

19-6777

EXHIBIT
A

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

IRIS L. ANDERSON — PETITIONER
(Your Name)

VS.

STATE OF FLORIDA, ET AL. — 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):

UNITED STATES DISTRICT COURT, ORALA DIVISION (5:16-CV-4160-Or-1DPR) —
(PENDING) [FALSE ARREST - MALICIOUS PROSECUTION - FALSE IMPRISONMENT] JULY 15, 2016

Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court.

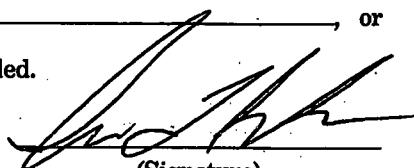
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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

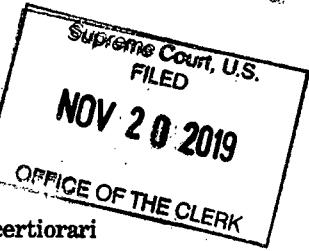
The appointment was made under the following provision of law: _____

_____, or

a copy of the order of appointment is appended.



(Signature)



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

I, IRIS L. ANDERSON, 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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Gifts	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Unemployment payments	\$ <u> </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>	\$ <u> </u>
Total monthly income:	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</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 Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</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? \$ N/A
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
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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 N/A
Value N/A

Other real estate N/A
Value N/A

Motor Vehicle #1
Year, make & model N/A
Value N/A

Motor Vehicle #2
Year, make & model N/A
Value N/A

Other assets
Description N/A
Value N/A

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
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </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>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </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 or home-mortgage payment (include lot rented for mobile home)	\$ <u>N/A</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u> </u>	\$ <u> </u>
Food	\$ <u> </u>	\$ <u> </u>
Clothing	\$ <u> </u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u> </u>	\$ <u> </u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>

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

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? LEGAL POSTAGE (To D.O.C.)

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

MARK S. INCH (SECRETARY)

FLA. D.O.C.
501 S CALHOUN ST.
TALLAHASSEE, FLA. 32399

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

* SEE ATTACHED INMATE ACCOUNT TRANSACTIONS

SHOWING THE DEBT I'VE ACCRUED DURING THIS ILLEGAL DETENTION

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

Executed on: August 26, 2019


(Signature)

AFFIDAVIT CERTIFICATE
(Prisoner Accounts Only)

I HEREBY CERTIFY THAT Iris Anderson, has the sum of
(Name of Affiant)

\$ 0 as of 8-7-19 on account to his credit at the
(date)

Hamilton Correctional institution where he is confined. I further certify that the
above-named prisoner affiant has the following securities to his credit according to the records of
this institution:

B. J. C. O.
Authorized Officer of Institution

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FOR: 02/07/2019 - 08/07/2019

 08/07/19
 11:46:53
 PAGE 1

ACCT NAME: ANDERSON, IRIS L.
 BED: B11138
 PO BOX:

