

No. 19-7717

PROVIDED TO
SANTA ROSA C.I. ON

FEB 09 2020

FOR MAILING BY

TW

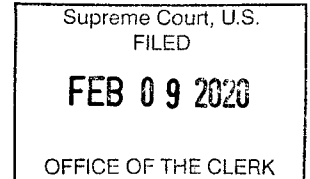
IN THE

SUPREME COURT OF THE UNITED STATES

TARVIS WILSON — PETITIONER
(Your Name)

VS.

MARK S. INCH — 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):

NORTHERN DISTRICT OF FLORIDA PENSACOLA, MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

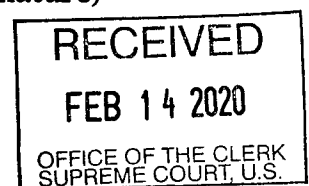
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Tarvis Wilsons
(Signature)



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

I, TARNIS WILSON, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
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:	\$ _____	\$ _____	\$ _____	\$ _____

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

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 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)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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)	\$ _____	\$ _____
Recreation, entertainment, newspapers, 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.

CAUSE I AM IN PRISON WITH A LEAD ON MY ACCOUNT.

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

Executed on: FEBRUARY 9, 2020

Jarvis Wilson
(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 119 - SANTA ROSA C.I.
FOR: 01/01/2020 - 01/31/2020

02/03/20
07:14:41
PAGE 202

ACCT NAME: WILSON, TARVIS M.
BED: B2113L
PO BOX:

ACCT#: B01216
TYPE: INMATE TRUST

BEGINNING BALANCE 01/01/20 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
01/06/20	485	LEGAL POSTAGE	W 2019123001	000	2019123001	-	\$0.00	\$0.00
		LIEN CREATED	- 01/06/2020					
01/06/20	485	LEGAL POSTAGE	W 2020010301	000	2020010301	-	\$0.00	\$0.00
		LIEN CREATED	- 01/06/2020					
01/06/20	485	LEGAL POSTAGE	W 2020010302	000	2020010302	-	\$0.00	\$0.00
		LIEN CREATED	- 01/06/2020					
01/10/20	131	LEGAL POSTAGE	W 2020010701	000	2020010701	-	\$0.00	\$0.00
		LIEN CREATED	- 01/10/2020					
01/10/20	131	LEGAL POSTAGE	W 2020010702	000	2020010702	-	\$0.00	\$0.00
		LIEN CREATED	- 01/10/2020					
01/10/20	131	LEGAL POSTAGE	W 2020010801	000	2020010801	-	\$0.00	\$0.00
		LIEN CREATED	- 01/10/2020					
01/10/20	131	LEGAL POSTAGE	W 2020011001	000	2020011001	-	\$0.00	\$0.00
		LIEN CREATED	- 01/10/2020					
01/15/20	190	MEDICAL CO-PAY	0113200820DS	000	0113200820DS	-	\$0.00	\$0.00
		LIEN CREATED	- 01/15/2020					
01/27/20	212	LEGAL POSTAGE	W 2020011301	000	2020011301	-	\$0.00	\$0.00
		LIEN CREATED	- 01/27/2020					
01/27/20	212	LEGAL POSTAGE	W 2020012101	000	2020012101	-	\$0.00	\$0.00
		LIEN CREATED	- 01/27/2020					
01/27/20	212	LEGAL POSTAGE	W 2020012102	000	2020012102	-	\$0.00	\$0.00
		LIEN CREATED	- 01/27/2020					
01/27/20	212	LEGAL POSTAGE	W 2020012401	000	2020012401	-	\$0.00	\$0.00
		LIEN CREATED	- 01/27/2020					

ENDING BALANCE 01/31/20 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACIL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$0.50	\$0.41
SUMMARY	MEDICAL CO-PAYMENT		\$5.00	\$5.00
SUMMARY	FEDERAL PRISON LITIGATION		\$957.71	\$700.00
SUMMARY	STATE PRISON LITIGATION		\$500.00	\$400.00
01/06/20	LEGAL POSTAGE	000	\$0.65	\$0.65
01/06/20	LEGAL POSTAGE	000	\$0.65	\$0.65
01/06/20	LEGAL POSTAGE	000	\$0.50	\$0.50

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 119 - SANTA ROSA C.I.
FOR: 01/01/2020 - 01/31/2020

02/03/20
07:14:41
PAGE 203

ACCT NAME: WILSON, TARVIS M.
BED: B2113L
PO BOX:

ACCT#: B01216
TYPE: INMATE TRUST

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
01/10/20	LEGAL POSTAGE	000	\$0.50	\$0.50
01/10/20	LEGAL POSTAGE	000	\$1.45	\$1.45
01/10/20	LEGAL POSTAGE	000	\$0.50	\$0.50
01/10/20	LEGAL POSTAGE	000	\$1.15	\$1.15
01/15/20	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
01/27/20	LEGAL POSTAGE	000	\$0.50	\$0.50
01/27/20	LEGAL POSTAGE	000	\$0.50	\$0.50
01/27/20	LEGAL POSTAGE	000	\$0.50	\$0.50
01/27/20	LEGAL POSTAGE	000	\$0.65	\$0.65