

19-6645

No. _____

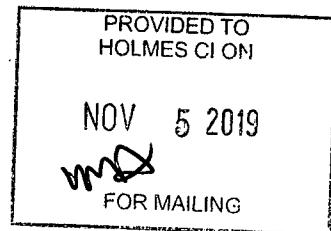
ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

IN RE MORGAN ARMSTRONG — PETITIONER
(Your Name)

Sec. Dept. Corr. (FLA.) VS.
STATE OF Florida — RESPONDENT(S)



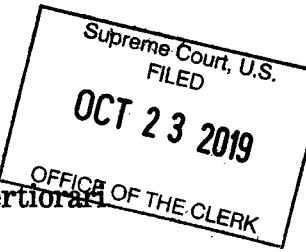
MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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):

mid. dist. FLA, TAMPA Div.



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)

OCT 14 2019
[Signature]

FOR MAILING

AFFIDAVIT OR DECLARATION

IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, Morgan Armstrong, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Income from real property (such as rental income)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Interest and dividends	\$ <u>0</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Gifts	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Child Support	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Unemployment payments	\$ <u>0</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Public-assistance (such as welfare)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Other (specify): _____	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

Total monthly income:
HOLMES CL ONFOR MAILING
*[Signature]*RECEIVED
OCT 23 2019OFFICE OF THE CLERK
SUPREME COURT, U.S.

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
NA	NA	NA	\$ NA
			\$ NA
			\$ NA

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
NA	NA	NA	\$ NA
			\$ NA
			\$ NA

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
NA	\$ NA	\$ NA
	\$ NA	\$ NA
	\$ NA	\$ NA

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home
Value _____ *NA*

Other real estate
Value _____ *NA*

Motor Vehicle #1
Year, make & model _____ *NA*
Value _____

Motor Vehicle #2
Year, make & model _____ *NA*
Value _____

Other assets
Description _____ *NA*
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

[Handwritten signature]

Amount owed to you

\$ *[Handwritten signature]*
\$ *[Handwritten signature]*
\$ *[Handwritten signature]*

Amount owed to your spouse

\$ *[Handwritten signature]*
\$ *[Handwritten signature]*
\$ *[Handwritten signature]*
\$ *[Handwritten signature]*

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

[Handwritten signature]

Relationship

[Handwritten signature]

Age

[Handwritten signature]

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

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

\$ *[Handwritten signature]*

Your spouse

\$ *[Handwritten signature]*

Are real estate taxes included? Yes No
Is property insurance included? Yes No

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

\$ *[Handwritten signature]* \$ *[Handwritten signature]*

Home maintenance (repairs and upkeep)

\$ *[Handwritten signature]* \$ *[Handwritten signature]*

Food

\$ *[Handwritten signature]* \$ *[Handwritten signature]*

Clothing

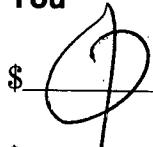
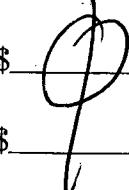
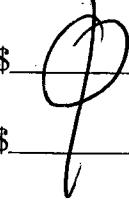
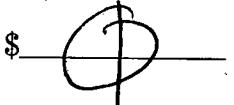
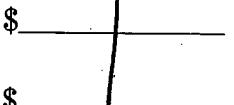
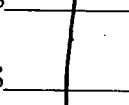
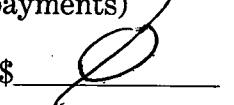
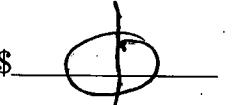
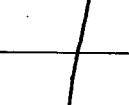
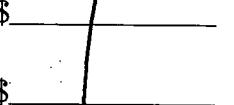
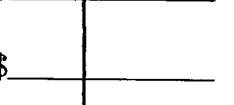
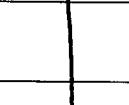
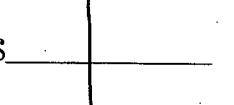
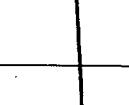
\$ *[Handwritten signature]* \$ *[Handwritten signature]*

Laundry and dry-cleaning

\$ *[Handwritten signature]* \$ *[Handwritten signature]*

Medical and dental expenses

\$ *[Handwritten signature]* \$ *[Handwritten signature]*

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

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 penalty of perjury that the foregoing is true and correct. *28 USC 1746*

Executed on: 10-9, 2019

10-9-19

Morgan J. Stiles
(Signature)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT

FACILITY: 107 - HOLMES C.I.

