STS (Special Transportation Services)

\$ see above

\$ 0

Taxes (not deducted from wages or included in mortgage payments)

(specify): Disabled, Not working

\$ N/A

\$ 0

Installment payments

Motor Vehicle

\$ 0

\$ 0

Credit card(s)

\$ 0

\$ 0

Department store(s)

\$ 0

\$ 0

Other: Medication - Prescriptions

\$ 44.00

\$ 0

Alimony, maintenance, and support paid to others

\$ 0

\$ 0

Regular expenses for operation of business, profession, or farm (attach detailed statement)

\$ 0

\$ 0

Other (specify): Vacant Land Property in S.C. yearly taxes paid by

\$ 0

\$ 0

Petition children, and

Total monthly expenses: income from

\$ 1,922

\$ 0

property.

(0, none)

(6)

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? N/A

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 completion of this form?

☐ Yes ☒ No

If yes, how much? N/A

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

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

No longer working and disabled due to prolonged injury that occurred on 11-14-2004. that has eventually left me handicap.

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

Executed on: September 28th, 2019

Dorothy Williams Elliott
(Signature)