

NO. 19-7560

IN THE
SUPREME COURT of the UNITED STATES
OCTOBER TERM, 2019

MICHAEL SWAIN,
Petitioner,

v.

ORIGINAL

FLORIDA PAROLE OF OFFENDER REVIEW,
Respondent.

FILED
NOV 04 2019
OFFICE OF THE CLERK
SUPREME COURT, U.S.

ON PETITION FOR WRIT OF CERTIORARI TO THE
UNITED STATES COURT OF APPEALS
FOR THE ELEVENTH CIRCUIT

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner, **MICHAEL SWAIN**, asks for leave to file the accompanying Petition for Writ of Certiorari without prepayment of costs and to proceed in forma pauperis. Petitioner has previously been granted leave to proceed in forma pauperis in the following courts”

- a. United States Court of Appeals for the Eleventh Circuit.
- b. First District Court of Appeal, State of Florida.
- c. Second Judicial Circuit Court, Leon County, Florida.

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

Michael Swain

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

I, MICHAEL SWAIN, 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	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Self-employment	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Income from real property (such as rental income)	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Interest and dividends	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Gifts	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Alimony	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Child Support	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Unemployment payments	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Public-assistance (such as welfare)	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Other (specify): _____	\$ 00.00	\$ N/A	\$ 00.00	\$ N/A
Total monthly income:	\$ 00.00	\$ N/A	\$ 00.00	\$ 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
None	None	None	\$ None
None	None	None	\$ None
			\$

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? \$ 00.00
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
None	None	\$ 00.00	\$ 00.00
		\$	\$
		\$	\$

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

Home
Value N/A

Other real estate
Value N/A

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

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

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
<u>None</u>	\$ <u>None</u>	\$ <u>None</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>None</u>	<u>None</u>	<u>None</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>00.00</u>	\$ <u>None</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>00.00</u>	\$ <u>None</u>
Home maintenance (repairs and upkeep)	\$ <u>00.00</u>	\$ <u>None</u>
Food	\$ <u>00.00</u>	\$ <u>None</u>
Clothing	\$ <u>00.00</u>	\$ <u>None</u>
Laundry and dry-cleaning	\$ <u>00.00</u>	\$ <u>None</u>
Medical and dental expenses	\$ <u>00.00</u>	\$ <u>None</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 00.00	\$ None
Recreation, entertainment, newspapers, magazines, etc.	\$ 00.00	\$ None
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 00.00	\$ None
Life	\$ 00.00	\$ None
Health	\$ 00.00	\$ None
Motor Vehicle	\$ 00.00	\$ None
Other: _____	\$ 00.00	\$ None
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 00.00	\$ None
Installment payments		
Motor Vehicle	\$ 00.00	\$ None
Credit card(s)	\$ 00.00	\$ None
Department store(s)	\$ 00.00	\$ None
Other: _____	\$ 00.00	\$ None
Alimony, maintenance, and support paid to others	\$ 00.00	\$ None
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 00.00	\$ None
Other (specify): _____	\$ 00.00	\$ None
Total monthly expenses:	\$ 00.00	\$ None

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? N/A

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 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:

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

Petitioner has not worked at paid employment for 44 years.

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

Executed on: January 17th, 2020.

Michael Seward
(Signature)