

NO. 20-11781-B 5237

IN THE SUPREME COURT OF THE
UNITED STATES

ORIGINAL

TAURICE L. BROWN, PETITIONER

V.

STATE OF FLORIDA, RESPONDENT

PROVIDED TO
SUMTER CORRECTIONAL INSTITUTION
DATE 7-20-21
OFFICER INITIALS AS TB

Supreme Court, U.S.
FILED
JUN 28 2021

OFFICE OF THE CLERK

ON PETITION FOR A WRIT OF
CERTIORARI TO THE UNITED STATES
DISTRICT COURT, MIDDLE DISTRICT,
FLORIDA

PETITIONER'S MOTION TO PROCEED
IN FORMA PAUPERIS

TAURICE L. BROWN
DC#J48890
SUMTER CORRECTIONAL
INSTITUTION
9544 CR 476B
Bushnell, FLA, 33513

RECEIVED
JUL 28 2021

OFFICE OF THE CLERK
SUPREME COURT, U.S.

THE PETITIONER, TAURICE L. BROWN,
MOVES THIS COURT, PURSUANT TO RULE 39,
RULES OF THE SUPREME COURT, TO DECLARE
HIM INDIGENT AND ALLOW HIM TO PRO-
CEED IN FORMA PAUPERIS IN THIS CAUSE,
IN PARTICULAR TO WAIVE ANY FILING FEES.
AS GROUNDS THEREFORE, PETITIONER SAYS:

① PETITIONER APPLIES FOR A WRIT OF
CERTIORARI TO REVIEW THE DECIS-
ION OF THE UNITED STATES DISTRICT
COURT, MIDDLE DISTRICT, FLORIDA,
THAT RESULTED IN THE DENIAL OF
THE PETITIONER'S 28 U.S.C. § 2254
PETITION FOR WRIT OF HABEAS
CORPUS.

② THE PETITIONER WAS DECLARED
INDIGENT FOR PURPOSES OF HIS
28 U.S.C. § 2254 PETITION FOR WRIT
OF HABEAS CORPUS.

③ THE PETITIONER WAS SENTENCED
DECEMBER 14TH, 2012, AND BEEN
IMPRISONED SINCE 2010. HE IS
NOW INDIGENT AND WITH OUT FUNDS
TO PAY ANY FEES OR COSTS IN THIS
ACTION.

④ FEDERAL LAW REQUIRES ALL COURTS
OF THE UNITED STATES TO ALLOW
COMMENCEMENT AND PROSECUTION
OF ANY SUIT WITH OUT PREPAYMENT
OF FEES OR COSTS UPON THE SHOW-

ING RULE ABOVE. 28 U.S.C. § 1915(a).

⑤ REFUSAL TO ALLOW PETITIONER TO PROCEED IN FORMAL PAUPERIS WOULD DENY HIM EQUAL PROTECTION OF THE LAW, MEANINGFUL ACCESS TO THE COURTS, AND DUE PROCESS OF LAW SINCE HE CANNOT OTHERWISE GET THE REVIEW TO WHICH A MORE AFFLUENT DEFENDANT WOULD BE ENTITLED. SEE BURNS V. OHIO, 360 U.S. 252 (1959) (FEES SHOULD BE WAIVED FOR DISCRETIONARY APPEAL BY INDIGENT); SMITH V. BENNETT, 365 U.S. 708 (1961) (FEES SHOULD BE WAIVED FOR INDIGENT PRISONER SEE BY STATE HABEAS RELIEF).

WHEREFORE THE PETITIONER MOVES THAT THIS COURT DECLARE HIM INDIGENT AND ALLOW FILING PROSECUTION OF HIS PETITION WITHOUT PAYMENT OF ANY FEES AND LOSTS.

RESPECTFULLY SUBMITTED

(S) Taurice L. Brown
TAURICE L. BROWN
DC#J48890
SUMTER C.I.
9544 CR 476B
BUSHNELL, FL 33513

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

I, Taurice L. Brown, 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	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Self-employment	\$ 0.00	\$ 1	\$ 0.00	\$ 1
Income from real property (such as rental income)	\$ 0.00	\$	\$ 0.00	\$
Interest and dividends	\$ 0.00	\$	\$ 0.00	\$
Gifts	\$ 0.00	\$	\$ 0.00	\$
Alimony	\$ 0.00	\$	\$ 0.00	\$
Child Support	\$ 0.00	\$	\$ 0.00	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$	\$ 0.00	\$
Disability (such as social security, insurance payments)	\$ 0.00	\$	\$ 6.00	\$
Unemployment payments	\$ 0.00	\$	\$ 0.00	\$
Public-assistance (such as welfare)	\$ 0.00	\$	\$ 0.00	\$
Other (specify):	\$ 0.00	\$	\$ 0.00	\$
Total monthly income:	\$ 0.00	\$	\$ 0.00	\$

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>None</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>
			<u>\$ 1</u>
			<u>\$ 1</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>\$ N/A</u>
			<u>\$ 1</u>
			<u>\$ 1</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.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
		<u>\$ 1</u>	<u>\$ 1</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 _____

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

Other assets
Description None
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
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>1</u>	\$ <u>1</u>	\$ <u>1</u>
	\$ <u>1</u>	\$ <u>1</u>

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

Name	Relationship	Age
<u>N/A</u>	<u>1 N/A</u>	<u>N/A</u>
<u>1</u>	<u>1</u>	<u>1</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>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		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0.00</u>	\$ <u>1</u>
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ <u>1</u>
Food	\$ <u>0.00</u>	\$ <u>1</u>
Clothing	\$ <u>0.00</u>	\$ <u>1</u>
Laundry and dry-cleaning	\$ <u>0.00</u>	\$ <u>1</u>
Medical and dental expenses	\$ <u>0.00</u>	\$ <u>1</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 1
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$
Life	\$ 0.00	\$
Health	\$ 0.00	\$
Motor Vehicle	\$ 0.00	\$
Other: _____	\$ 0.00	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0.00	\$
Installment payments		
Motor Vehicle	\$ 0.00	\$
Credit card(s)	\$ 0.00	\$
Department store(s)	\$ 0.00	\$
Other: _____	\$ 0.00	\$
Alimony, maintenance, and support paid to others	\$ 0.00	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$
Other (specify): _____	\$ 0.00	\$
Total monthly expenses:	\$ 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? _____

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 am an incarcerated inmate in Florida Prison with
no income.*

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

Executed on: July, 19th, 2021

John B
(Signature)