

ORIGINAL

Supreme Court, U.S.
FILED

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OFFICE OF THE CLERK

21-5721
No. _____

PROVIDED TO TOMOKA
CORRECTIONAL INSTITUTION
ON 09/13/21
FORM MAILING BY 09/13/21

IN THE

SUPREME COURT OF THE UNITED STATES

IN RE: MICHAEL J. WAPPLER — PETITIONER
(Your Name)

VS.

RON DESANTIS 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):

APPLICATION FOR DETERMINATION OF CIVIL INDIGENTS STATUS

8/3/21 DETERMINED INDIGENT, LEON CO. CIRCUIT COURT, TALL

LAHASSEE, FL, NO. 21-CA-1264, WAPPLER V. FOOL ET AL (MANDAMUS CASE)

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.

Michael Wappler 9/13/21
(Signature)
MICHAEL J. WAPPLER

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

I, MICHAEL J. WAPPLER, 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	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ _____	\$ 0	\$ _____
Income from real property (such as rental income)	\$ 0	\$ _____	\$ 0	\$ _____
Interest and dividends	\$ 0	\$ _____	\$ 0	\$ _____
Gifts	\$ 150 00	\$ _____	\$ 0	\$ _____
Alimony	\$ 0	\$ _____	\$ 0	\$ _____
Child Support	\$ 0	\$ _____	\$ 0	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ _____	\$ 0	\$ _____
Disability (such as social security, insurance payments)	\$ 0	\$ _____	\$ 0	\$ _____
Unemployment payments	\$ 0	\$ _____	\$ 0	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ _____	\$ 0	\$ _____
Other (specify): <u>COVID-19</u> <u>FAFILIES ACT</u>	\$ 1,200	\$ _____	\$ 150	\$ _____
Total monthly income:	\$ 250	\$ _____	\$ 150	\$ _____

*NOT MARRIED

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
<i>N/A *</i>			\$ _____
			\$ _____
			\$ _____

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>			\$ _____
			\$ _____
			\$ _____

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.

** APPROX 750 IN TRUST FROM EIP COVID-19 FAMILY ACT
 JOE BIDEN, PRESIDENT, IN PRIVACY TRUST NO CASH ALLOWED.*

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

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 _____

* FLORIDA DOES NOT PAY ITS PRISONERS FOR WORK ASSIGNMENTS
 PRISONERS SLAVES FORCED TO WORK AS PART OF SENTENCE
 WITHOUT ABILITY TO EARN ANY MONEY TO HELP ON RELEASE.
 A SUPREME COURT RULING ALLEGES THIS PRACTICE - WITHOUT
 FRIENDS, FAMILY OR GOVT. HELP, INMATES IN FLORIDA S.O.L.

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>NO DEPENDENTS</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)	\$ 0	\$ N/A
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)	\$ 0	\$ _____
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 0	\$ _____
Clothing	\$ 60*	\$ _____
Laundry and dry-cleaning	\$ 0	\$ _____
Medical and dental expenses	\$ 5**	\$ _____

** SICK CALL VISITS \$5.00
NON-CHRONIC MEDS \$5.00

FLORIDA DOES NOT PROVIDE SHOES ONLY DOLLAR STORE STYLE
"CRACKS" WITH HOLES IN THEM, THAT DO NOT PROTECT FROM ELEMENTS
SWEATERS/SWEAT SHIRTS OR JACKETS. (ONLY LIGHT JACKET FROM DEC-APRIL)
PRISONERS MUST PURCHASE SHOES AND SWEATSHIRTS. IF NO FRIENDS S.O.L.

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 10	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ _____
Life	\$ 0	\$ _____
Health	\$ 0	\$ _____
Motor Vehicle	\$ 0	\$ _____
Other: _____	\$ 0	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	<u>\$ 7% TAX</u>	\$ _____
Installment payments		
Motor Vehicle	\$ 0	\$ _____
Credit card(s)	\$ 0	\$ _____
Department store(s)	\$ 0	\$ _____
Other: <u>CANTEEN FEES 1%</u>	\$ 0	\$ _____
Alimony, maintenance, and support paid to others	\$ 0	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ _____
Other (specify): _____	\$ 0	\$ _____
Total monthly expenses:	<u>\$ 15</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?

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.

*COSTS WILL ELIMINATE BALANCE OF FUNDS LEFT
FROM EIP AND GIFTS FOR THE MOST PART*

*ALSO OWE STUDENT LOANS - (NOT FORGIVEN BY BIDEN)
\$ 90,000 I AND SUED BY WAYNE IVEY FOR \$ 90,000 JAIL
REIMBURSEMENT IN RETALIATION FOR SUITS.*

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

Executed on: SEPTEMBER 3, 2021

Michael J. Wapple
(Signature)
MICHAEL J. WAPPLE