ACCT# 222991
 TYPE: INMATE TRUST

							BEGINNING BALANCE 02/07/19	\$0.00	
POSTED	DATE	NBR	TYPE	REFERENCE NUMBER	PAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
02/19/19	235	LEGAL POSTAGE W	2019021201	000			-	\$0.00	\$0.00
		LIEN CREATED	- 02/19/2019	2019021201			-	\$0.00	\$0.00
03/07/19	176	LEGAL POSTAGE W	2019022601	000			-	\$0.00	\$0.00
		LIEN CREATED	- 03/07/2019	2019022601			-	\$0.00	\$0.00
03/07/19	178	LEGAL POSTAGE W	2019022602	000			-	\$0.00	\$0.00
		LIEN CREATED	- 03/07/2019	2019022602			-	\$0.00	\$0.00
03/22/19	186	LEGAL POSTAGE W	2019031201	000			-	\$0.00	\$0.00
		LIEN CREATED	- 03/22/2019	2019031201			-	\$0.00	\$0.00
03/22/19	186	LEGAL POSTAGE W	2019031202	000			-	\$0.00	\$0.00
		LIEN CREATED	- 03/22/2019	2019031202			-	\$0.00	\$0.00
04/05/19	209	MEDICAL CO-PAY	0404190800SC	000			-	\$0.00	\$0.00
		LIEN CREATED	- 04/05/2019	0404190800SC			-	\$0.00	\$0.00
04/19/19	242	LEGAL POSTAGE W	2019041801	000			-	\$0.00	\$0.00
		LIEN CREATED	- 04/19/2019	2019041801			-	\$0.00	\$0.00
04/19/19	242	LEGAL POSTAGE W	2019041802	000			-	\$0.00	\$0.00
		LIEN CREATED	- 04/19/2019	2019041802			-	\$0.00	\$0.00
04/26/19	222	MEDICAL CO-PAY	0423190835SC	000			-	\$0.00	\$0.00
		LIEN CREATED	- 04/26/2019	0423190835SC			-	\$0.00	\$0.00
05/09/19	220	JPAY DEPOSIT	100661716	000	DIXON, JUANITA		+	\$50.00	\$50.00
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$5.00	\$45.00
		MEDICAL CO-PAY	- 02/19/2016	0218160640DS			-		
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$5.00	\$40.00
		MEDICAL CO-PAY	- 03/04/2016	0303160940DS			-		
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$5.00	\$35.00
05/09/19	221	MEDICAL CO-PAY	- 03/26/2016	0325161015SC			-		
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$5.00	\$30.00
		MEDICAL CO-PAY	- 11/29/2016	1128160730SC			-		
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$5.00	\$25.00
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$3.23	\$21.77
05/09/19	221	LEGAL COPIES LI	- 07/17/2017	3202017254			-		
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$9.00	\$12.77
		LEGAL COPIES LI	- 12/05/2017	3202017470			-		
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$8.40	\$4.37
		LEGAL COPIES LI	- 03/05/2018	3202018052			-		
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$0.31	\$4.06
		LEGAL POSTAGE L	- 05/19/2014	5.2.14			-		
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$1.82	\$2.24
		LEGAL POSTAGE L	- 07/29/2014	7.24.14A			-		
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$2.03	\$0.21
		LEGAL POSTAGE L	- 07/29/2014	7.24.14			-		
05/09/19	221	LIEN PAYMENT	050919220398	000			-	\$0.21	\$0.00
		LEGAL POSTAGE L	- 09/16/2014	9.9.14			-		

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FOR: 02/07/2019 - 08/07/2019

08/07/19
11:46:53
PAGE 3

ACCT NAME: ANDERSON, IRIS L.
BED: B1113S
PO BOX:

ACCT#: 222991
TYPE: INMATE TRUST

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
05/17/19	LEGAL POSTAGE	000	\$0.50	\$0.50
05/24/19	LEGAL POSTAGE	000	\$1.75	\$1.75
05/24/19	LEGAL POSTAGE	000	\$1.75	\$1.75
06/25/19	LEGAL POSTAGE	000	\$0.50	\$0.50
06/25/19	LEGAL POSTAGE	000	\$0.50	\$0.50
06/25/19	LEGAL POSTAGE	000	\$0.50	\$0.50
07/15/19	LEGAL POSTAGE	000	\$0.80	\$0.80
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	\$0.50	\$0.50

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 250 - HAMILTON ANNEX
FOR: 08/01/2012 - 08/31/2019

ACCT NAME: ANDERSON, IRIS L.
BED: B1113S
PO BOX:

ACCT# : 222991
TYPE : INMATE TRUST

09/03/19
06:41:36
PAGE 190

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	2019080101	000		-	\$ 0.00	\$ 0.00
		LIEN CREATED	- 08/05/2019	2019080101				
08/05/19	211	LEGAL POSTAGE W	2019080102	000		-	\$ 0.00	\$ 0.00
		LIEN CREATED	- 08/05/2019	2019080102				
08/05/19	211	LEGAL POSTAGE W	2019080103	000		-	\$ 0.00	\$ 0.00
		LIEN CREATED	- 08/05/2019	2019080103				

LIEN DATE	TYPE OF LIEN	LIEN FACTL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT			
SUMMARY	LEGAL POSTAGE		\$35.00	\$35.00
08/05/19	LEGAL POSTAGE	000	\$131.42	\$131.21
08/05/19	LEGAL POSTAGE	000	\$0.50	\$0.50
08/05/19	LEGAL POSTAGE	000	\$0.50	\$0.50

