

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 (CASE # 5:16-cv-460-DC-10PRI) -
(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.

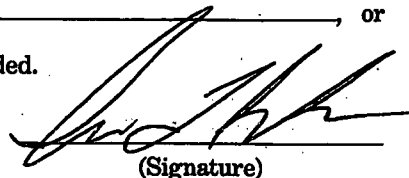
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

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

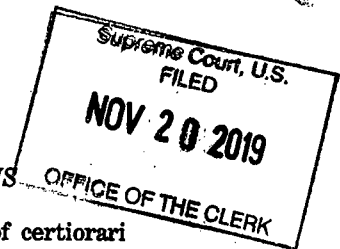
☐ The appointment was made under the following provision of law: _____

or

☐ a copy of the order of appointment is appended.


(Signature)

ORIGINAL



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

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
N/A	\$ N/A	\$ N/A
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.

☐ 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

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

N/A

N/A

N/A

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)

\$ N/A

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No N/A
Is property insurance included? ☐ Yes ☐ No N/A

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

\$ N/A

\$ N/A

Home maintenance (repairs and upkeep)

\$ _____

\$ _____

Food

\$ _____

\$ _____

Clothing

\$ _____

\$ _____

Laundry and dry-cleaning

\$ _____

\$ _____

Medical and dental expenses

\$ N/A

\$ N/A

	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	\$ <u>~~~~~</u>	\$ <u>~~~~~</u>
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 OBTAINED DURING THIS ILLEGAL DETENTION

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

Executed on: AUGUST 26, 2019


(Signature)

EXHIBIT
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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:


Authorized Officer of Institution

EXHIBIT
A

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				
03/07/19	176	LEGAL POSTAGE W	2019022601	000		-	\$0.00	\$0.00
		LIEN CREATED	- 03/07/2019	2019022601				
03/07/19	178	LEGAL POSTAGE W	2019022602	000		-	\$0.00	\$0.00
		LIEN CREATED	- 03/07/2019	2019022602				
03/22/19	186	LEGAL POSTAGE W	2019031201	000		-	\$0.00	\$0.00
		LIEN CREATED	- 03/22/2019	2019031201				
03/22/19	186	LEGAL POSTAGE W	2019031202	000		-	\$0.00	\$0.00
		LIEN CREATED	- 03/22/2019	2019031202				
04/05/19	209	MEDICAL CO-PAY	0404190800SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 04/05/2019	0404190800SC				
04/19/19	242	LEGAL POSTAGE W	2019041801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 04/19/2019	2019041801				
04/19/19	242	LEGAL POSTAGE W	2019041802	000		-	\$0.00	\$0.00
		LIEN CREATED	- 04/19/2019	2019041802				
04/26/19	222	MEDICAL CO-PAY	0423190835SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 04/26/2019	0423190835SC				
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
		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
		MEDICAL CO-PAY	- 02/13/2018	0212181016DS				
05/09/19	221	LIEN PAYMENT	050919220398	000		-	\$3.23	\$21.77
		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				

EXHIBIT
A

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

IBSR140 (74)

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

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

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

ACCT#: 222991
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	2019080101	000		-	\$0.00	\$0.00
		LIEN CREATED -	08/05/2019	2019080101		-	\$0.00	\$0.00
08/05/19	211	LEGAL POSTAGE W	2019080102	000		-	\$0.00	\$0.00
		LIEN CREATED -	08/05/2019	2019080102		-	\$0.00	\$0.00
08/05/19	211	LEGAL POSTAGE W	2019080103	000		-	\$0.00	\$0.00
		LIEN CREATED -	08/05/2019	2019080103		-	\$0.00	\$0.00

ENDING BALANCE 08/31/19 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT		\$35.00	\$35.00
SUMMARY	LEGAL POSTAGE		\$131.42	\$131.21
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

IBSR140 (74)

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

10/01/19
07:48:38
PAGE 162

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

ACCT#: 222991
TYPE: INMATE TRUST

BEGINNING BALANCE 09/01/19 \$0.00

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

ENDING BALANCE 09/30/19 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$132.92	\$132.71
SUMMARY	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

IBSR140 (74)

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

ACCT#: 222991
TYPE: INMATE TRUST

BEGINNING 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
		LIEN CREATED	- 10/01/2019		2019092001			
10/01/19	140	LEGAL POSTAGE W	2019092002	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/01/2019		2019092002			
10/16/19	192	LEGAL POSTAGE W	2019100401	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/16/2019		2019100401			
10/16/19	192	LEGAL POSTAGE W	2019101101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/16/2019		2019101101			
10/16/19	192	LEGAL POSTAGE W	2019101102	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/16/2019		2019101102			
10/16/19	192	LEGAL POSTAGE W	2019101103	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/16/2019		2019101103			

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