FOR: 08/01/2019 - 08/31/2019

PAGE 146

ACCT NAME: ARMSTRONG, MORGAN

BED: B1108U

PO BOX:

ACCT#: R09246
TYPE: INMATE TRUST

BEGINNING BALANCE 08/01/19 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
08/05/19	211	LEGAL POSTAGE W	2019072501	000		-	\$0.00	\$0.00
		LIEN CREATED	- 08/05/2019	2019072501		-	\$0.00	\$0.00
08/05/19	211	LEGAL POSTAGE W	2019072502	000		-	\$0.00	\$0.00
		LIEN CREATED	- 08/05/2019	2019072502		-	\$0.00	\$0.00
08/05/19	211	LEGAL POSTAGE W	2019080201	000		-	\$0.00	\$0.00
		LIEN CREATED	- 08/05/2019	2019080201		-	\$0.00	\$0.00
08/05/19	211	LEGAL POSTAGE W	2019080202	000		-	\$0.00	\$0.00
		LIEN CREATED	- 08/05/2019	2019080202		-	\$0.00	\$0.00

ENDING BALANCE 08/31/19 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACT.	AMOUNT OF LIEN	AMOUNT STILL OWNED
SUMMARY FEDERAL PRISON LITIGATION			\$1,360.00	\$1,240.00
SUMMARY LEGAL POSTAGE			\$483.97	\$481.08
SUMMARY POSTAGE			\$0.96	\$0.96
SUMMARY LEGAL COPIES			\$16.50	\$16.50
SUMMARY MEDICAL CO-PAYMENT			\$35.00	\$35.00
08/05/19 LEGAL POSTAGE	000		\$0.50	\$0.50
08/05/19 LEGAL POSTAGE	000		\$0.50	\$0.50
08/05/19 LEGAL POSTAGE	000		\$1.45	\$1.45
08/05/19 LEGAL POSTAGE	000		\$1.45	\$1.45

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 107 - HOLMES C.I.
 FOR: 09/01/2019 - 09/30/2019

10/01/19
 07:30:29
 PAGE 148

ACCT NAME: ARMSTRONG, MORGAN
 BED: B1108U
 PO BOX:

ACCT#: R09246

TYPE: INMATE TRUST

BEGINNING BALANCE 09/01/19 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
09/06/19	147	LEGAL POSTAGE W	2019090401	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/06/2019	2019090401		-	\$0.00	\$0.00
09/06/19	147	LEGAL POSTAGE W	2019090402	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/06/2019	2019090402		-	\$0.00	\$0.00
09/26/19	162	LEGAL POSTAGE W	2019091701	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/26/2019	2019091701		-	\$0.00	\$0.00
09/26/19	162	LEGAL POSTAGE W	2019091702	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/26/2019	2019091702		-	\$0.00	\$0.00

ENDING BALANCE 09/30/19 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	FEDERAL PRISON LITIGATION		\$1,360.00	\$1,240.00
SUMMARY	LEGAL POSTAGE		\$487.87	\$484.98
SUMMARY	POSTAGE		\$0.96	\$0.96
SUMMARY	LEGAL COPIES		\$16.50	\$16.50
SUMMARY	MEDICAL CO-PAYMENT		\$35.00	\$35.00
09/06/19	LEGAL POSTAGE		000	\$1.60
09/06/19	LEGAL POSTAGE		000	\$1.60
09/26/19	LEGAL POSTAGE		0.00	\$0.50
09/26/19	LEGAL POSTAGE		000	\$0.50