

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

MICHAEL J. BAXTER,
Petitioner,
v.
UNITED STATES OF AMERICA,
Respondent.

**On Petition for Writ of Certiorari
to the Eleventh Circuit Court of Appeals**

MOTION TO PROCEED *IN FORMA PAUPERIS*

MICHAEL UFFERMAN
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COUNSEL FOR THE PETITIONER

The Petitioner, MICHAEL J. BAXTER, prays the Court for leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*. The Petitioner's indigency affidavit is attached to this pleading.

Respectfully submitted,

/s/ Michael Ufferman

MICHAEL UFFERMAN

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COUNSEL FOR THE PETITIONER

CERTIFICATE OF SERVICE

I HEREBY CERTIFY a true and correct copy of the foregoing instrument was
furnished to:

Office of the United States Attorney
21 East Garden Street
Suite 400
Pensacola, Florida 32502

Solicitor General of the United States
Room 5614, Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530-0001

by U.S. mail delivery on November 13, 2019.

Respectfully submitted,

/s/ Michael Ufferman

MICHAEL UFFERMAN

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COUNSEL FOR THE PETITIONER

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

I, Michael J. Baxter, 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	\$ 0	\$ 4,400	\$ 0	\$ 4,400
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 4,400	\$ 0	\$ 4,400

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
Unemployed since 9/2017	N/A	N/A	\$ 0
			\$
			\$

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
Florida State Hospital	Chattahoochee, FL	4/2019 - Present	\$ 4,400
Emerald Coast Hospice	Marianna, FL	3/2016 - 4/2019	\$ 4,640
			\$

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
Checking	\$ 0	\$ 4,000
Savings	\$ 0	\$ 8,000
	\$	\$

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

<input checked="" type="checkbox"/> Home	<input checked="" type="checkbox"/> Other real estate
Value 100,000	Value 30,000

<input checked="" type="checkbox"/> Motor Vehicle #1	<input checked="" type="checkbox"/> Motor Vehicle #2
Year, make & model 2014 Chevrolet Pickup	Year, make & model 2005 Chevrolet Tahoe
Value 25,000	Value 5,000

☐ Other assets
Description N/A
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
N/A	\$ N/A	\$ N/A
	\$	\$
	\$	\$

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
M. B.	Daughter	18
M.B.	Son	15

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)	\$ 0	\$ 0
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)	\$ 0	\$ 574
Home maintenance (repairs and upkeep)	\$ 0	\$ 150
Food	\$ 0	\$ 1,010
Clothing	\$ 0	\$ 100
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 200

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 870
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 90
Life	\$ 0	\$ 135
Health	\$ 0	\$ 180
Motor Vehicle	\$ 0	\$ 200
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 83
Installment payments		
Motor Vehicle	\$ 0	\$ 430
Credit card(s)	\$ 0	\$ 200
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 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): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 4,222

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? 25,000 + 22,500 = 47,500

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

Ethan Way-1020 E. Lafayette St. #112, Tallahassee, FL 32301 - 850-412-0142

Michael Ufferman- 2022-1 Raymond Diehl Rd. Tallahassee, FL 32308 - 850-386-2345

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:


N/A

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

I have been unemployed since September 2017. My State of Florida Retirement has been frozen after 30 years of employment, due to a felony conviction. I will be surrendering October 23, 2019 to serve a 60 month sentence.

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

Executed on: October 8, _____, 20 19


(Signature)