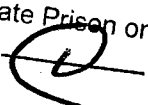


No. **20-7307**

**ORIGINAL**

LEGAL MAIL  
Provided to Florida State Prison on  
2/13/21 for mailing by 

IN THE  
SUPREME COURT OF THE UNITED STATES

IN RE WAYNE M. Beaton PETITIONER  
(Your Name)

VS.

— RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a <sup>Extraordinary</sup> 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):

United States District Court, Southern District of Florida, United States Court of Appeal, Eleventh circuit

☐ 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.

Wayne Beaton  
(Signature)  
**RECEIVED**  
JAN 13 2021  
OFFICE OF THE CLERK  
SUPREME COURT U.S.

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

I, Wayne M. Beaton, 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>0</u>	\$ <u>N/A</u>	\$ <u>0</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>
Interest 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>
<b>Total monthly income:</b>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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

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

☐ Home NONE  
Value 0

☐ Other real estate NONE  
Value 0

☐ Motor Vehicle #1 NONE  
Year, make & model N/A  
Value 0

☐ Motor Vehicle #2 NONE  
Year, make & model N/A  
Value 0

☐ Other assets  
Description N/A NONE  
Value 0

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>0</u>	\$ <u>0</u>
<u>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
<u>NONE</u>	\$ <u>0</u>	\$ <u>0</u>

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

Name	Relationship	Age
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>
<u>NONE</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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>N/A</u>
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	<u>N/A</u>	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>0</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>0</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	\$ <u>0</u>	\$ <u>N/A</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 N/A

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

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? N/A 0

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

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

*I am incarcerated and have been since September 1994. I do not earn any type of income nor have a job that pays.*

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

Executed on: February 30 12, 2021

Wayne Beaton  
(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 215 - HAMILTON C.I.  
FOR: 06/01/2020 - 06/30/2020

07/01/20  
08:49:17  
PAGE 865

ACCT NAME: BEATON, WAYNE M.  
BED: I2202L  
PO BOX:

ACCT#: 469447  
TYPE: INMATE TRUST

BEGINNING BALANCE 06/01/20 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 06/30/20 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$732.80	\$732.80
SUMMARY	LEGAL COPIES		\$490.35	\$490.35
SUMMARY	MEDICAL CO-PAYMENT		\$195.00	\$195.00
SUMMARY	FEDERAL PRISON LITIGATION		\$2,870.00	\$2,870.00
SUMMARY	STATE PRISON LITIGATION		\$1,521.00	\$1,521.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 215 - HAMILTON C.I.  
FOR: 07/01/2020 - 07/31/2020

08/03/20  
07:35:09  
PAGE 879

ACCT NAME: BEATON, WAYNE M.  
BED: I3104U  
PO BOX:

ACCT#: 469447  
TYPE: INMATE TRUST

BEGINNING BALANCE 07/01/20 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
07/28/20	215	LEGAL POSTAGE W	2020072201	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/28/2020	2020072201				
07/28/20	215	LEGAL POSTAGE W	2020072202	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/28/2020	2020072202				
07/28/20	215	LEGAL POSTAGE W	2020072203	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/28/2020	2020072203				
07/28/20	215	LEGAL POSTAGE W	2020072204	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/28/2020	2020072204				
07/28/20	215	LEGAL POSTAGE W	2020072205	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/28/2020	2020072205				
07/28/20	215	LEGAL POSTAGE W	2020072206	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/28/2020	2020072206				

ENDING BALANCE 07/31/20 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	STATE PRISON LITIGATION		\$1,521.00	\$1,521.00
SUMMARY	LEGAL POSTAGE		\$732.80	\$732.80
SUMMARY	LEGAL COPIES		\$490.35	\$490.35
SUMMARY	MEDICAL CO-PAYMENT		\$195.00	\$195.00
SUMMARY	FEDERAL PRISON LITIGATION		\$2,870.00	\$2,870.00
07/28/20	LEGAL POSTAGE	000	\$3.40	\$3.40
07/28/20	LEGAL POSTAGE	000	\$3.40	\$3.40
07/28/20	LEGAL POSTAGE	000	\$7.50	\$7.50
07/28/20	LEGAL POSTAGE	000	\$7.50	\$7.50
07/28/20	LEGAL POSTAGE	000	\$7.50	\$7.50
07/28/20	LEGAL POSTAGE	000	\$7.50	\$7.50

