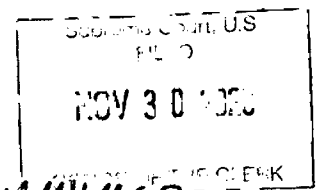


20-6625



(U.S. middle district Jacksonville, Florida)-  
U.S. Middle Docket No. 3:16-cv-00936-J-34 MMHMC  
(Atlanta, Georgia)-  
11th Cir. Court Appeal No 20-10421J (all) (Docs. Filed all Docs.)

IN THE

SUPREME COURT OF THE UNITED STATES

(Appeal No. 20-10421J - Docket No. 3:16-cv-00936-J-34 MMHMC)

IN RE: SHANE QUINN WHIPPLE — PETITIONER, pro-se  
(Your Name)

1) Florida Dept of Corrections, Johnson, Guard (et al.)  
2) U.S. Middle District Court, Morates, Richardson (U.S.A.) et al.  
3) A.G. Florida PAM TO BOARD I et al.  
4) Chatham County Georgia (et al.) — RESPONDENT(S) (1-5)  
5) U.S.A. 11th Circuit Court Appeals (1-5 et al.)  
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: (I been in poverty since 2015.)

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): Habeas Corpus Superior Court Chatham County GA (Specv20-00110PR)

"U.S. Middle District Court Jacksonville, Florida Docket #No. 3:16-cv-00936-J-34 MMHMC (Superior Court GA Savannah, GA)"

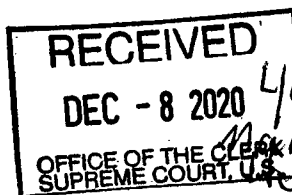
☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

(att.) (several Affidavits and notarys)  
☒ 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: Criminal Justice Act FORMA PAUPERIS SHOULD REMAIN, or

☐ a copy of the order of appointment is appended. (In poverty now)



Shane Q Whipple Shane Q Whipple  
DOB: 08-24-1975  
Ph# 518-223-3895 (Signature)

(pg 1-17) (attached)-  
(12839)

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

I, SHANE WILKIE, 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
(unemployed)				
Employment	\$ 0.00	No Spouse	\$ 0.00	No Spouse
Self-employment	\$ 0.00	No Spouse	\$ 0.00	No Spouse
Income from real property (such as rental income)	\$ 0.00	No Spouse	\$ 0.00	No Spouse
Interest and dividends	\$ 0.00	No Spouse	\$ 0.00	No Spouse
Gifts	\$ 0.00	No Spouse	\$ 0.00	No Spouse
Alimony	\$ 0.00	No Spouse	\$ 0.00	No Spouse
Child Support	\$ 0.00	No Spouse	\$ 0.00	No Spouse
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	No Spouse	\$ 0.00	No Spouse
Disability (such as social security, insurance payments)	\$ 783.00	No Spouse	\$ 783.00	No Spouse
Unemployment payments	\$ 0.00	No Spouse	\$ 0.00	No Spouse
Public-assistance (such as welfare)	\$ 23.00	No Spouse	\$ 23.00	No Spouse
Other (specify): <u>Disability payment goes towards living costs etc</u>	\$ 0.00	No Spouse	\$ 0.00	No Spouse
<b>Total monthly income:</b>	<b>\$ 806.00</b>	<b>No Spouse</b>	<b>\$ 806.00</b>	<b>No Spouse</b>

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
No employment history			\$ 0.00
(In poverty)	(totally disabled)		\$ 0.00

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
No employer			\$ 0.00
(permanent totally disabled)			\$ 0.00

4. How much cash do you and your spouse have? \$ 0.00 (I have no spouse)  
Below, state any money you or your spouse have in bank accounts or in any other financial institution. \$10.00 money in bank (no bank)

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
P.T.S.D. S.S.I disability	\$ 0.00	\$ 0.00
goes toward living and healthcare costs	\$	\$ (no spouse)

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

<input type="checkbox"/> Home Value No home No property	<input type="checkbox"/> Other real estate Value No real estate or property
<input type="checkbox"/> Motor Vehicle #1 Year, make & model No vehicle Value (medical care needed)	<input type="checkbox"/> Motor Vehicle #2 Year, make & model No vehicle Value medical transportation needed
<input checked="" type="checkbox"/> Other assets Description (No Assets) permanently disabled Value as result of Defendants causing diagnose with P.T.S.D. D.I.T.D, Bone disease	

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

parent corp.  
in this

(Defendants owe costs)  
Docket case owes

3:16-CV-00936-J-34MMI+MCR  
Filed (Petition Habeas Corpus Spcv 20-00110FR)

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

(I am single No one relies  
on me except my son and daughter  
and family and friends)

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.

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

monthly

\$ 425.00

Your spouse

(No spouse)

\$ 0.00

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

monthly  
\$ 90-100

\$ 0.00

Home maintenance (repairs and upkeep)

\$ 10.00

\$ 0.00

Food

\$ 300.00

\$ 0.00

Clothing

\$ 100.00

\$ 0.00

Laundry and dry-cleaning

\$ 50.00

\$ 0.00

Medical and dental expenses

\$ 85.00

\$ 0.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>50.00 gas</u> <u>phone bill cable</u>	\$ <u>0.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>70.00 bill</u>	\$ <u>0.00</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0.00</u>	\$ <u>0.00</u>
Life	\$ <u>0.00</u>	\$ <u>0.00</u>
Health	\$ <u>0.00</u>	\$ <u>0.00</u>
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: <u>(No Vehicle No property)</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Unemployed due to permanent Disability caused</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Installment payments	\$ <u>0.00</u>	\$ <u>0.00</u>
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Credit card(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Department store(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: _____	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ <u>0.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): _____	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>Total monthly expenses:</b>	\$ <u>806.00</u>	\$ <u>0.00</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.

(in debt now and expect debt next 12 months)

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? HAVE P.T.S.D. / Degenerative Joint Bone Disease  
Left hand damaged

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

permanently disabled as result of  
Original Defendants planned Aggravated etc.  
Batteries onto Plaintiff Doctors verified P.T.S.D.

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?

Shawn Whipple deceased.

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

(I have to pay my own monthly expenses)  
(attached bills and on Food Stamps doc. evidence)

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

In Poverty and in debt with loan company's monthly expenses exceeds bills and unable to work because of permanent disability caused by defendant.

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

Executed on: November 26, 2020

Shawn Whipple  
(Signature)

bill  
ph# 518-223-3891