

20-6625

Supreme Court, U.S.

FEB 2

FEB 3 2013

(U.S. Middle District Jacksonville, Florida) -

U.S. Middle Docket No. 3:16-cv-00936-J-34 MHHMCR

(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 MHHMCR)

IN RE: SHANE QUINN WHIPPLE - PETITIONER, pro-se

(Your Name)

1) Florida Dept. of Corrections, Johnson, Guards et.al. " "
2) U.S. Middle D/strict Court, Morales; Richardson (U.S.A.) et.al.
3) A.G. Florida PAM JO Board 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 (SpCV20-001108)

" U.S. Middle District Court Jacksonville, Florida Docket "
No. 3:16-cv-00936-J-34 MHHMCR (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)

RECEIVED

DEC - 8 2020

4/48 lower
11 St. Apt #1
Roden Falls, NY
(12839)

Shane Q Whipple
D.O.B. 08-24-1975
ph# 518-223-3895

(Signature)

(pg 1 - 17) (attached) -

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, SHANE WHIPPLE, 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	\$ 0.00
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</u> <i>(goes towards living costs etc.)</i>	\$ 0.00	\$ No Spouse	\$ 0.00	\$ No help
Total monthly income:	\$ 806.00	\$ No Spouse	\$ 806.00	\$ No help

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 (In poverty)	(totally disabled)	\$ 0.00	\$ 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 (permanent totally disabled)		\$ 0.00	\$ 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. \$0.00 money in bank (0 bank)

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
P.T.S.D., S.S.I. disability goes toward living and health care costs	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00

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 Value	No vehicle (medical care needed)	<input type="checkbox"/> Motor Vehicle #2 Year, make & model Value	No vehicle medical transportation needed
<input checked="" type="checkbox"/> Other assets Description Value	(No Assets) permanently disabled as result of Defendants → diagnosis with P.T.S.D. causing D.I.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	\$
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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
Zam 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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	monthly \$ 425.00	(No spouse) \$ 0.00
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)	\$ 50.00 gas Phone bill/cable	\$ 0.00 \$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 70.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ 0.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor Vehicle	\$ 0.00	\$ 0.00
Other: <i>(No Veh/cle) (No property)</i>	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <i>Unemployed due to permanent disability caused by installment payments</i>	\$ 0.00	\$ 0.00
Motor Vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department store(s)	\$ 0.00	\$ 0.00
Other: _____	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify): _____	\$ 0.00	\$ 0.00
Total monthly expenses:	<u>\$ 806.00</u>	\$ 0.00

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? HAVG P.T.S.D. / Degenerative Joint Bone

If yes, state the attorney's name, address, and telephone number: Disease Left hand damage

permanently disabled as result of
Original Defendants planned Aggravated etc.
Brought 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 companies (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

Shane Q Whipple bill
Ph# 518-223-3891
(Signature)