

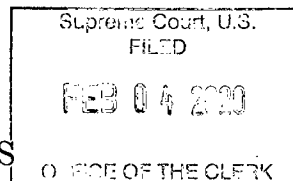
19-7928

No. \_\_\_\_\_

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES



AL PRINCE

(Your Name)

— PETITIONER

VS.

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):

11<sup>TH</sup> CIRCUIT COURT OF APPEALS

U.S. DISTRICT COURT, NORTHERN DISTRICT OF FLORIDA

☐ 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: \_\_\_\_\_

☐ a copy of the order of appointment is appended.

Al Prince

(Signature)

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

I, AL PRINCE, 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>50.00</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>NA</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>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
<b>Total monthly income:</b>	\$ <u>50.00</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)

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

\$ 0

\$ NA

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

\$ 0

\$ NA

Home maintenance (repairs and upkeep)

\$ 0

\$ NA

Food

\$ 0

\$ NA

Clothing

\$ 0

\$ NA

Laundry and dry-cleaning

\$ 0

\$ NA

Medical and dental expenses

\$ 0

\$ NA

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

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:

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

I AM CURRENTLY INCARCERATED AND HAVE BEEN FOR MORE THAN 11 YEARS, AND THIS STATE DOES NOT ALLOW PRISONERS THE CAPACITY TO EARN MONEY OR SOLICIT MONEY, WHILE INCARCERATED.

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

Executed on: FEB, 4, 2020

Al Purn

(Signature)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 211 - CROSS CITY C.I.  
FOR: 07/28/2019 - 01/28/2020

ACCT NAME: PRINCE, AL D.  
BED: F1202U  
PO BOX:

ACCT#: 301905  
TYPE: INMATE TRUST

01/28/20  
13:45:23  
PAGE 1

POSTED				REFERENCE		FAC	REMITTER/PAYEE	+/-	BEGINNING BALANCE 07/28/19	
DATE	NBR	TYPE		NUMBER					AMOUNT	BALANCE
09/01/19	121	JPAY DEPOSIT		105284323		000	WILLIAMS, TONYA D.	+		\$100.00
09/01/19	122	LIEN PAYMENT		090119121784		000		-	\$0.14	\$99.86
09/01/19	122	PROCESSING FEE		090119121784		000	20190429	-		
09/01/19	122	LIEN PAYMENT		090119121784		000		-	\$2.30	\$97.56
09/01/19	122	LEGAL POSTAGE L		090119121784		000	2019052001	-		
09/01/19	122	LIEN PAYMENT		090119121784		000		-	\$2.90	\$94.66
09/03/19	173	LEGAL POSTAGE L		090119121784		000	2019061901	-		
09/04/19	039	JPAY MEDIA W/D		000055936048		000		-		
09/07/19	039	CANTEEN SALES		21120190903		000		-	\$10.00	\$84.66
09/07/19	039	CANTEEN SALES		21120190906		000		-	\$31.94	\$52.72
09/08/19	039	CANTEEN SALES		21120190907		000		-	\$1.93	\$50.79
09/09/19	039	CANTEEN SALES		21120190908		000		-	\$18.29	\$32.50
09/09/19	171	PROCESSING FEE		WEEKLY DRAW		000		-	\$16.23	\$16.27
09/09/19	258	JPAY MEDIA W/D		000056184238		000		-	\$0.68	\$15.59
09/10/19	039	CANTEEN SALES		21120190909		000		-	\$10.00	\$5.59
09/12/19	039	CANTEEN SALES		21120190911		000		-	\$4.27	\$1.32
09/16/19	167	LIEN PAYMENT		WEEKLY DRAW		000		-	\$1.31	\$0.01
09/20/19	189	PROCESSING FEE		WEEKLY DRAW		000		-	\$0.01	\$0.00
09/20/19	189	LEGAL POSTAGE W		2019091601		000	20190916	-		
12/27/19	745	LIEN CREATED		2019091601		000	2019091601	-	\$0.00	\$0.00
01/07/20	651	LIEN CREATED		2019122001		000		-	\$0.00	\$0.00
01/07/20	654	JPAY DEPOSIT		110487433		000	2019122001	-		
01/07/20	654	LIEN PAYMENT		010720651277		000	WILLIAMS, ROY	+	\$10.00	\$10.00
01/07/20	654	PROCESSING FEE		010720651277		000		-	\$0.05	\$9.95
01/07/20	654	LIEN PAYMENT		010720651277		000	20190916	-	\$1.00	\$8.95
01/07/20	654	LEGAL POSTAGE L		010720651277		000	2019091601	-	\$3.20	\$5.75
01/11/20	039	LIEN PAYMENT		010720651277		000		-	\$5.72	\$0.03
01/13/20	167	LEGAL POSTAGE L		21120200110		000	2019122001	-	\$0.03	\$0.00
01/13/20	167	CANTEEN SALES		WEEKLY DRAW		000		-	\$35.00	\$35.00
01/22/20	293	PROCESSING FEE		111063228		000	20200113	-	\$0.03	\$34.97
01/22/20	296	JPAY DEPOSIT		0122020293140		000	NEWSOME, ANTOINETTE M.	+		
01/24/20	039	LIEN PAYMENT		21120200123		000		-	\$34.43	\$0.54
01/24/20	039	CANTEEN SALES		21120200123		000	20200113	-	\$0.00	\$0.54
01/24/20	242	MEDICAL CO-PAY		0123200840DS		000		-	\$20.00	\$20.54
01/24/20	256	LIEN CREATED		0123200840DS		000		-	\$5.00	\$15.54
01/24/20	257	JPAY DEPOSIT		111140521		000	CARTER, MICHAEL	+		
01/24/20	257	LIEN PAYMENT		012420256561		000		-	\$70.00	\$85.54
01/24/20	259	MEDICAL CO-PAY		012420256561		000		-		
01/24/20	259	JPAY DEPOSIT		111152267		000	CARTER, MICHAEL	+		

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13:45:23  
PAGE 2ACCT NAME: PRINCE, AL D.  
BED: F1202U  
PO BOX:ACCT#: 301905  
TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
01/26/20	039	CANTEEN SALES	21120200125	000		-	\$38.06	\$47.48
01/27/20	166	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.72	\$46.76
01/28/20	039	CANTEEN SALES	21120200127	000		-	\$14.93	\$31.83
ENDING BALANCE 01/28/20								\$31.83