

19-7280

No. _____

ORIGINAL

FILED

AUG 29 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

DAVID EVERETT JONES — PETITIONER
(Your Name)

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):

U.S. District Court for the Middle District of Florida

U.S. Circuit Court of Appeals for the Eleventh Circuit

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)

1-6-20

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

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

4. How much cash do you and your spouse have? \$ 0

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	\$ 0	\$ 0
NA	\$ 0	\$ 0
NA	\$ 0	\$ 0

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 NA

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

Other assets
Description NA
Value NA

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
NA	\$ 0	\$ 0
NA	\$ 0	\$ 0
NA	\$ 0	\$ 0

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
NA	NA	NA
NA	NA	NA
NA	NA	NA

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)	\$ NA-0	\$ NA
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No NA		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No NA		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ NA-0	\$ NA
Home maintenance (repairs and upkeep)	\$ NA-0	\$ NA
Food	\$ NA-0	\$ NA
Clothing	\$ NA-0	\$ NA
Laundry and dry-cleaning	\$ NA-0	\$ NA
Medical and dental expenses	\$ NA-0	\$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NA - 0</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NA - 0</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NA - 0</u>	\$ <u>NA</u>
Life	\$ <u>NA - 0</u>	\$ <u>NA</u>
Health	\$ <u>NA - 0</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>NA - 0</u>	\$ <u>NA</u>
Other: <u>NA</u>	\$ <u>NA - 0</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NA</u>	\$ <u>NA - 0</u>	\$ <u>NA</u>
Installment payments		
Motor Vehicle	\$ <u>NA - 0</u>	\$ <u>NA</u>
Credit card(s)	\$ <u>NA - 0</u>	\$ <u>NA</u>
Department store(s)	\$ <u>NA - 0</u>	\$ <u>NA</u>
Other: <u>NA</u>	\$ <u>NA - 0</u>	\$ <u>NA</u>
Alimony, maintenance, and support paid to others	\$ <u>NA - 0</u>	\$ <u>NA</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NA - 0</u>	\$ <u>NA</u>
Other (specify): <u>NA</u>	\$ <u>NA - 0</u>	\$ <u>NA</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>NA</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? NA

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

NA

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? NA

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

NA

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

I have "zero" financial support coming from any internal (prison) nor external sources.

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

Executed on: November 5, 2019

Updated +
Re-executed on January 6th, 2020

John J
Signed

John J
(Signature)

TBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 106 - CENTURY C.I.
FOR: 03/16/2019 - 08/16/2019

ACCT NAME: JONES, DAVID E.
BED: E2104S
PO BOX:

ACCT#: C05729
TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
07/19/19	180	LEGAL POSTAGE W	2019071101	000			\$0.00	\$0.00
		LIEN CREATED	- 07/19/2019		2019071101			

BEGINNING BALANCE 03/16/19

\$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED	ENDING BALANCE 08/16/19
SUMMARY 07/19/19	LEGAL POSTAGE		\$69.92	\$69.92	
	MEDICAL CO-PAYMENT		\$40.00	\$40.00	
	LEGAL POSTAGE		\$0.50	\$0.50	

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FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 106 - CENTURY C.I.
FOR: 07/01/2019 - 07/31/2019

ACCT NAME: JONES, DAVID E.
BED: E2104S
PO BOX:

ACCT#: C05729
TYPE: INMATE TRUST

BEGINNING BALANCE 07/01/19						\$0.00	
LIEN DATE	TYPE OF LIEN	REFERENCE NUMBER	FAC	REMITTER/PAYER	+/-	AMOUNT	BALANCE
07/19/19	180 LEGAL POSTAGE	W 2019071101	000		-	\$0.00	\$0.00
	LIEN CREATED	- 07/19/2019	2019071101				
ENDING BALANCE 07/31/19						\$0.00	
LIEN DATE	TYPE OF LIEN	REFERENCE NUMBER	FAC	REMITTER/PAYER	+/-	AMOUNT	BALANCE
SUMMARY	LEGAL POSTAGE	\$69.92	\$69.92				
	MEDICAL CO-PAYMENT	\$40.00	\$40.00				
07/19/19	LEGAL POSTAGE	\$0.50	\$0.50				

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FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 106 - CENTURY C.I.
FOR: 08/01/2019 - 08/31/2019

ACCT NAME: JONES, DAVID E.
BED: E2104S
PO BOX:

ACCT#: C05729
TYPE: INMATE TRUST

BEGINNING BALANCE 08/01/19

\$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
08/23/19	180	MEDICAL CO-PAY	0820191020SC	000			\$0.00	\$0.00
		LIEN CREATED			08/23/2019			

LIEN DATE

TYPE OF LIEN

LIEN FACTL

AMOUNT OF LIEN

AMOUNT STILL OWED

LEGAL POSTAGE

\$70.42

\$70.42

SUMMARY

MEDICAL CO-PAYMENT

\$40.00

\$40.00

08/23/19

0.00

\$5.00

\$5.00

ENDING BALANCE 08/31/19

\$0.00

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FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 106 - CENTURY C.I.
FOR: 09/01/2019 - 09/30/2019

ACCT NAME: JONES, DAVID E.
BED: E2104S
PO BOX:

ACCT#: C05729
TYPE: INMATE TRUST

BEGINNING BALANCE 09/01/19

\$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAVEE	+/-	AMOUNT	BALANCE
09/06/19	147	LEGAL POSTAGE W	2019082901	000		-	\$0.00	\$0.00
09/06/19	147	LEGAL POSTAGE W	2019082902	000		-	\$0.00	\$0.00
		LIEN CREATED	09/06/2019	2019082902				

LIEN DATE

LIEN TYPE OF LIEN

AMOUNT OF LIEN

AMOUNT STILL OWED

LEGAL POSTAGE

\$70.42

\$70.42

MEDICAL CO-PAYMENT

\$45.00

\$45.00

LEGAL POSTAGE

\$1.30

\$1.30

LEGAL POSTAGE

\$1.30

\$1.30

LIEN SUMMARY

09/06/19

09/06/19

10/01/19
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FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 106 - CENTURY C.I.
FOR: 10/01/2019 - 10/31/2019

ACCT NAME: JONES, DAVID E.
BED: E2104S
PO BOX:

ACCT#: C05729
TYPE: INMATE TRUST

BEGINNING BALANCE 10/01/19

\$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
10/17/19	172	MEDICAL CO-PAY	1010191300DS	000		-	\$0.00	\$0.00
10/31/19	174	MEDICAL CO-PAY	1028191212DS	000		-	\$0.00	\$0.00
		LIEN CREATED	10/17/2019	1010191300DS				
		LIEN CREATED	10/31/2019	1028191212DS				

ENDING BALANCE 10/31/19

\$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACTL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$73.02	\$73.02
SUMMARY	MEDICAL CO-PAYMENT		\$45.00	\$45.00
10/17/19	MEDICAL CO-PAYMENT		\$5.00	\$5.00
10/31/19	MEDICAL CO-PAYMENT		\$5.00	\$5.00

11/01/19
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