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 250 - HAMILTON ANNEX
FOR: 09/01/2019 - 09/30/2019

ACCT NAME: ANDERSON, IRIS L.
BED: B1113S
PO BOX:

ACCT# : 222991
TYPE : INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
09/04/19	222	LEGAL POSTAGE W	2019082701	000		-	\$0.00	\$0.00
09/04/19	222	LEGAL POSTAGE W	09/04/2019	2019082701		-	\$0.00	\$0.00
09/04/19	222	LEGAL POSTAGE W	2019082702	000		-	\$0.00	\$0.00
09/04/19	222	LEGAL POSTAGE W	09/04/2019	2019082702		-	\$0.00	\$0.00
09/04/19	222	LEGAL POSTAGE W	2019082703	000		-	\$0.00	\$0.00
09/04/19	222	LEGAL POSTAGE W	09/04/2019	2019082703		-	\$0.00	\$0.00
09/04/19	222	LEGAL POSTAGE W	2019082704	000		-	\$0.00	\$0.00
		LIEN CREATED	09/04/2019	2019082704		-	\$0.00	\$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY 09/04/19	LEGAL POSTAGE		\$132.92	\$132.71
	MEDICAL CO-PAYMENT		\$35.00	\$35.00
09/04/19	LEGAL POSTAGE	000	\$0.65	\$0.65
09/04/19	LEGAL POSTAGE	000	\$0.95	\$0.95
09/04/19	LEGAL POSTAGE	000	\$0.80	\$0.80
09/04/19	LEGAL POSTAGE	000	\$0.80	\$0.80

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 250 - HAMILTON ANNEX
 FOR: 10/01/2019 - 10/31/2019

ACCT NAME: ANDERSON, IRIS L.
 BED: B1113S
 PO BOX:

ACCT#: 222991
 TYPE: INMATE TRUST

BEGGING BALANCE 10/01/19							\$0.00	
POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/ PAYEE	+/-	AMOUNT	BALANCE
10/01/19 140	LEGAL POSTAGE W	2019092001	000			-	\$0.00	\$0.00
10/01/19 140	LIEN CREATED	- 10/01/2019	2019092002	000		-	\$0.00	\$0.00
10/01/19 140	LEGAL POSTAGE W	2019092002	000			-	\$0.00	\$0.00
10/16/19 192	LIEN CREATED	- 10/01/2019	2019092002	000		-	\$0.00	\$0.00
10/16/19 192	LEGAL POSTAGE W	2019100401	000			-	\$0.00	\$0.00
10/16/19 192	LIEN CREATED	- 10/16/2019	2019100401	000		-	\$0.00	\$0.00
10/16/19 192	LEGAL POSTAGE W	2019101101	000			-	\$0.00	\$0.00
10/16/19 192	LIEN CREATED	- 10/16/2019	2019101101	000		-	\$0.00	\$0.00
10/16/19 192	LEGAL POSTAGE W	2019101102	000			-	\$0.00	\$0.00
10/16/19 192	LIEN CREATED	- 10/16/2019	2019101102	000		-	\$0.00	\$0.00
10/16/19 192	LEGAL POSTAGE W	2019101103	000			-	\$0.00	\$0.00
10/16/19 192	LIEN CREATED	- 10/16/2019	2019101103	000		-	\$0.00	\$0.00

ENDING BALANCE 10/31/19				\$0.00
LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$136.12	\$135.91
SUMMARY	MEDICAL CO-PAYMENT		\$35.00	\$35.00
10/01/19	LEGAL POSTAGE	000	\$0.50	\$0.50
10/01/19	LEGAL POSTAGE	000	\$0.50	\$0.50
10/16/19	LEGAL POSTAGE	000	\$2.65	\$2.65
10/16/19	LEGAL POSTAGE	000	\$2.65	\$2.65
10/16/19	LEGAL POSTAGE	000	\$2.65	\$2.65
10/16/19	LEGAL POSTAGE	000	\$0.50	\$0.50