

No. _____

20-6390

IN THE
SUPREME COURT OF THE UNITED STATES

RIGOBERTO CABRERA,

Petitioner,

v.

UNITED STATES OF AMERICA,

Respondent.

ORIGINAL

FILED

NOV 05 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

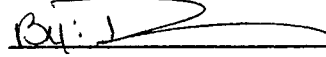
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

1. Petitioner Rigoberto Cabrera, pursuant to Sup. Ct. R. 39.1, respectfully moves for leave to file the accompanying petition for writ of certiorari in the Supreme Court of the United States without payment of costs and to proceed in forma pauperis.

2. Petitioner had counsel appointed to represent him in his direct appeal and petition for writ of certiorari pursuant to §3006A(d)(6). Petitioner was allowed to proceed in forma pauperis in those matters. Petitioner sought and was granted permission to proceed in forma pauperis in the application for certificate of appealability in this case.

3. Petitioner is filing a financial affidavit in support of this motion pursuant to 28 U.S.C. §1746 but is unable to obtain a report on his account due to the modified lock down conditions at the prison.

Respectfully submitted,



Rigoberto Cabrera #33513-018
FCI Miami Low-Security
P.O. Box 779800
Miami, Florida 33177

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SUPREME COURT, U.S.

5 day of November, 2020

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 17-23627-CIV-COHN/REID
(CASE NO. 13-20339-CR-COHN)

RIGOBERTO CABRERA

Movant,

v.

UNITED STATES OF AMERICA,


Respondent.

ORDER GRANTING MOTION FOR LEAVE TO APPEAL IN FORMA PAUPERIS

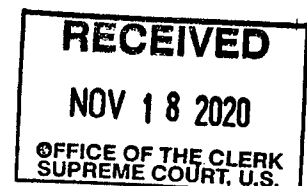
THIS CAUSE is before the Court upon Movant's Motion for Permission to Appeal in Forma Pauperis [DE 24] ("Motion"). Having considered the Motion and the record in this case, and being otherwise advised in the premises, it is hereby

ORDERED AND ADJUDGED that Movant's Motion for Permission to Appeal in Forma Pauperis [DE 24] is **GRANTED**. Movant may proceed on appeal without prepayment of the filing fees.

DONE AND ORDERED in Chambers at Fort Lauderdale, Broward County, Florida, this 19th day of March, 2020.


JAMES I. COHN
United States District Judge

Copies provided to:
Counsel of record via CM/ECF
Pro se parties via U.S. mail to address on file



Affidavit Accompanying Motion for Permission to Appeal In Forma Pauperis

United States District Court for the Southern District of Florida

A. B., Plaintiff Rigoberto Cabrera, Appellant

v.

1:17-cv-23627-JIL
Case No. 1:13-cr-20339-JIL-1

C. D., Defendant United States, Appellee

Appeal #: 20-10772-J

Instructions: Complete all questions in this application and then sign it. Do not leave any blanks; if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: March 12, 2020

Signed: By: [Signature]

My issues on appeal are:

- 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>17.75</u>	\$ <u>N/A</u>	\$ <u>17.75</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interests and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as Social Security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as Social Security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

2. List your employment history, 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	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$ 0.

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home (Value)	Other Real Estate (Value)	Motor Vehicle #1 (Value)
N/A	N/A	Make & Year: N/A
N/A	N/A	Model: N/A
N/A	N/A	Registration #: N/A
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
N/A	N/A	Make & Year: N/A
N/A	N/A	Model: N/A
N/A	N/A	Registration #: N/A

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
N/A	N/A	N/A
N/A	N/A	N/A

7. State the persons who rely on your or your spouse for support.

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</u>
Are real-estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ <u>0</u>	\$ <u>0</u>
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ <u>0</u>	\$ <u>0</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>
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)	\$ <u>0</u>	\$ <u>0</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>Federal Restitution Quarterly</u>	\$ <u>25.</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card (name): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Department store (name): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses	\$ <u>25.00</u>	\$ <u>0</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: \$ 0

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 docket fees for your appeal.

I am currently incarcerated

13. State the address of your legal residence.

*Federal Correctional Institution - Miami, Low
P.O. Box 779800
Miami, FL 33177*

Your daytime phone number: () N/A

Your age: 44 Your years of schooling: 12

Your Social Security number: _____

(As amended Apr. 24, 1998, eff. Dec. 1, 1998.)