

No. _____

In the Supreme Court of the United States

MICHAEL SKINNER,

Petitioner,

Versus

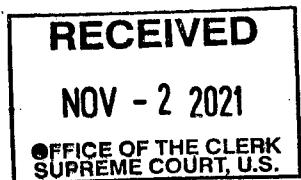
STATE OF FLORIDA,

Respondent.

ON PETITION FOR A WRIT OF CERTIORARI TO THE
FLORIDA SECOND DISTRICT COURT OF APPEAL

AMENDED MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

RACHAEL E. REESE, ESQUIRE
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Attorney at Law
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MOTION FOR LEAVE TO PROCEED
IN FORMA PAUPERIS

The Petitioner moves this Court pursuant to Rule 39 for leave to proceed *in forma pauperis*. Petitioner previously moved to proceed *in forma pauperis* and was granted said request in the Tenth Judicial Circuit in and for Polk County, State of Florida, pursuant to Rule 24 of the Florida Rules of Appellate Procedure.

However, the Petitioner has attached an affidavit or declaration in support of this motion hereto, in an effort to ensure that this Court has all information necessary to make a decision on the instant motion.

Respectfully submitted,
Michael Skinner, Petitioner

Date: October 26, 2021

Rachael E. Reese

Rachael E. Reese
Counsel of Record for Petitioner
O'BRIEN HATFIELD REESE P.A.
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**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Michael C. Skinner, 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>Ø</u> | \$ <u>80,000⁰⁰</u> | \$ <u>Ø</u> | \$ <u>4,300⁰⁰</u> |
| Self-employment | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Income from real property (such as rental income) | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Interest and dividends | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Gifts | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Alimony | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Child Support | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Disability (such as social security, insurance payments) | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Unemployment payments | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Public-assistance (such as welfare) | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> | \$ <u>Ø</u> |
| Other (specify): <u>Canteen</u> | \$ <u>2400⁰⁰</u> | \$ <u>Ø</u> | \$ <u>200⁰⁰</u> | \$ <u>4,300⁰⁰</u> |
| Total monthly income: | \$ <u>2400⁰⁰</u> | \$ <u>80,000⁰⁰</u> | \$ <u>200⁰⁰</u> | \$ <u>4,300⁰⁰</u> |

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 |
|----------|---------|---------------------|-------------------|
| N/A | N/A | N/A | \$ N/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.)

| Employer | Address | Dates of Employment | Gross monthly pay |
|------------|---|---------------------|-------------------|
| Easy Title | 120 E. Pine St. Suite #5 Lakeland, FL 33801 | Oct. 2017 - | \$ 4300 00 |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$ 400 00

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 |
|---|-----------------|------------------------|
| Checking & Savings | \$ 0 | \$ 25,000 00 |
| | \$ | \$ |
| | \$ | \$ |

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

Home
Value 200,000 Other real estate
Value 0

Motor Vehicle #1
Year, make & model 2021 Ford Explorer Motor Vehicle #2
Value 82,000 00 Year, make & model _____
Value _____

Other assets
Description _____
Value _____

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

Person owing you or your spouse money

0

Amount owed to you

\$ *0*
\$ *0*
\$ *0*

Amount owed to your spouse

\$ *0*
\$ *0*
\$ *0*

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 |
|-----------------|--------------|-----|
| T. B. W. | Son | 14 |
| Timothy Barnett | Father | 60 |

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) | \$ <i>0</i> | \$ <i>1400 00</i> |
| Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ <i>0</i> | \$ <i>800 00</i> |
| Home maintenance (repairs and upkeep) | \$ <i>0</i> | \$ <i>300 00</i> |
| Food | \$ <i>200 00</i> | \$ <i>1400 00</i> |
| Clothing | \$ <i>0</i> | \$ <i>300 00</i> |
| Laundry and dry-cleaning | \$ <i>0</i> | \$ <i>100 00</i> |
| Medical and dental expenses | \$ <i>0</i> | \$ <i>300 00</i> |



LINDA SUE LANDRUM
Notary Public
State of Florida
Comm# HH035921
Expires 8/24/2024

PROVIDED FOR MAILING
AT CALHOUN CI ON

OCT 07 2021

STAFF INITIALS Lh
INMATE INITIALS MCG

Linda Sue Landrum

| | You | Your spouse |
|---|------------------|---------------------|
| Transportation (not including motor vehicle payments) | \$ <u>0</u> | \$ <u>1,000.00</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>100.00</u> | \$ <u>500.00</u> |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u>0</u> | \$ <u>600.00</u> |
| Life | \$ <u>0</u> | \$ <u>0</u> |
| Health | \$ <u>0</u> | \$ <u>82.00</u> |
| Motor Vehicle | \$ <u>0</u> | \$ <u>612.71</u> |
| Other: _____ | \$ <u>0</u> | \$ <u>0</u> |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <u>Small Business Owner</u> | \$ <u>0</u> | \$ <u>26,000.00</u> |
| Installment payments | | |
| Motor Vehicle | \$ <u>0</u> | \$ <u>1,000.00</u> |
| Credit card(s) | \$ <u>0</u> | \$ <u>250.00</u> |
| Department store(s) | \$ <u>0</u> | \$ <u>80.00</u> |
| Other: _____ | \$ <u>0</u> | \$ <u>0</u> |
| Alimony, maintenance, and support paid to others | \$ <u>0</u> | \$ <u>200.00</u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>0</u> | \$ <u>0</u> |
| Other (specify): _____ | \$ <u>0</u> | \$ <u>0</u> |
| Total monthly expenses: | <u>\$ 12.00</u> | <u>\$ 5,139.71</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? Alot!!! Escrow

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

Rachel E. Reese
O'Brien, Hatfield & Reese P.A.
511 W. Bay St., Ste 330
Tampa, FL 33606-2700

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.

My wife is the Sole provider for our entire Family
and that in itself takes a toll. A heavy one!!

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

Executed on: 10-7-21, 2021



LINDA SUE LANDRUM

Notary Public

State of Florida

Comm# HH035921

Expires 8/24/2024

Linda Sue Landrum

PROVIDED FOR MAILING (Signature)

AT CALHOUN CI CN

OCT 07 2021

STAFF INITIALS

INMATE INITIALS

PLS

MCS