20-7615

Death Penalty Case

IN THE

SUPREME COURT OF THE UNITED STATES

Duane E. Owen — PETITIONER
(Your Name)

VS.

State of Florida — RESPONDENT(S)

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): Petitioner was granted leave to proceed in forma pauperis by this Court on a pro-se certiorari petition in 2004. Owen v. Fla. 543 U.S. 986 (2004). In forma pauperis was granted in all cases listed on "List of Related Cases". Page ii-v, Petition for writ of certiorari.

☐ 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.

Title 28 U.S.C. § 1746 ...

Duane E. Owen
(Signature)

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

I, DUANE E. OWEN, 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	$ 0	$ 0	$ 0	$ 0
Self-employment	$ 0	$ 0	$ 0	$ 0
Income from real property (such as rental income)	$ 0	$ 0	$ 0	$ 0
Interest and dividends	$ 0	$ 0	$ 0	$ 0
Gifts	$ 0	$ 0	$ 0	$ 0
Alimony	$ 0	$ 0	$ 0	$ 0
Child Support	$ 0	$ 0	$ 0	$ 0
Retirement (such as social security, pensions, annuities, insurance)	$ 0	$ 0	$ 0	$ 0
Disability (such as social security, insurance payments)	$ 0	$ 0	$ 0	$ 0
Unemployment payments	$ 0	$ 0	$ 0	$ 0
Public-assistance (such as welfare)	$ 0	$ 0	$ 0	$ 0
Other (specify): _____	$ 0	$ 0	$ 0	$ 0
Total monthly income:	$ 0	$ 0	$ 0	$ 0

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? $ 125.21
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
Union Correctional Institution	Inmate trust fund account	$ 125.21	$ 0
		$	$ 0
		$	$ 0

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

☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value

☐ Motor Vehicle #2
Year, make & model N/A
Value

☐ Other assets
Description N/A
Value

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

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

Name	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

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) Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$ 0	$ 0
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0	$ 0
Home maintenance (repairs and upkeep)	$ 0	$ 0
Food	$ 0	$ 0
Clothing	$ 0	$ 0
Laundry and dry-cleaning	$ 0	$ 0
Medical and dental expenses	$ 0	$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 0	$ 0
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 0	$ 0
Life	$ 0	$ 0
Health	$ 0	$ 0
Motor Vehicle	$ 0	$ 0
Other: _____	$ 0	$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ 0	$ 0
Installment payments		
Motor Vehicle	$ 0	$ 0
Credit card(s)	$ 0	$ 0
Department store(s)	$ 0	$ 0
Other: _____	$ 0	$ 0
Alimony, maintenance, and support paid to others	$ 0	$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ 0	$ 0
Other (specify): _____	$ 0	$ 0
Total monthly expenses:	$ 0	$ 0

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? _____

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 costs of this case.

I have been incarcerated since May 29, 1984.
I have always been granted leave to proceed in forma pauperis by all state and federal courts. See-List of Related Cases, pgs. ii-v, Petition for Writ of Certiorari.

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

Executed on: March 23, 2021

Title 28 U.S.C. § 1746 . . .

(Signature)

ACCT NAME: OWEN, DUANE E.
BED: P5107S
PO BOX:

ACCT#: 101660
TYPE: INMATE TRUST

BEGINNING BALANCE 09/01/20 $149.30

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
09/01/20	043	CANTEEN SALES	21320200831	000		-	$38.77	$110.53
09/07/20	162	PROCESSING FEE	WEEKLY DRAW	000		-	$0.39	$110.14
09/10/20	043	CANTEEN SALES	21320200909	000		-	$23.24	$86.90
09/14/20	157	PROCESSING FEE	WEEKLY DRAW	000		-	$0.23	$86.67
09/15/20	043	CANTEEN SALES	21320200914	000		-	$21.08	$65.59
09/21/20	153	PROCESSING FEE	WEEKLY DRAW	000		-	$0.21	$65.38
09/24/20	041	CANTEEN SALES	21320200923	000		-	$23.09	$42.29
09/27/20	109	JPAY DEPOSIT	122144463	000	DORMAN, JANET	+	$120.00	$162.29
09/28/20	153	PROCESSING FEE	WEEKLY DRAW	000		-	$0.23	$162.06
09/28/20	188	MULTI-PARTY CHE	0701210	000	TRINITY SERVICES GROUP, I	-	$3.51	$158.55
09/29/20	043	CANTEEN SALES	21320200928	000		-	$34.45	$124.10

ENDING BALANCE 09/30/20 $124.10

ACCT NAME: OWEN, DUANE E.
BED: P5107S
PO BOX:

ACCT#: 101660
TYPE: INMATE TRUST

BEGINNING BALANCE 10/01/20 $124.10

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
10/05/20	159	PROCESSING FEE	WEEKLY DRAW	000		-	$0.34	$123.76
10/07/20	043	CANTEEN SALES	21320201006	000		-	$28.14	$95.62
10/12/20	155	PROCESSING FEE	WEEKLY DRAW	000		-	$0.28	$95.34
10/14/20	043	CANTEEN SALES	21320201013	000		-	$28.14	$67.20
10/15/20	123	MULTI-PARTY CHE	0702024	000	TRINITY SERVICES GROUP, I	-	$3.51	$63.69
10/19/20	155	PROCESSING FEE	WEEKLY DRAW	000		-	$0.28	$63.41
10/22/20	043	CANTEEN SALES	21320201021	000		-	$31.27	$32.14
10/26/20	155	PROCESSING FEE	WEEKLY DRAW	000		-	$0.31	$31.83
10/27/20	241	JPAY DEPOSIT	123321907	000	DORMAN, JANET	+	$140.00	$171.83
10/29/20	043	CANTEEN SALES	21320201028	000		-	$22.93	$148.90

