

NO. 19-7871

Provided to Suwannee  
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FEB 26 2020

IN THE

for mailing, by AWJ

SUPREME COURT OF THE UNITED STATES ORIGINAL

IN RE ANTONIO DAMARCUS WOODSON - PETITIONER

Supreme Court, U.S.  
FILED

FEB 26 2020

OFFICE OF THE CLERK

V.

UNITED STATES et al -RESPONDENTS

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

THE PETITIONER ASKS LEAVE TO FILE THE ATTACHED PETITION FOR A EXTRA-ORDINARY WRIT OF HABEAS CORPUS AND PROHIBITION WITHOUT PREPAYMENT OF COSTS AND TO PROCEED IN FORMA PAUPERIS. (IFP)

☐ PETITIONER HAS PREVIOUSLY BEEN GRANTED LEAVE TO PROCEED (IFP) IN THE FOLLOWING COURT(S): \_\_\_\_\_

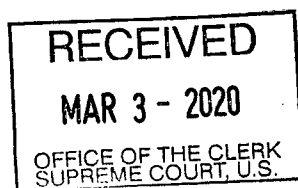
☒ PETITIONER HAS NOT PREVIOUSLY BEEN GRANTED LEAVE TO PROCEED (IFP) IN ANY OTHER COURT.

☒ PETITIONER'S AFFIDAVIT OR DECLARATION IN SUPPORT OF THIS MOTION IS ATTACHED.

☐ PETITIONER'S AFFIDAVIT OR DECLARATION IN SUPPORT THIS MOTION IS NOT ATTACHED BECAUSE THE COURT BELOW APPOINTED COUNSEL IN THE CURRENT PROCEEDING, AND:

☐ THE APPOINTMENT WAS MADE UNDER THE FOLLOWING PROVISION OF LAW: \_\_\_\_\_

☒ A COPY OF THE ORDER OF APPOINTMENT IS APPENDED.



Antonio D. Woodson 02/26/2020  
(SIGNATURE) DC# 0-D90871

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

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

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
FL DEPT. OF CORRS	INMATE TRUST	\$ 0	\$ N/A
N/A	N/A	\$ 0	\$ N/A
N/A	N/A	\$ 0	\$ 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
N/A	\$ N/A	\$ N/A
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
N/A	N/A	N/A
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)	\$ 0	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ N/A
Food	\$ 0	\$ N/A
Clothing	\$ 0	\$ N/A
Laundry and dry-cleaning	\$ 0	\$ N/A
Medical and dental expenses	\$ 0	\$ N/A

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

NOT APPLICABLE

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? NOT APPLICABLE

28 USC § 1915(e)(1)

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

NOT APPLICABLE

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? NOT APPLICABLE

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

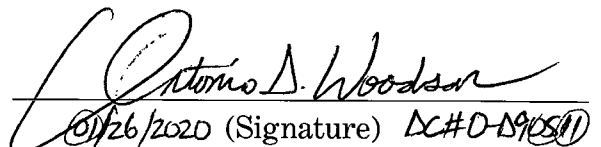
NOT APPLICABLE

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

I DO NOT HAVE A STEADY SOURCE OF INCOME. I DO NOT EXPECT TO RECEIVE ANY GIFTS. I CANNOT PAY THE COSTS OF THIS CASE. 28 USC § 1654, 1915(b)(4) THE MOTION FOR LEAVE TO PROCEED (ITP) MUST BE GRANTED.

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

Executed on: JANUARY 26, \_\_\_\_\_, 20 20

  
01/26/2020 (Signature) DC#D-090511

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 230 - SUWANNEE C.I  
FOR: 08/10/2019 - 02/10/2020

ACCT#: D90511  
TYPE: INMATE TRUST

ACCT NAME: WOODSON, ANTONIO D.  
BED: G11011  
PO BOX:

BEGINNING BALANCE 08/10/19 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 02/10/20 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	PROCESSING FEE		\$0.21	\$0.14
SUMMARY	LEGAL POSTAGE		\$147.77	\$147.77
SUMMARY	LEGAL COPIES		\$121.05	\$121.05
SUMMARY	MEDICAL CO-PAYMENT		\$35.00	\$35.00
SUMMARY	FEDERAL PRISON LITIGATION		\$1,815.00	\$1,755.00