IN THE

SUPREME COURT OF THE UNITED STATES

LUKE EDWARD FLEMING, Petitioner,

v.

STATE OF FLORIDA, Respondent.

On Petition for Writ of Certiorari to the Florida Second District Court of Appeal

AMENDED MOTION TO PROCEED IN FORMA PAUPERIS

MICHAEL UFFERMAN Michael Ufferman Law Firm, P.A. 2022-1 Raymond Diehl Road Tallahassee, Florida 32308 (850) 386-2345/fax (850) 224-2340 FL Bar No. 114227 Email: ufferman@uffermanlaw.com

COUNSEL FOR THE PETITIONER

The Petitioner, LUKE EDWARD FLEMING, prays the Court for leave to file the petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*. The Petitioner's indigency affidavit is included with this amended motion. There was a delay in receiving the indigency affidavit due to undersigned counsel being recently retained to represent the Petitioner in the instant proceeding and undersigned counsel was unable to obtain the Petitioner's completed indigency affidavit prior to the due date of the petition for a writ of certiorari on August 9, 2021.

Respectfully submitted,

<u>/s/ Michael Ufferman</u> MICHAEL UFFERMAN Michael Ufferman Law Firm, P.A. 2022-1 Raymond Diehl Road Tallahassee, Florida 32308 (850) 386-2345/fax (850) 224-2340 FL Bar No. 114227 Email: ufferman@uffermanlaw.com

COUNSEL FOR THE PETITIONER

CERTIFICATE OF SERVICE

I HEREBY CERTIFY a true and correct copy of the foregoing instrument was

furnished to:

Office of the Attorney General Concourse Center 4 3507 East Frontage Road, Suite 200 Tampa, Florida 33607-7013

by U.S. mail delivery on August 11, 2021.

Respectfully submitted,

<u>/s/ Michael Ufferman</u> MICHAEL UFFERMAN Michael Ufferman Law Firm, P.A. 2022-1 Raymond Diehl Road Tallahassee, Florida 32308 (850) 386-2345/fax (850) 224-2340 FL Bar No. 114227 Email: ufferman@uffermanlaw.com

COUNSEL FOR THE PETITIONER

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

I. Luke Fleming I, Luke Flemin, 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.

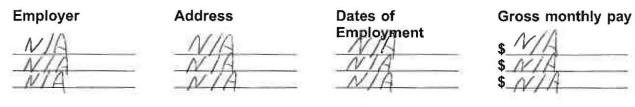
1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

	e monthly amo st 12 months	unt during	Amount expe next month	cted
	You	Spouse	You	Spouse
Employment	\$_0.~	\$	\$	\$ ⁽¹⁾
Self-employment	\$ >	\$	\$	\$
Income from real property (such as rental income)	\$ \$	\$	\$	\$
Interest and dividends	\$	\$	\$ 0	\$ <u>0</u>
Gifts	\$O, ev	\$	\$_ <u>Ò</u>	\$
Alimony	\$ 0,00	<u>\$</u>	\$ <u> </u>	<u>\$</u>
Child Support	\$_ <u>0</u> .00	\$_O	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$_0.2	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$\$	\$	\$	\$
Public-assistance (such as welfare)	\$ <u>0</u> ,°°	\$	\$	\$
Other (specify):	\$_O. ~~	\$	\$	\$
Total monthly income:	\$	\$ 6	\$	\$ 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	Gross monthly pay
NIA	NIA	Employment	\$ N/A
NIA	MA	A/A	\$_1/1A
N/A	- MIA	/A	\$ <u>N/</u> A

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.)



Type of account (e.g., checking or savings)

NIA	\$_
NIA	\$
NIA	\$

Amount you have	Amount your spouse has
\$ O	\$0
\$ 0	\$0
\$	\$ Q

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

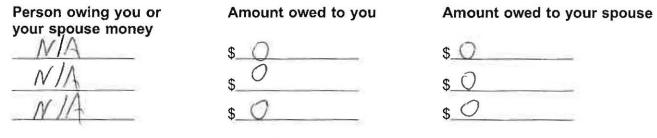
□ Home Value <u></u>_____ □ Other real estate Value <u>\$</u>○

🗋 Motor Vehicle #1	0 10	
Year, make & model	MA	
Value <u>50</u>		

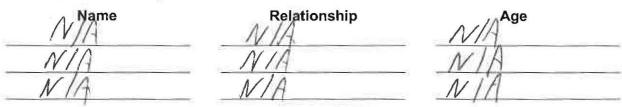
☐ Motor Vehicle #2	. 10
Year, make & model	NIH
Value <u>BO</u>	

\Box Other assets	0.10
Description_	NA
Value 50	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.



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").



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?	\$	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	<u>\$</u>	<u>\$ ()</u>
Home maintenance (repairs and upkeep)	<u>\$</u>	\$ 0
Food	\$_0	<u>\$ 0</u>
Clothing	<u>\$</u> _0	\$
Laundry and dry-cleaning	\$	\$0
Medical and dental expenses	\$_0	\$_U

	You	Your spouse
Transportation (not including motor vehicle payments)	\$_0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$_0	\$
Insurance (not deducted from wages or included in mortg	age payments)	
Homeowner's or renter's	\$_O	\$
Life	\$_0	\$
Health	\$ 0	\$
Motor Vehicle	<u>\$ ()</u>	<u>\$</u>
Other:	\$_()	\$0
Taxes (not deducted from wages or included in mortgage	payments)	
(specify):	<u>\$</u>	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$	\$_0
Department store(s)	\$_0	\$
Other:	\$ 0	<u>\$</u>
Alimony, maintenance, and support paid to others	\$_ O	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$.0	\$
Other (specify):	\$_O	\$ 0
Total monthly expenses:	<u>\$</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?

 \Box 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 X No

If yes, how much? MA 50

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

NIA

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 5

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

AV

Executed on: ____ & -_ U

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

Indigent/Incorcerated since 2018

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

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