ENDING BALANCE 10/31/20 $148.90

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 213 - UNION C.I.
FOR: 11/01/2020 - 11/30/2020

ACCT NAME: OWEN, DUANE E.
BED: P5107S
PO BOX:

ACCT#: 101660
TYPE: INMATE TRUST

BEGINNING BALANCE 11/01/20 $148.90

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
11/02/20	153	PROCESSING FEE	WEEKLY DRAW	000		-	$0.23	$148.67
11/05/20	041	CANTEEN SALES	21320201104	000		-	$40.60	$108.07
11/09/20	153	PROCESSING FEE	WEEKLY DRAW	000		-	$0.41	$107.66
11/10/20	041	CANTEEN SALES	21320201109	000		-	$39.17	$68.49
11/16/20	155	PROCESSING FEE	WEEKLY DRAW	000		-	$0.39	$68.10
11/18/20	043	CANTEEN SALES	21320201117	000		-	$35.69	$32.41
11/23/20	156	PROCESSING FEE	WEEKLY DRAW	000		-	$0.36	$32.05
11/25/20	043	CANTEEN SALES	21320201124	000		-	$27.78	$4.27
11/27/20	114	JPAY DEPOSIT	124540320	000	DORMAN, JANET	+	$120.00	$124.27
11/30/20	155	PROCESSING FEE	WEEKLY DRAW	000		-	$0.28	$123.99

ENDING BALANCE 11/30/20 $123.99

ACCT NAME: OWEN, DUANE E.
BED: P5107S
PO BOX:

ACCT#: 101660
TYPE: INMATE TRUST

BEGINNING BALANCE 12/01/20 $123.99

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
12/02/20	043	CANTEEN SALES	21320201201	000		-	$39.64	$84.35
12/07/20	155	PROCESSING FEE	WEEKLY DRAW	000		-	$0.40	$83.95
12/10/20	041	CANTEEN SALES	21320201209	000		-	$26.34	$57.61
12/14/20	155	PROCESSING FEE	WEEKLY DRAW	000		-	$0.26	$57.35
12/16/20	043	CANTEEN SALES	21320201215	000		-	$24.94	$32.41
12/21/20	153	PROCESSING FEE	WEEKLY DRAW	000		-	$0.25	$32.16
12/24/20	043	CANTEEN SALES	21320201223	000		-	$25.71	$6.45
12/27/20	108	JPAY DEPOSIT	125746933	000	DORMAN, JANET	+	$120.00	$126.45
12/28/20	157	PROCESSING FEE	WEEKLY DRAW	000		-	$0.26	$126.19
12/29/20	043	CANTEEN SALES	21320201228	000		-	$38.92	$87.27

ENDING BALANCE 12/31/20 $87.27

ACCT NAME: OWEN, DUANE E.
BED: P5107S
PO BOX:

ACCT#: 101660
TYPE: INMATE TRUST

BEGINNING BALANCE 01/01/21 $87.27

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
01/04/21	155	PROCESSING FEE	WEEKLY DRAW	000		-	$0.39	$86.88
01/07/21	043	CANTEEN SALES	21320210106	000		-	$18.06	$68.82
01/11/21	157	PROCESSING FEE	WEEKLY DRAW	000		-	$0.18	$68.64
01/13/21	043	CANTEEN SALES	21320210112	000		-	$25.19	$43.45
01/18/21	155	PROCESSING FEE	WEEKLY DRAW	000		-	$0.25	$43.20
01/20/21	043	CANTEEN SALES	21320210119	000		-	$23.40	$19.80
01/25/21	153	PROCESSING FEE	WEEKLY DRAW	000		-	$0.23	$19.57
01/25/21	311	JPAY DEPOSIT	126856128	000	DORMAN, JANET	+	$140.00	$159.57
01/26/21	043	CANTEEN SALES	21320210125	000		-	$19.36	$140.21
01/28/21	267	JPAY MEDIA W/D	000090868938	000		-	$15.00	$125.21

ENDING BALANCE 01/31/21 $125.21

ACCT NAME: OWEN, DUANE E.
BED: P5107S
PO BOX:

ACCT#: 101660
TYPE: INMATE TRUST

BEGINNING BALANCE 02/01/21 $125.21

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
02/01/21	157	PROCESSING FEE	WEEKLY DRAW	000		-	$0.19	$125.02
02/03/21	043	CANTEEN SALES	21320210202	000		-	$33.49	$91.53
02/08/21	161	PROCESSING FEE	WEEKLY DRAW	000		-	$0.33	$91.20
02/10/21	043	CANTEEN SALES	21320210209	000		-	$31.31	$59.89
02/15/21	157	PROCESSING FEE	WEEKLY DRAW	000		-	$0.31	$59.58
02/18/21	041	CANTEEN SALES	21320210217	000		-	$26.91	$32.67
02/22/21	157	PROCESSING FEE	WEEKLY DRAW	000		-	$0.27	$32.40
02/23/21	043	CANTEEN SALES	21320210222	000		-	$32.34	$0.06
02/27/21	214	JPAY DEPOSIT	128088013	000	DORMAN, JANET	+	$140.00	$140.06

ENDING BALANCE 02/28/21 $140.06