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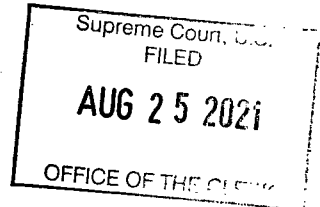
T.A.

No. **21-5577**
(TO BE ASSIGNED BY CLERK)

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

TERRY DARNELL ANDERSON — PETITIONER
(Your Name)



VS.
SECRETARY, FLORIDA DEPARTMENT OF CORRECTIONS; AND
ATTORNEY GENERAL, 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):

DIRECT APPEAL - 19TH JUDICIAL CIRCUIT COURT, ST. LUCIE COUNTY, FLORIDA

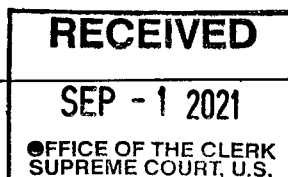
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☐ 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: _____

☒ a copy of the order of appointment is appended.



1st Terry Anderson
(Signature)

TERRY D. ANDERSON, D/C # 284760
MARION CORRECTIONAL INSTITUTION
P.O. BOX 158
LOWELL, FL 32663-0158

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

I, TERRY DARNELL ANDERSON, 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 | \$ 50.00 | \$ N/A | \$ 50.00 | \$ N/A |
| Self-employment | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Income from real property (such as rental income) | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Interest and dividends | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Gifts | \$ 100.00 | \$ N/A | \$ 100.00 | \$ N/A |
| Alimony | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Child Support | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Retirement (such as social security, pensions, annuities, insurance) | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Disability (such as social security, insurance payments) | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Unemployment payments | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Public-assistance (such as welfare) | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Other (specify): <u>NONE</u> | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Total monthly income: | \$ 150.00 | \$ 0 | \$ 150.00 | \$ 0 |

* SPOUSE = NOT APPLICABLE ("N/A")

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 |
|---------------------------------|----------------------------------|---------------------|-----------------------------|
| MANION CORRECTIONAL INSTITUTION | P.O. BOX 158 LOWELL, FL 32663 | 2018 - CURRENT | \$ 50.00 (CANTEEN OPERATOR) |
| | | | \$ |
| | | | \$ |

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 |
|-----------------|-----------------|---------------------|-------------------|
| NOT APPLICABLE. | NOT APPLICABLE. | NOT APPLICABLE. | \$ 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.

| Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| INMATE TRUST ACCOUNT | \$ 1,400.00 | \$ N/A |
| | \$ | \$ |
| | \$ | \$ |

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

☐ Home
Value 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model NONE
Value 0

☐ Motor Vehicle #2
Year, make & model NONE
Value 0

☐ Other assets
Description NONE
Value 0

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

NONE

\$ 0
\$ _____
\$ _____

\$ NOT APPLICABLE
\$ _____
\$ _____

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

NONE

NOT APPLICABLE

NOT APPLICABLE

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)

\$ _____

\$ N/A

Are real estate taxes included? ☐ Yes ☐ No
Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 0

\$ N/A

Home maintenance (repairs and upkeep)

\$ 0

\$ N/A

Food

\$ 80.00

\$ N/A

Clothing

\$ 40.00

\$ N/A

Laundry and dry-cleaning

\$ 0

\$ 0

Medical and dental expenses

\$ 0

\$ 0

| | You | Your spouse |
|---|----------|-------------|
| Transportation (not including motor vehicle payments) | \$ 0 | \$ N/A |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 15.00 | \$ N/A |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ 0 | \$ N/A |
| Life | \$ 0 | \$ N/A |
| Health | \$ 0 | \$ N/A |
| Motor Vehicle | \$ 0 | \$ N/A |
| Other: <u>NONE</u> | \$ 0 | \$ N/A |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <u>NONE</u> | \$ 0 | \$ N/A |
| Installment payments | | |
| Motor Vehicle | \$ 0 | \$ N/A |
| Credit card(s) | \$ 0 | \$ N/A |
| Department store(s) | \$ 0 | \$ N/A |
| Other: <u>NONE</u> | \$ 0 | \$ N/A |
| Alimony, maintenance, and support paid to others | \$ 0 | \$ N/A |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ 0 | \$ N/A |
| Other (specify): <u>HYGIENE ITEMS</u> | \$ 15.00 | \$ N/A |
| Total monthly expenses: | \$ 15.00 | \$ 0 |

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

STATE OF FLORIDA
Plaintiff,

CASE NO.: 562009CF001510A

vs.

TERRY DARNELL ANDERSON,
Defendant.

JUDGE: VAUGHN

ORDER OF INDIGENCY AND
APPOINTMENT OF THE PUBLIC DEFENDER

The Defendant having filed a Notice of Appeal from the judgment and sentence, and the Court having determined the Defendant to be indigent and unable to bear the costs of this appeal, it is upon Motion of the Defendant;

ORDERED AND ADJUDGED that this Court determines the Defendant to be indigent for the purpose of appeal and hereby appoints the Public Defender of the Nineteenth Judicial Circuit, 216 South Second Street, Fort Pierce, Florida 34950, (772) 462-2048, to represent the Defendant on the appeal. All costs necessary and incident to the Defendant's appeal shall be paid by the State of Florida.

DONE AND ORDERED at Fort Pierce, St. Lucie County, Florida this 1 day of December, 2010.



Dan L. Vaughn
Circuit Court Judge

cc: Donald A. Chinquina, P.A.
Jennifer Day, Assistant State Attorney
Attorney General

2010 DEC -2 AM 10:48
ST. LUCIE COUNTY
CLERK OF CIRCUIT COURT