

21-6053
No. 21-

ORIGINAL

SUPREME COURT OF THE UNITED STATES

JIMMIE BARGE,
Petitioner,

VS.

STATE OF FLORIDA,
Respondent.

Supreme Court, U.S.
FILED

OCT 13 2021

OFFICE OF THE CLERK

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*

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OFFICE OF THE CLERK
SUPREME COURT, U.S.

**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 | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Self-employment | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Income from real property (such as rental income) | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Interests and dividends | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Gifts | \$ 20 | \$ N/A | \$ 20 | \$ 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>N/A</u> | \$ 0 | \$ N/A | \$ 0 | \$ N/A |
| Total monthly income: | \$ 20 | \$ N/A | \$ 20 | \$ N/A |

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 |
|----------------------|----------------|---------------------|---------------|
| Affordable Home Cars | Alpharetta, Ga | 2014 & 2015 | \$ 3,000 |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |

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 |
|-----------------------|-----------------|-----------------|------------------------|
| N/A | | \$ 0 | \$ 0 |
| N/A | | \$ 0 | \$ 0 |
| N/A | | \$ 0 | \$ 0 |

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) |
|--------------|---------------------------|
| N/A | N/A |

Motor Vehicle #1 (Value) 0
Make & Year: _____
Model: _____
Registration #: _____

| Other Assets (Value) | Other Assets (Value) |
|----------------------|----------------------|
| N/A | N/A |

Motor Vehicle #2 (Value) 0
Make & Year: _____
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 |
|---------------------------------------|--------------------|----------------------------|
| N/A | N/A | 0 |

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

| Name (or, if under 18, initials only) | Relationship | Age |
|---------------------------------------|--------------|-------|
| N/A | / | _____ |

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.

| Rent or home-mortgage payment (include lot rented for mobile home) | You | Your Spouse |
|---|------|-------------|
| | \$ 0 | \$ 1012 |

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) | \$ <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> |
| Total monthly expenses | \$ <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: _____

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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.

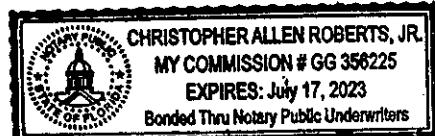
Your age: 54 Your years of schooling: 9 y1

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.

Christopher Allen Roberts
(Signature)



Christopher Allen Roberts
10/12/21