

No. TO BE ASSIGNED

**19-6806**

IN THE

SUPREME COURT OF THE UNITED STATES

ANTHONY J. STOKES

(Your Name)

PETITIONER

**ORIGINAL**

VS.

STATE OF FLORIDA

— RESPONDENT(S)

FILED

NOV 12 2019

OFFICE OF THE CLERK  
SUPREME COURT, U.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):

17<sup>TH</sup> JUDICIAL CIRCUIT COURT OF THE STATE OF FLORIDA  
(BROWARD COUNTY); FOURTH DISTRICT COURT OF APPEAL (STATE OF FLORIDA)

☐ 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: LAUDIG ~~ENT~~, FLA. STATUTE § 57.081, or

☐ a copy of the order of appointment is appended.

Anthony J. Stokes #645416  
(Signature)

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

I, ANTHONY J. STOKES, 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	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify): <u>Family (Brother)</u>	\$ 40.00	\$ N/A	\$ 40.00	\$ N/A
<b>Total monthly income:</b>	\$ 40.00	\$ 0	\$ 40.00	\$ N/A

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>INCARCERATED</u>	<u>STATE OF FLORIDA</u>	<u>IN PRISON</u>	\$ <u>0</u>
<u>INCARCERATED</u>	<u>STATE OF FLORIDA</u>	<u>IN PRISON</u>	\$ <u>0</u>
<u>INCARCERATED</u>	<u>STATE OF FLORIDA</u>	<u>IN PRISON</u>	\$ <u>0</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>N/A</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>	\$ <u>N/A</u>

4. How much cash do you and your spouse have? \$ 0 (NOT MARRIED)  
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>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>

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

☒ Home NONE  
Value N/A

☒ Other real estate NONE  
Value N/A

☒ Motor Vehicle #1  
Year, make & model NONE  
Value 0

☒ Motor Vehicle #2  
Year, make & model NONE  
Value 0

☐ Other assets  
Description NONE  
Value 0

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

NONE

\$ 0

\$ N/A

NONE

\$ 0

\$ N/A

NONE

\$ 0

\$ 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

NONE

N/A

N/A

NONE

N/A

N/A

NONE

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)

\$ 0

\$ N/A

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ 0

\$ N/A

Home maintenance (repairs and upkeep)

\$ 0

\$ N/A

Food

\$ 30.00

\$ N/A

Clothing

\$ 0

\$ N/A

Laundry and dry-cleaning

\$ 0

\$ N/A

Medical and dental expenses

\$ (5.00)

\$ N/A

WHEN REQUEST  
SERVICES

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.

N/A

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

ME... N/A  
If yes, how much? 10,000

← ... Family/FRIENDS/HAD TO DO  
PAID ATTORNEY/APPEAL (PRO-  
THEY COULDN'T PAY HIM TO CONTINUE

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

CIRCUIT COURT MOTION: RICHARD ROSENBAUM  
315 S. E. 7TH STREET  
FORT LAUDERDALE, FLORIDA 33301  
TEL. (954) 522-7007

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.

... BEEN INCARCERATED FOR THE PAST 20 YEARS

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

Executed on: NOVEMBER 12th, 2019

Anthony J. Stokes #643416  
(Signature)

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NONE<sup>\$</sup>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NONE<sup>\$</sup>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NONE<sup>\$</sup>0</u>	\$ <u>N/A</u>
Life	\$ <u>NONE<sup>\$</sup>0</u>	\$ <u>N/A</u>
Health	\$ <u>NONE<sup>\$</sup>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>NONE<sup>\$</sup>0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>NONE<sup>\$</sup>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ <u>NONE \$0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>NONE<sup>\$</sup>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>NONE \$0</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>NONE \$0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>NONE \$0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>NONE \$0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NONE \$0</u>	\$ <u>N/A</u>
Other (specify): <u>NONE</u>	\$ <u>NONE \$0</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	\$ <u>NONE \$0</u>	\$ <u>N/A</u>

IN THE SUPREME COURT OF THE  
UNITED STATES

Legal Mail  
Received

NOV 12 2019

ATS  
Dade Co.

ANTHONY J. STOKES,  
PETITIONER,

L.T. CASE NO. 99-02141CF10A

4TH DCA NO. 18-2947

VS

FLA. SC NO. 19-1564

STATE OF FLORIDA,  
RESPONDENT.

**INSOLVENCY AFFIDAVIT UNDER SECTION 57.081,  
FLORIDA STATUTES**

THE UNDERSIGNED, ANTHONY JEROME STOKES, DEFENDANT  
IN THE ABOVE STYLED CAUSE, IS A STATE PRISONER APPLYING FOR  
THE BENEFITS ACCORDED INSOLVENT AND POVERTY STRICKEN  
PERSONS UNDER F.S. 57.081; THAT HE, THE NAMED DEFENDANT  
IS INSOLVENT, AND UNABLE TO FACILITATE THE PAYMENT OF  
CHARGES, COST, AND/OR FEES OTHERWISE DUE AND PAYABLE  
BY LAW TO ANY OFFICERS OF THE COURT, AND THE CLERK  
OF THE INSTANT COURT OR ANY COSTS ASSOCIATED WITH THE FOREGOING:

**WRIT OF CERTIORARI**

"I AM UNABLE TO PAY COSTS AND FEES. UNDER PENALTIES  
OF PERJURY, I SWEAR OR AFFIRM THAT ALL STATEMENTS IN THIS AFFIDAVIT  
ARE TRUE AND COMPLETE."

RESPECTFULLY SUBMITTED  
x Anthony J. Stokes #645716  
ANTHONY JEROME STOKES #645716  
DADE CORRECTIONAL INSTITUTION  
19000 S.W. 37TH STREET, STE. 300  
FLORIDA CITY, FLORIDA 33034