

1 PARK-18 P.A. 1 9-12-20
PROVIDED TO MARTIN CORRECTIONAL INSTITUTION
ON 10/29/2020 FOR MAILING UPS
S MARTIN CORRECTIONAL INSTITUTION
ON 10/16/2020 FOR MAILING UPS
No. F-86-560-B, 20-613, **ORIGINAL**
MAKE 3 COPIES OF THIS DOCUMENT
IN THE

SUPREME COURT OF THE UNITED STATES

Washington, D.C. 20543

✓ Pedro, Alvarado — PETITIONER
Oct# 105185
(Your Name) Court
THE STATE OF FLA; 11TH Judicial Circuit,
Metro Dade, County VS. Dade Co. FL,
Patrick 9105 n.w. 28th st. — RESPONDENT(S)
Doral Florida 33152

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS OCT 16 2020

Supreme Court, U.S.
FILED

16 2020

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):

None,

None.

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.

X Pedro Alvarado

(Signature)

RECEIVED

OCT 26 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Pedro ALVAREZ, 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>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Self-employment	\$ <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Income from real property (such as rental income)	\$ <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Interest and dividends	\$ <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Gifts	\$ <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony	\$ <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Child Support	\$ <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>None</u> , \$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u>890</u>
Unemployment payments	\$ <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Public-assistance (such as welfare)	\$ <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Other (specify): <u>None</u>	\$ <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Total monthly income:	\$ <u>None</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

WPS, cut off when I Citated. APPROVED 35 years

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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
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.)

NO - Spouse -

Employer	Address	Dates of Employment	Gross monthly pay
none	_____	_____	\$ _____
none	_____	_____	\$ _____
none	_____	_____	\$ _____

I Don't Have Any Spouse, or, Girl Friend

4. How much cash do you and your spouse have? \$ none

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
none	\$ none	\$ none
none	\$ none	\$ none
none	\$ none	\$ none

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

Home
Value none

Other real estate
Value none

Motor Vehicle #1
Year, make & model none
Value none

Motor Vehicle #2
Year, make & model none
Value none

Other assets
Description nothing Totaly under privileged
Value none

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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
none	\$ none	\$ none
none	\$ none	\$ none
none	\$ none	\$ none

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
none	none	none
none	none	none
none	none	none

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.

nothing

You

Your spouse

Rent or home-mortgage payment
(include lot rented for mobile home)

\$ none \$ none

Are real estate taxes included? Yes No

Is property insurance included? Yes No

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

\$ none \$ none

Home maintenance (repairs and upkeep)

\$ none \$ none

Food

\$ none \$ none

Clothing

\$ none \$ none

Laundry and dry-cleaning

\$ none \$ none

Medical and dental expenses

\$ none \$ none

\$5.00 co-payments

700. Prison Rule's

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	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>none</u>	\$ <u>none</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>none</u>	\$ <u>none</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>none</u>	\$ <u>none</u>
Life	\$ <u>none</u>	\$ <u>none</u>
Health	\$ <u>none</u>	\$ <u>none</u>
Motor Vehicle	\$ <u>none</u>	\$ <u>none</u>
Other: <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Installment payments		
Motor Vehicle	\$ <u>none</u>	\$ <u>none</u>
Credit card(s)	\$ <u>none</u>	\$ <u>none</u>
Department store(s)	\$ <u>none</u>	\$ <u>none</u>
Other: <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Alimony, maintenance, and support paid to others	\$ <u>none</u>	\$ <u>none</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>none</u>	\$ <u>none</u>
Other (specify): <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Total monthly expenses:	\$ <u>none</u>	\$ <u>none</u>

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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? none

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

none

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? none

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

none,

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

BECAUSE I AM "SENIOR CITIZEN SCRIPED WITH RIGHT HAND IN "PLASTIC SURGERY DEPARTMENT

RIGHT FOOT, TOO WHICH NEEDS REPAIRING BEING "IN DE FORM" I
declare under penalty of perjury that the foregoing is true and correct. UTREATMENT.

Executed on: 9-12-2020

09/05/2020

x. Pedro Olavarria x.
(Signature)