

No. 19-7565

IN THE
SUPREME COURT OF THE UNITED STATES



Tyree R. Wright - PETITIONER
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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

The District Court of Florida - Middle District, Jacksonville and
U.S. Court of Appeals - 11th 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.

Tyree Wright
(Signature)

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

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

Financial institution	Type of account	Amount you have	Amount your spouse has
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
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

N/A

\$
\$
\$ N/A

\$
\$
\$ N/A

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

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.

Rent or home-mortgage payment
(include lot rented for mobile home)

Yes No

You

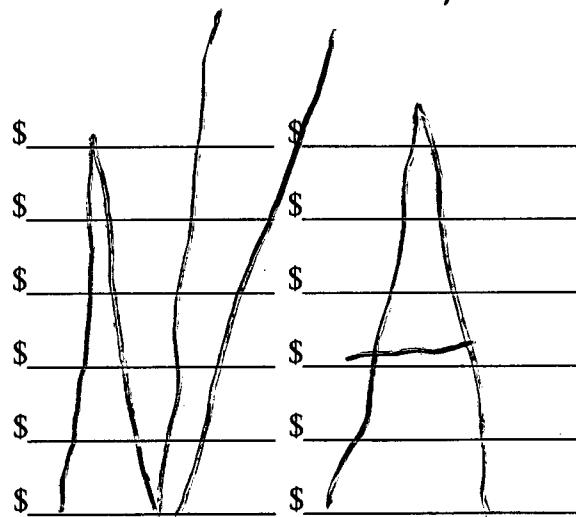
Your Spouse

\$ N/A \$ N/A

Are real estate taxes included?

Is property insurance included?

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



Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

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

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? _____

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.

N/A

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

Executed on: JAN - 19 -, 2020

Tina Wright
(Signature)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 282 - TOMOKA C.I.
FOR: 07/01/2019 - 01/22/2020

01/22/20
16:02:15
PAGE 1

ACCT NAME: WRIGHT, TYREE R.
BED: B1106L
PO BOX:

ACCT#:
J23621
TYPE:
INMATE TRUST

BEGINNING BALANCE 07/01/19

\$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
07/09/19	221	LEGAL COPIES WD	30420190378	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/09/2019	30420190378				
10/18/19	148	LEGAL POSTAGE W	2019101501	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/18/2019	2019101501				
10/18/19	148	LEGAL POSTAGE W	2019101502	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/18/2019	2019101502				
10/18/19	148	LEGAL POSTAGE W	2019101503	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/18/2019	2019101503				
10/30/19	174	LEGAL POSTAGE W	2019102101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/30/2019	2019102101				
10/30/19	174	LEGAL POSTAGE W	2019102102	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/30/2019	2019102102				
10/30/19	174	LEGAL POSTAGE W	2019102103	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/30/2019	2019102103				
11/06/19	224	LEGAL POSTAGE W	2019110101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/06/2019	2019110101				
11/06/19	224	LEGAL POSTAGE W	2019110102	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/06/2019	2019110102				
11/06/19	224	LEGAL POSTAGE W	2019110103	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/06/2019	2019110103				

BEGINNING BALANCE 07/01/19

\$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL COPIES		\$19.20	\$19.20
SUMMARY	PROCESSING FEE		\$0.15	\$0.13
SUMMARY	LEGAL POSTAGE		\$5.85	\$5.85
SUMMARY	FEDERAL PRISON LITIGATION		\$855.00	\$782.60
07/09/19	LEGAL COPIES	000	\$8.25	\$8.25
10/18/19	LEGAL POSTAGE	000	\$0.50	\$0.50
10/18/19	LEGAL POSTAGE	000	\$0.50	\$0.50
10/30/19	LEGAL POSTAGE	000	\$0.50	\$0.50
10/30/19	LEGAL POSTAGE	000	\$0.50	\$0.50
10/30/19	LEGAL POSTAGE	000	\$0.50	\$0.50

BEGINNING BALANCE 07/01/19

\$0.00

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ACCT NAME: WRIGHT, TYREE R.
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TYPE:
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LIEN DATE	TYPE OF LIEN	LIEN FACTL	AMOUNT OF LIEN	AMOUNT STILL OWED
11/06/19	LEGAL POSTAGE	000	\$0 .50	\$0 .50
11/06/19	LEGAL POSTAGE	000	\$0 .50	\$0 .50
11/06/19	LEGAL POSTAGE	000	\$0 .50	\$0 .50