

No. _____

19-8330

IN THE

SUPREME COURT OF THE UNITED STATES

VALENTIN SPATARU — PETITIONER
(Your Name)

VS.

FL DOT, et al. — RESPONDENT(S)
OFFICE OF THE CLERK, SUPREME COURT, U.S.

FILED
FEB 03 2020

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:

ORIGINAL

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

FL. Supreme Court, FL 3rd District Court of Appeal

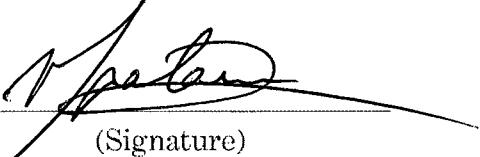
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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.


(Signature)

RECEIVED

FEB 10 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, _____, 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>N/A</u>
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)	\$ <u>1015</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>1015</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>100</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>1115</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
<i>N/A</i>	\$.....
	\$.....
	\$.....

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
<i>N/A</i>	\$.....
	\$.....
	\$.....

4. How much cash do you and your spouse have? \$ *1000*

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
<i>check</i>	\$ <i>1000</i>	\$ <i>N/A</i>
	\$	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home Value *\$95,000* Other real estate Value _____

Motor Vehicle #1 Year, make & model *97, Mazda, MPV* Value *\$1000* Motor Vehicle #2 Year, make & model _____ Value _____

Other assets Description _____ 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
Pedro Soares &	\$ 15000 + penalt.	\$ N/A
Svitlana Khrantsova	+ interest since Jan. 2013	
Please ask police to find them.	\$	

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		

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)	\$ 300	\$ N/A
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 150	\$
Home maintenance (repairs and upkeep)	\$ 200	\$
Food	\$ 200	\$
Clothing	\$ 20	\$
Laundry and dry-cleaning	\$ 25	\$
Medical and dental expenses	\$ 25	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 70	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$ 25	\$
Other:	\$ 0	\$
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:	\$ 1115	\$

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

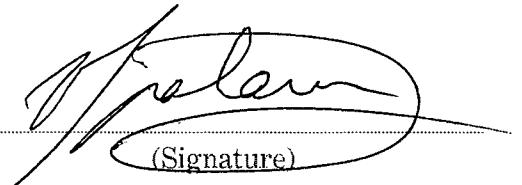
If yes, how much? _____

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

Executed on: 02/03, 2020


(Signature)

(850) 413-3122

3. Monroe County,

County Administrator, Roman Gastesi, gastesi-roman@monroecounty-fl.gov
Bob Shillinger, County Attorney, Shillinger-Bob@monroecounty-fl.gov
1111 12th St. Suite 408
Key West, FL 33040
Ph: (305) 292-3470
Fx: (305) 292-3516

4. General Asphalt Co.

c/o Traveler's Insurance
Registered Agent Name & Address
CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32314-6200
<https://www.travelers.com/contact-us/email.aspx>
Phone: 1.800.842.8496
JDOWNEY2@travelers.com

4.b. GENERAL ASPHALT CO., INC.

Registered Agent Name & Address
BOLANOS TRUXTON, P.A.
2121 PONCE DE LEON BLVD.
SUITE 950
CORAL GABLES, FL 33134
JBolanos@BolanosTruxton.com
GTruxton@BolanosTruxton.com

5. Mayor Sylvia Murphy, City of Key Largo

102050 O/S Highway, Suite 234
Key Largo, FL 33037
Phone: (305) 453-8787
boccdis5@monroecounty-fl.gov

6. Florida Department of Environmental Protection (FDEP), which allowed on its property the Overseas Heritage Trail which includes the Bike Route in KL, which was on the East Side of US 1, where I was hit.

3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000

Agency Clerk lea.crandall@dep.state.fl.us

Deputy General Counsel, Litigation Section,

chad.r.stevens@dep.state.fl.us

South.District@floridadep.gov, Southeast.District@floridadep.gov;

II. The Judges at the lower Tribunals: FSC, 3DCA, CC -at their Internet portals.

I declare under penalty of perjury that the foregoing is true and correct. Executed on 02/03/20.

Valentin Spataru



c/o CILK - Center for Independent Living, 103400 Overseas Hwy. #243, Key Largo, FL 33037

Cell phone: 305 615 0061; Email: valentin.spataru.macc.cpa@gmail.com, valespa@outlook.com