

1 PAK-18
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MARTIN CORRECTIONAL INSTITUTION
ON 9/29/2020
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PROVIDED TO
MARTIN CORRECTIONAL INSTITUTION
ON 10/16/2020
FOR MAILING
No. 20-613
F-86-560-B
9-12-20
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SUPREME COURT OF THE UNITED STATES

Washington D.C. 20543

↓ Pedro Alvarado ↓

OC# 105185

— PETITIONER

(Your Name)

THE STATE OF FLA; 11TH JUDICIAL CIRCUIT

VS.

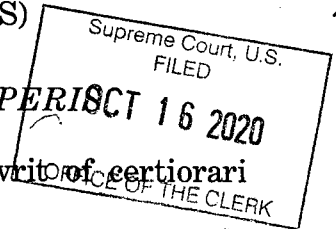
METRO DADE COUNTY DADE CO. FD

POLICE 9105 N.W. 28TH ST.

— RESPONDENT(S)

DORAL FLORIDA 33122

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):

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:

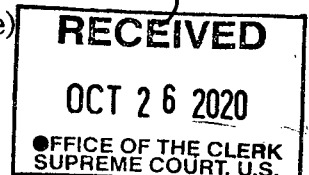
☐ The appointment was made under the following provision of law: _____

☐ a copy of the order of appointment is appended.

OC# 105185

X Pedro Alvarado

(Signature)



2-07-18

#2

9-12-20

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

I, Pedro Alvarado, 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>
Disability (such as social security, insurance payments)	was cut off when I got home. APPROX. 35 YEARS AGO -			
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>

3-05-18

#3

9-12-20

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
NAME	—	—	\$ NAME
NAME	—	—	\$ NAME
NAME	—	—	\$ NAME

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
NAME	—	—	\$ —
NAME	—	—	\$ —
NAME	—	—	\$ —

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

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

☐ Home
 Value NAME

☐ Other real estate
 Value NAME

☐ Motor Vehicle #1
 Year, make & model NAME
 Value NAME

☐ Motor Vehicle #2
 Year, make & model NAME
 Value NAME

☐ Other assets
 Description nothing totally underprivileged
 Value NAME

nothing poor broke.

4-08-18.

#21

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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
<u>none</u>	\$ <u>none</u>	\$ <u>none</u>
<u>none</u>	\$ <u>none</u>	\$ <u>none</u>
<u>none</u>	\$ <u>none</u>	\$ <u>none</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>none</u>	<u>none</u>	<u>none</u>
<u>none</u>	<u>none</u>	<u>none</u>
<u>none</u>	<u>none</u>	<u>none</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.

nothing

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

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

You

Your spouse

\$ none \$ none

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
too. Prison Rules.

5-07-18

#8

7-72-20

	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>

6-CP-18

#6

9-12-20

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☒ NoIf 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 & CRIPPLED
WITH RIGHT HAND. AN PLASTIC KNEE REPLACEMENT
TOO, WHICH NEEDS REPLACING. BEING AN DEFORMED
RIGHT → SINGLE; 66 YEARS OLD WITHOUT THE PROPER MEDICAL
TREATMENT.

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

Executed on: 9-12, 2020

OCT 10 5/185

x. Pedro Alvarado x.
(Signature)