

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
Counsel of Record
Attorney at Law
O'BRIEN HATFIELD REESE, P.A.
511 West Bay Street, Suite 330
Tampa, Florida 33606
(813) 228-6989
rer@markjobrien.com

RECEIVED

NOV - 2 2021

**OFFICE OF THE CLERK
SUPREME COURT, U.S.**

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.

Date: October 26, 2021

Respectfully submitted,
Michael Skinner, Petitioner



Rachael E. Reese
Counsel of Record for Petitioner
O'BRIEN HATFIELD REESE P.A.
511 West Bay Street, Suite 330
Tampa, Florida 33606
Telephone: 813.228.6989
E-mail: rer@markjobrien.com

**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>Content</u>	\$ <u>2,400⁰⁰</u>	\$ <u>Ø</u>	\$ <u>200⁰⁰</u>	\$ <u>4,300⁰⁰</u>
Total monthly income:	\$ <u>2,400⁰⁰</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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
			\$
			\$

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
<u>Easy Title</u>	<u>120 E. Pine St.</u>	<u>Oct. 2017 -</u>	\$ <u>4300⁰⁰</u>
	<u>Suite #5</u>		\$
	<u>Lakeland, FL 33801</u>		\$

4. How much cash do you and your spouse have? \$ 400⁰⁰
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
<u>Checking & Savings</u>	\$ <u>0</u>	\$ <u>25,000⁰⁰</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 200,000

☐ Other real estate
Value 0

☒ Motor Vehicle #1
Year, make & model 2021 Ford Explorer
Value 82,000⁰⁰

☐ Motor Vehicle #2
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

Amount owed to you

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
T. B. W.
Timothy Barnett

Relationship
Son
Father

Age
14
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)	\$ <u>0</u>	\$ <u>1400⁰⁰</u>
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)	\$ <u>0</u>	\$ <u>800⁰⁰</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>300⁰⁰</u>
Food	\$ <u>200⁰⁰</u>	\$ <u>1400⁰⁰</u>
Clothing	\$ <u>0</u>	\$ <u>300⁰⁰</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>100⁰⁰</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>300⁰⁰</u>

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 Sh
INMATE INITIALS mc

Linda Sue Landrum

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>Ø</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>Ø</u>	\$ <u>600.00</u>
Life	\$ <u>Ø</u>	\$ <u>Ø</u>
Health	\$ <u>Ø</u>	\$ <u>82.00</u>
Motor Vehicle	\$ <u>Ø</u>	\$ <u>612.71</u>
Other: _____	\$ <u>Ø</u>	\$ <u>Ø</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Small Business Owner</u>	\$ <u>Ø</u>	\$ <u>26,000.00</u>
Installment payments		
Motor Vehicle	\$ <u>Ø</u>	\$ <u>1,000.00</u>
Credit card(s)	\$ <u>Ø</u>	\$ <u>250.00</u>
Department store(s)	\$ <u>Ø</u>	\$ <u>80.00</u>
Other: _____	\$ <u>Ø</u>	\$ <u>Ø</u>
Alimony, maintenance, and support paid to others	\$ <u>Ø</u>	\$ <u>200.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>Ø</u>	\$ <u>Ø</u>
Other (specify): _____	\$ <u>Ø</u>	\$ <u>Ø</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? A lot!!! 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, 20__



LINDA SUE LANDRUM

Notary Public
State of Florida
Comm# HH035921
Expires 8/23/2024

Linda Sue Landrum

PROVIDED FOR MAILING
AT CALHOUN CLON (Signature)

OCT 07 2021

STAFF INITIALS SA

INMATE INITIALS MCS