

No. 20-8276

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

JUN - 1 2021

OFFICE OF THE CLERK

JOEL BARCELONA — PETITIONER
(Your Name)

VS.

JULIE L. JONES, et al., — 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):

U.S. DISTRICT COURT, SOUTHERN DISTRICT OF FLORIDA

U.S. COURT OF APPEALS, 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: BECAUSE PETITIONER HAS SHOWN EXCEPTIONAL CIRCUMSTANCES., or

☒ a copy of the order of appointment is appended.

Barcelona

(Signature)

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

I, JOEL BARCELONA, 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>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Self-employment	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Gifts	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Child Support	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): _____	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly income:	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</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
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	\$ <u>0.00</u>
<u> </u>	<u> </u>	<u> </u>	\$ <u> </u>
<u> </u>	<u> </u>	<u> </u>	\$ <u> </u>

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
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	\$ <u>0.00</u>
<u> </u>	<u> </u>	<u> </u>	\$ <u> </u>
<u> </u>	<u> </u>	<u> </u>	\$ <u> </u>

4. How much cash do you and your spouse have? \$ 0.00
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<u>n/a</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>

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 n/a

☐ Motor Vehicle #2
Year, make & model n/a
Value n/a

☐ Other assets
Description n/a
Value 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
<u>n/a</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>

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
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </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>0.00</u>	\$ <u>0.00</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		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0.00</u>	\$ <u>0.00</u>
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ <u>0.00</u>
Food	\$ <u>0.00</u>	\$ <u>0.00</u>
Clothing	\$ <u>0.00</u>	\$ <u>0.00</u>
Laundry and dry-cleaning	\$ <u>0.00</u>	\$ <u>0.00</u>
Medical and dental expenses	\$ <u>0.00</u>	\$ <u>0.00</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 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: n/a	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): n/a	\$ 0.00	\$ 0.00
Installment payments		
Motor Vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department store(s)	\$ 0.00	\$ 0.00
Other: n/a	\$ 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): n/a	\$ 0.00	\$ 0.00
Total monthly expenses:	\$ 0.00	\$ 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.

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? n/a

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? n/a

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.

*CURRENTLY PETITIONER IS INCARCERATED AND NO
FAMILY MEMBERS. ILLEGALLY DETAINED SERVING AN
ILLEGAL SENTENCE.*

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

Executed on: JUNE 1, , 20 21



(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FOR: 10/06/2020 - 04/06/2021

04/06/21
14:25:10
PAGE 1

ACCT NAME: BARCELONA, JOEL
BED: H2138S
PO BOX:

ACCT#: M50331
TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
							BEGINNING BALANCE 10/06/20	\$0.00
10/08/20	143	LEGAL POSTAGE W	2020100201	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/08/2020	2020100201				
10/09/20	111	LEGAL COPIES WD	110202009071	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/09/2020	110202009071				
10/21/20	223	MEDICAL CO-PAY	1020200915SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/21/2020	1020200915SC				
10/26/20	209	LEGAL POSTAGE W	2020100701	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/26/2020	2020100701				
12/08/20	201	LEGAL POSTAGE W	2020112401	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/08/2020	2020112401				
12/11/20	158	LEGAL POSTAGE W	2020121101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/11/2020	2020121101				
12/11/20	158	LEGAL POSTAGE W	2020121102	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/11/2020	2020121102				
12/11/20	158	LEGAL POSTAGE W	2020121103	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/11/2020	2020121103				
12/11/20	158	LEGAL POSTAGE W	2020121104	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/11/2020	2020121104				
12/11/20	158	LEGAL POSTAGE W	2020121105	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/11/2020	2020121105				
01/20/21	188	LEGAL POSTAGE W	2021010401	000		-	\$0.00	\$0.00
		LIEN CREATED	- 01/20/2021	2021010401				
01/28/21	218	LEGAL POSTAGE W	2021011501	000		-	\$0.00	\$0.00
		LIEN CREATED	- 01/28/2021	2021011501				
02/15/21	454	LEGAL POSTAGE W	2021020201	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/15/2021	2021020201				
03/10/21	361	LEGAL COPIES WD	000810	000		-	\$0.00	\$0.00
		LIEN CREATED	- 03/10/2021	000810				
03/10/21	523	MEDICAL CO-PAY	0309210840SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 03/10/2021	0309210840SC				
03/16/21	591	MEDICAL CO-PAY	0315210940SC	000		-	\$0.00	\$0.00
		LIEN CREATED	- 03/16/2021	0315210940SC				
03/17/21	164	LEGAL POSTAGE W	2021030101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 03/17/2021	2021030101				
03/17/21	164	LEGAL POSTAGE W	2021030102	000		-	\$0.00	\$0.00
		LIEN CREATED	- 03/17/2021	2021030102				
							ENDING BALANCE 04/06/21	\$0.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FOR: 10/06/2020 - 04/06/202104/06/21
14:25:10
PAGE 2ACCT NAME: BARCELONA, JOEL
BED: H2138S
PO BOX:ACCT#: M50331
TYPE: INMATE TRUST

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$213.91	\$213.91
SUMMARY	LEGAL COPIES		\$204.60	\$204.60
SUMMARY	MEDICAL CO-PAYMENT		\$109.00	\$109.00
SUMMARY	FEDERAL PRISON LITIGATION		\$3,225.00	\$3,225.00
SUMMARY	STATE PRISON LITIGATION		\$206.25	\$206.25
10/08/20	LEGAL POSTAGE	000	\$2.20	\$2.20
10/09/20	LEGAL COPIES	000	\$5.10	\$5.10
10/20/20	FEDERAL PRISON LITIGATION	000	\$350.00	\$350.00
10/21/20	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
10/26/20	LEGAL POSTAGE	000	\$2.00	\$2.00
12/08/20	LEGAL POSTAGE	000	\$0.55	\$0.55
12/11/20	LEGAL POSTAGE	000	\$0.50	\$0.50
12/11/20	LEGAL POSTAGE	000	\$0.50	\$0.50
12/11/20	LEGAL POSTAGE	000	\$0.50	\$0.50
12/11/20	LEGAL POSTAGE	000	\$0.50	\$0.50
12/11/20	LEGAL POSTAGE	000	\$0.50	\$0.50
01/20/21	LEGAL POSTAGE	000	\$0.65	\$0.65
01/28/21	LEGAL POSTAGE	000	\$0.50	\$0.50
02/15/21	LEGAL POSTAGE	000	\$0.51	\$0.51
03/10/21	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
03/10/21	LEGAL COPIES	000	\$2.70	\$2.70
03/16/21	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
03/17/21	LEGAL POSTAGE	000	\$0.51	\$0.51
03/17/21	LEGAL POSTAGE	000	\$1.40	\$1.40