

No. 20-5381

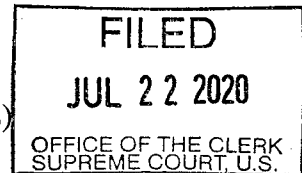
ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

LAWRENCE E CURTIN PETITIONER
(Your Name)

VS.

KIMBERLY CORTES — 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):

ALL FLORIDA STATE COURTS, KENNETH MARRA
JUDGE SOUTHERN 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: _____, or

☐ a copy of the order of appointment is appended.

L E Curtin

(Signature)

①

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

I, LAWRENCE CURTIN, 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>SEE</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>ATTACHED</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>WIFE'S</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>INCOME</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>EXPENSES</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>AND</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>ACTIVITIES</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>788.00</u>	\$ _____	\$ <u>788.00</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>788.00</u>	\$ _____	\$ <u>788.00</u>	\$ <u>0</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
NONE	NONE	NONE	\$ NONE
			\$
			\$

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
ST LUCIE COUNTY SUBSTITUTE TEACHER	9461 BARDWINE LANE PORT ST LUCIE FL 34986	2018-2020	\$ SEE ATTACHED \$ UNKNOWN \$

4. How much cash do you and your spouse have? \$105.50
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
CHECKING	\$ 105.50	\$ UNKNOWN
	\$	\$ SEE ATTACHED
	\$	\$

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

☒ Home
Value 250,000.00

☐ Other real estate
Value NA

☐ Motor Vehicle #1
Year, make & model NONE
Value

☐ Motor Vehicle #2
Year, make & model
Value

☐ Other assets
Description NONE
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

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

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)

\$ 451.20

\$ 0

Are real estate taxes included? ☒ Yes ☐ No

Is property insurance included? ☒ Yes ☐ No

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

\$ 240.00

\$ 0

Home maintenance (repairs and upkeep)

\$ 100.00

\$ 0

Food

\$ 300.00

\$ 0

Clothing

\$ 50.00

\$ 0

Laundry and dry-cleaning

\$ 50.00

\$ 0

Medical and dental expenses

\$ SEE ATTACHED
AND INJURIES

\$ UNKNOWN
SEE ATTACHED

(2)

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>SEE MEDICAL AND INJURIES</u>	\$ <u>UNKNOWN SEE ATTACHED</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>MORTGAGE</u>	\$ <u>\$44,000.00</u>	\$ <u>0</u>

Taxes (not deducted from wages or included in mortgage payments)

(specify): _____ \$ 0 \$ 0

Installment payments

Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>

Alimony, maintenance, and support paid to others

\$ 0 \$ 0

Regular expenses for operation of business, profession, or farm (attach detailed statement)

\$ 0 \$ 0

Other (specify): _____

\$ 0 \$ 0

Total monthly expenses:

\$ UNKNOWN AT THIS TIME SEE MEDICAL AND INJURIES \$ UNKNOWN

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.

UTILITIES WILL GO UP BECAUSE OF WATER LEAK

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? 300.00

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

STAPLES FOR COPIES AND POST OFFICE FOR SHIPPING

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

I AM DISABLED I HAVE NO MONEY LOOK AT MY INJURIES AND MEDICINE

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

Executed on: 8/20 7/21/20, 2020



(Signature)

(2)

MEDICAL

I HAVE DEVELOPED CANCER IN MY RIGHT FOREARM IN THE AREA WHERE THE INJURY OCCURRED FROM THE CRASH. THIS IS THE AREA WHERE THE BONE WAS BROKEN IN 12 PLACES. A CANCER SPECIALIST IS BEING BROUGHT IN. I DO NOT KNOW HOW MUCH THIS WILL COST.

THE ANKLE BRACELET CAUSED PITTING IN MY FLESH. PRE-TRIAL WHICH RAN THE ANKLE BRACELET PROGRAM TOOK PICTURES OF THIS CONDITION. ALSO, THERE IS DAMAGE TO MY BLOOD VESSELS IN THIS AREA. I WILL BE GOING TO A SPECIALIST FOR TEATMENT. I DO NOT KNOW HOW MUCH THIS WILL COST. I PUT IN A REQUEST SEVERAL TIMES MAKING CORTEZ AWARE OF THIS. AS I HAVE SAID THE STATE COURT FILE HAS BEEN SANITIZED. ANKLE BRACELETS SHOULD NOT BE WORN FOR YEARS AS HAS BEEN THE CASE IN MY STATE COURT CASE.

FINALLY, MY IMPLANTED DEFIBRILLATOR BATTERY NEEDS TO BE REPLACED. I DO NOT KNOW HOW MUCH THIS WILL COST.



INJURIES

LACK OF BALANCE

BLADDER INJURY RESULTING IN SPONTANEOUS URINATION

BROKEN CLAVICAL

TORN SCAPLA

RIGHT KNEE CARTLIDGE TORN IN MULTIPLE PLACES

LEFT FOREARM TORN OFF

LEFT ULNIARY NERVE SEPERATED

CLAW LIKE CONDITION OF LEFT HAND

TRIPLE BYPASS CONDITION RESULTING IN A SKIPPED HEART BEAT

LEFT ELBOW CUT LEAVING ONLY ONE MOVE

DEFIBULATOR THAT LIMITS WHAT I CAN DO

BROKEN TEETH

NO BLOOD CIRCULATION TO GROIN

FUSED VERTBRATES IN BACK USE DOCTORS REPORT

LEFT WITH OVER \$128,000.00 WORTH OF MEDICAL BILLS AND PSYCYLOGICAL CONSEQUENCES

CONCERN OVER MY WIFE'S UNTREATED INJURIES.

HEAD INJURY

CAN NO LONGER GO TO BEACH OR IN SUN BECAUSE OF SKIN CONDITION.

FALLING-BALANCE

EMERGENCY ROOM FOR HEAD INJURY

(47)

WIFE'S INCOME/EXPENSES AND ACTIVITIES

MY WIFE HAS WORKED AS A SUBSTITUTE TEACHER IN THE ST LUCIE COUNTY SCHOOL SYSTEM. THEY PAID HER DIRECTLY. I DO NO ACCOUNTING ON HER INCOME AND EXPENSES.. SHE HAS A SON BY A PRIOR MARRAGE. SHE HAS SUPPORTED HIS SCHOOL AND EXPENSES. SHE ALSO HAS PAID HER OWN MEDICAL/DENTAL/PRESCRIPTIONS.

MY WIFE GREW UP IN THE SOVIET UNION AND SHE GUARDS HER PRIVACY. SHE IS A US CITIZEN. SHE HAS ONLY LIVED IN THIS COUNTRY SINCE 2010. HER EXPERINCE WITH THE FLORIDA JUDICAL SYSTEM HAS MADE HER STAY AWAY BECAUSE OF THE RAMPART LIEING AND FRAUD THAT HAS BEEN PROVEN AS LIES AND THE DEVISTATING DAMAGE DONE TO US BECAUSE OF PROVEN JUDICIAL FRAUD.

MY WIFE SPENDS A GOOD DEAL OF HER TIME TAKING CARE OF ME AND OUR HOME.

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