CONVICTION INTEGRITY and  
ACCOUNTABILITY unit  
State Attorney in Palm Beach  
County

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 215 - HAMILTON C.I.  
FOR: 08/01/2020 - 08/31/2020

09/01/20  
07:40:54  
PAGE 816

ACCT NAME: BEATON, WAYNE M.  
BED: I3104U  
PO BOX:

ACCT#: 469447  
TYPE: INMATE TRUST

BEGINNING BALANCE 08/01/20 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 08/31/20 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$769.60	\$769.60
SUMMARY	LEGAL COPIES		\$490.35	\$490.35
SUMMARY	MEDICAL CO-PAYMENT		\$195.00	\$195.00
SUMMARY	FEDERAL PRISON LITIGATION		\$2,870.00	\$2,870.00
SUMMARY	STATE PRISON LITIGATION		\$1,521.00	\$1,521.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 215 - HAMILTON C.I.  
FOR: 09/01/2020 - 09/30/2020

10/01/20  
08:07:51  
PAGE 770

ACCT NAME: BEATON, WAYNE M.  
BED: I3104U  
PO BOX:

ACCT#: 469447  
TYPE: INMATE TRUST

BEGINNING BALANCE 09/01/20 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 09/30/20 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$769.60	\$769.60
SUMMARY	LEGAL COPIES		\$490.35	\$490.35
SUMMARY	MEDICAL CO-PAYMENT		\$195.00	\$195.00
SUMMARY	FEDERAL PRISON LITIGATION		\$2,870.00	\$2,870.00
SUMMARY	STATE PRISON LITIGATION		\$1,521.00	\$1,521.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 215 - HAMILTON C.I.  
FOR: 10/01/2020 - 10/31/2020

11/02/20  
08:07:14  
PAGE 753

ACCT NAME: BEATON, WAYNE M.  
BED: I3104U  
PO BOX:

ACCT#: 469447  
TYPE: INMATE TRUST

BEGINNING BALANCE 10/01/20 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
10/29/20	190	LEGAL POSTAGE W	2020102301	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/29/2020	2020102301				
10/29/20	190	LEGAL POSTAGE W	2020102302	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/29/2020	2020102302				
10/29/20	190	LEGAL POSTAGE W	2020102303	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/29/2020	2020102303				
10/29/20	190	LEGAL POSTAGE W	2020102304	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/29/2020	2020102304				
10/29/20	190	LEGAL POSTAGE W	2020102305	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/29/2020	2020102305				

ENDING BALANCE 10/31/20 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	FEDERAL PRISON LITIGATION		\$2,870.00	\$2,870.00
SUMMARY	LEGAL POSTAGE		\$769.60	\$769.60
SUMMARY	LEGAL COPIES		\$490.35	\$490.35
SUMMARY	MEDICAL CO-PAYMENT		\$195.00	\$195.00
SUMMARY	STATE PRISON LITIGATION		\$1,521.00	\$1,521.00
10/29/20	LEGAL POSTAGE	000	\$12.55	\$12.55
10/29/20	LEGAL POSTAGE	000	\$12.55	\$12.55
10/29/20	LEGAL POSTAGE	000	\$12.55	\$12.55
10/29/20	LEGAL POSTAGE	000	\$12.55	\$12.55
10/29/20	LEGAL POSTAGE	000	\$12.55	\$12.55

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 206 - FSP WEST UNIT  
FOR: 11/01/2020 - 11/30/2020

12/01/20  
09:48:12  
PAGE 349

ACCT NAME: BEATON, WAYNE M.  
BED: M1107L  
PO BOX:

ACCT#: 469447  
TYPE: INMATE TRUST

BEGINNING BALANCE 11/01/20 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 11/30/20 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$832.35	\$832.35
SUMMARY	LEGAL COPIES		\$490.35	\$490.35
SUMMARY	MEDICAL CO-PAYMENT		\$195.00	\$195.00
SUMMARY	FEDERAL PRISON LITIGATION		\$2,870.00	\$2,870.00
SUMMARY	STATE PRISON LITIGATION		\$1,521.00	\$1,521.00