

No. 19-8322

ORIGINAL

Supreme Court, U.S.
FILED

APR 09 2020

OFFICE OF THE CLERK

IN THE
SUPREME COURT OF THE UNITED STATES

JOSEPH A. DIXON, PETITIONER

VS.

MARK S. INCH, FLORIDA DEPT. OF CORRECTIONS,
AND RESPONDENTS', RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The Petitioner asks leave to file attached petition for a new 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):

☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court. See, Gomez vs. Myer, 627 F. Supp. 183 (5th Cir. 1983); Lopez vs. Stephen, Lexis 4612 (2015) ("Justice Sotomayor granted motion for leave to proceed *in forma pauperis*"); Flower vs. Turbine, 507 F.2d 1242 (5th Cir. 1975).

☐ 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 proceedings, and;

☐ The appointment was made under the following provision of law: _____, or

☐ a copy of the order of appointment is appended.


(Signature)

AFFIDAVIT OR DECLARATION

IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

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

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			\$

4. How much cash do you and your spouse have? \$ DIVORCED
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
Value N/A

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

Other assets
Description HAVE NONE
Value _____

6. State every person, business, or organization owing you or your spouse money, and the , amount owed.

Person owing you or money	Amount owed to you	Amount owed to your spouse
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</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>N/A</u>	\$ <u>N/A</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>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>700.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>74.00</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>100.00</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other:	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	<u>N/A</u>	
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other:	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify):	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>874.00</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.

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? _____

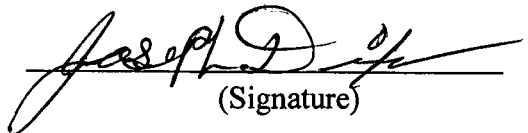
If yes, state the person's name, address, and telephone number:

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

I have to buy bathing soap, deodorant, baby powder, shampoo, hair conditioner, pens, pencils, paper, typing paper, legal envelopes, legal postage stamps, express postage boxes and food.

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

Executed on: April 9, 2020.


(Signature)

Attach photocopy of your trust account records for the preceding six (6) months or for whole time of incarceration, whichever period is shorter.

I certify that I have _____ have not ☒ been adjudicated indigent under section 57.081, 57.085 or 29 U. S. C. §1915. If your answer is "YES" and it occurred twice in the preceding three (3) years, you are required to list each suit, action, claim, proceeding, or appeal which you have intervened in any court or other adjudicatory forum in the proceeding five years. (LIST ONLY REQUIRED IF PARTY FILING MOTION HAS BEEN ADJUDICATED INDIGENT TWICE IN THE PROCEEDING 3 YEARS.)

1. _____
2. _____
3. _____
4. _____
5. _____


Attach extra sheet(s) if necessary.

I JOSEPH A. DIXON pro se, assert that I am presently unable to pay costs and fees, and under penalty of perjury, I swear or affirm that all statements in this affidavit are true and complete..

7. I understand I may be required to make payments for fees and costs to the clerk in accordance with § 57.082(5) or § 57.085, Florida Statutes, as provided by law.

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under § 57.082, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in § 775.082 or § 775.083, Florida Statutes. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.


Signed this 9 day of April, 2020.


Signature of Applicant for Indigent Status

Joseph A. Dixon
Marion Correctional Institution
P.O. Box 158
Lowell, Florida, 32663/0158

CERTIFICATE OF SERVICE

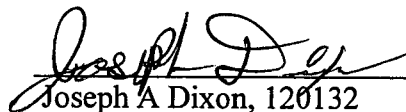
I certify that a copy hereof has been furnished to: U.S. Supreme Court, One First Street, N.E. Washington D.C., 20543; Attorney General Ashley Moody, 3507 East Frontage Road, Tampa, Florida, 33607, on this 9 day of April, ~~2019~~ 2020


Signature of Applicant for Indigent Status

JOSEPH A. DIXON

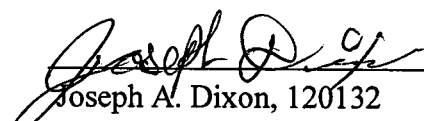
OATH

Under the penalties of perjury, I do swear that the facts' and circumstances' are true and correct, see, Kafo vs. U.S., 467 F.3d 1063, 1068 (7th Cir. 2006) executed on April
9 of 2020.


Joseph A Dixon, 120132 120132

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that this Pleading has been given to Florida DOC officials' to be U.S. Mailed to the: U.S. Supreme Court, One First Street, N.E. Washington D.C., 20543; Attorney General Ashley Moody, 3507 East Frontage Road, Tampa, Florida, 33607, filed on this date of April 9 2020, see, Ray v. Clements, 700 F.3d 993, N. [1] (7th Cir. 2012)("Mailbox rule").


Joseph A. Dixon, 120132
Marion Correctional Institution
P.O. Box 158
Lowell, Florida 32663-0158