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No. 21-

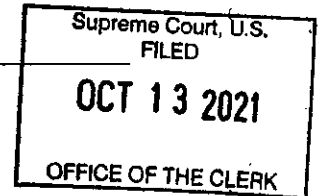
ORIGINAL

SUPREME COURT OF THE UNITED STATES

JIMMIE BARGE,  
Petitioner,

vs.

STATE OF FLORIDA,  
Respondent.



MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

Case No.: 21-11566-J

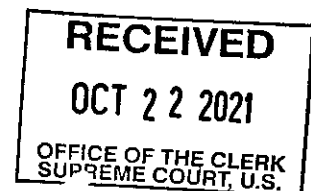
The Petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed in forma pauperis in the following courts: Circuit Court of the First Judicial Circuit, in and for Escambia County, Florida; the First District Court of Appeal of Florida, Federal District Court, Northern District Florida, Pensacola Division; and the Eleventh Circuit Court of Appeals, Atlanta, Georgia.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Date: October 12, 2021

Jimmie Barge #211929  
Jimmie Barge, Petitioner, *pro se*



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

I, JIMMIE BARGE, 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	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interests and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>20</u>	\$ <u>N/A</u>	\$ <u>20</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>20</u>	\$ <u>N/A</u>	\$ <u>20</u>	\$ <u>N/A</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
<u>Alphacore Home Care</u>	<u>Alphacore, Ga</u>	<u>2014 to 2015</u>	<u>3,000</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

0      0      0      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
<u>N/A</u>		\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>		\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>		\$ <u>0</u>	\$ <u>0</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)	Other Real Estate (Value)	Motor Vehicle #1 (Value)
<u>N/A</u>	<u>N/A</u>	Make & Year: <u>0</u>
		Model: _____
		Registration #: _____
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
<u>N/A</u>	<u>N/A</u>	Make & Year: <u>0</u>
		Model: _____
		Registration #: _____

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>0</u>

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

Name[or, if under 18, initials only]	Relationship	Age
<u>N/A</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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>N/A</u>
Are real-estate taxes included? ≤ Yes ≤ No		
Is property insurance included? ≤ Yes ≤ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>N/A</u>

Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>0</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card (name): <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Department store (name): <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly expenses</b>	\$ <u>0</u>	\$ <u>0</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 docket fees for your appeal.

Florida State Prisoner

13. State the address of your legal residence Graceville Correctional Facility, 5168 Ezell Road, Graceville, Florida 32440-2402.

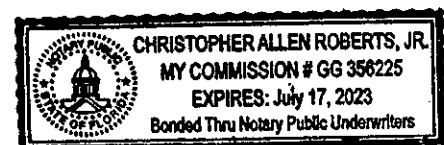
Your age: 54 Your years of schooling: 9 yr

Last four digits of your Social Security number: 7165

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

Executed on: October 12, 2021.

Christina Long 2/11/29  
(Signature)



Chris Roberts  
10/12/21