

21-5088

No. DCA 4D20-0684

ORIGINAL

LT 4720/9CA000348

IN THE

SUPREME COURT OF THE UNITED STATES

FILED

MAR 24 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Chavaliere Dwayne Thibodeaux PETITIONER
(Your Name)

VS.

Dr. Nichols et al. 9099
Fla Dept. of Corr. Mark S. Luch Jr. — 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):

Gen Marshall Clerk of Court Leon County, Tallahassee, FL
District Court of Appeal, First District State of FL

☐ 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.

Chavaliere Dwayne Thibodeaux Jr.
(Signature)

UNITED STATES DISTRICT COURT

for the

Charalier Dwayne Johnson Sr.
Plaintiff/Petitioner
Dr. Nicholas, F.D.C., et al. Regg.
Mark S. (w/1. Sec. et al.)
Defendant/Respondent

Case: Appeal DCA: 4020-0684
Civil Action No. L.T. 472019CA000308

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Charalier Dwayne Johnson Sr.

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

March 22, 2021

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 income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
<u>NONE</u> Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>NONE</u> Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>NONE</u> Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>NONE</u> Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>NONE</u> Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>NONE</u> Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>NONE</u> Child support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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Retirement (such as social security, pensions, annuities, insurance) <i>NONE</i>	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments) <i>NONE</i>	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments <i>NONE</i>	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare) <i>NONE</i>	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <i>NONE</i>	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

2. List your 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
<i>NONE</i>	<i>N/A</i>	<i>N/A</i>	
<i>NONE</i>	<i>N/A</i>	<i>N/A</i>	\$ 0
<i>NONE</i>	<i>N/A</i>	<i>N/A</i>	\$ 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
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ 0
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ 0
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ 0

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

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
<i>N/A</i>	<i>N/A</i>	\$ 0	\$ 0
<i>N/A</i>	<i>N/A</i>	\$ 0	\$ 0
<i>N/A</i>	<i>N/A</i>	\$ 0	\$ 0

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Assets owned by you or your spouse	
Home (Value) <i>NONE</i>	\$ <i>0</i>
Other real estate (Value) <i>NONE</i>	\$ <i>0</i>
Motor vehicle #1 (Value) <i>NONE</i>	\$ <i>0</i>
Make and year: <i>NONE</i>	<i>0</i>
Model: <i>NONE</i>	
Registration #: <i>NONE</i>	
Motor vehicle #2 (Value) <i>NONE</i>	\$ <i>0</i>
Make and year: <i>NONE</i>	<i>0</i>
Model: <i>NONE</i>	
Registration #: <i>NONE</i>	
Other assets (Value) <i>NONE</i>	\$ <i>0</i>
Other assets (Value) <i>NONE</i>	\$ <i>0</i>

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
<i>N/A</i>	<i>0</i>	<i>0</i>
<i>N/A</i>	\$ <i>0</i>	\$ <i>0</i>
<i>N/A</i>	\$ <i>0</i>	\$ <i>0</i>
<i>N/A</i>	\$ <i>0</i>	\$ <i>0</i>

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

Name (or, if under 18, initials only)	Relationship	Age
<i>Chavallier Dwayne Johnson III</i>	<i>SON</i>	<i>28</i>
<i>Quency T. Johnson</i>	<i>SON</i>	<i>25</i>
<i>Karah H. Johnson</i>	<i>Daughter</i>	<i>15</i>

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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, semiannually, or annually to show the monthly rate.

	You	Your spouse
<i>NONE</i> Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <i>0</i>	\$ <i>0</i>
Utilities (electricity, heating fuel, water, sewer, and telephone) <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Home maintenance (repairs and upkeep) <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Food <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Clothing <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Laundry and dry-cleaning <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Medical and dental expenses <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Transportation (not including motor vehicle payments) <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Recreation, entertainment, newspapers, magazines, etc. <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's: <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Life: <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Health: <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Motor vehicle: <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Other: <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Taxes (not deducted from wages or included in mortgage payments) (specify): <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Installment payments <i>NONE</i>		
Motor vehicle: <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Credit card (name): <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Department store (name): <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Other: <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>
Alimony, maintenance, and support paid to others <i>NONE</i>	\$ <i>0</i>	\$ <i>0</i>

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Regular expenses for operation of business, profession, or farm (attach detailed statement) <i>N/A</i>	\$ <i>0</i>	\$ <i>0</i>
Other (specify): <i>N/A</i>	\$ <i>0</i>	\$ <i>0</i>
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? \$ *0*

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? \$ *0*

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 these proceedings.

I'm in prison

13. Identify the city and state of your legal residence. *Dade Corr. Inst. 19020 SW*
377th St. Florida City, Fla. 33234-6409

Your daytime phone number: *1-825-462-1900*

Your age: *52* Your years of schooling: *14*

Last four digits of your social-security number: *1135*

Transferred to:
Taylor Corr. Inst
8501 Hampton Springs Rd.
Perry, Fla. 32348-8747