No. 21-6869

IN THE

SUPREME COURT OF THE UNITED STATES

EDWARD D. OBERWISE — PETITIONER
(Your Name)

VS.

SECRETARY, FLA. DEP'T of Corr. 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):

Thirteenth Judicial Circuit, Tampa, Florida, United States District Court [M.D.] Tampa, Florida

☐ 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.

Edward D Ob
(Signature)

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

I, Edward D. Oberwise, 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
Interest and dividends	$ 0	$ N/A	$ 0	$ N/A
Gifts	$ 0	$ N/A	$ 0	$ 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): N/A	$ 0	$ N/A	$ 0	$ N/A
Total monthly income:	$ 0	$ N/A	$ 0	$ N/A

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
N/A	N/A	N/A	$ N/A
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
N/A	N/A	N/A	$ N/A
N/A	N/A	N/A	$ N/A
N/A	N/A	N/A	$ N/A

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
N/A	$ N/A	$ N/A
N/A	$ N/A	$ N/A
N/A	$ N/A	$ N/A

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 N/A

☐ Motor Vehicle #2
Year, make & model N/A
Value N/A

☐ Other assets
Description N/A
Value N/A

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	$ N/A
N/A	$ N/A	$ N/A
N/A	$ N/A	$ N/A

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
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$ N/A	$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ N/A	$ N/A
Home maintenance (repairs and upkeep)	$ N/A	$ N/A
Food	$ N/A	$ N/A
Clothing	$ N/A	$ N/A
Laundry and dry-cleaning	$ N/A	$ N/A
Medical and dental expenses	$ N/A	$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	$ N/A	$ N/A
Recreation, entertainment, newspapers, magazines, etc.	$ N/A	$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ N/A	$ N/A
Life	$ N/A	$ N/A
Health	$ N/A	$ N/A
Motor Vehicle	$ N/A	$ N/A
Other: N/A	$ N/A	$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): N/A	$ N/A	$ N/A
Installment payments		
Motor Vehicle	$ N/A	$ N/A
Credit card(s)	$ N/A	$ N/A
Department store(s)	$ N/A	$ N/A
Other: N/A	$ N/A	$ N/A
Alimony, maintenance, and support paid to others	$ N/A	$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ N/A	$ N/A
Other (specify): N/A	$ N/A	$ N/A
Total monthly expenses:	$ N/A	$ N/A

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.

N/A

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? N/A

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

N/A

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? N/A

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

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Incarcerated and do not have the ability to earn any money

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

Executed on: January 4th, 2022

Edward Ortiz

(Signature)

ACCT NAME: OBERWISE, EDWARD D.
BED: E2134S
PO BOX:

ACCT#: T67476
TYPE: INMATE TRUST

BEGINNING BALANCE 02/01/21 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
02/11/21	269	LEGAL POSTAGE W	2021012001	000		-	$0.00	$0.00
		LIEN CREATED	- 02/11/2021	2021012001				
02/11/21	269	LEGAL POSTAGE W	2021012002	000		-	$0.00	$0.00
		LIEN CREATED	- 02/11/2021	2021012002				
02/13/21	209	MEDICAL CO-PAY	0209211200SC	000		-	$0.00	$0.00
		LIEN CREATED	- 02/13/2021	0209211200SC				
02/15/21	454	LEGAL POSTAGE W	2021012601	000		-	$0.00	$0.00
		LIEN CREATED	- 02/15/2021	2021012601				
02/15/21	454	LEGAL POSTAGE W	2021012701	000		-	$0.00	$0.00
		LIEN CREATED	- 02/15/2021	2021012701				
02/15/21	454	LEGAL POSTAGE W	2021012702	000		-	$0.00	$0.00
		LIEN CREATED	- 02/15/2021	2021012702				
02/15/21	454	LEGAL POSTAGE W	2021012703	000		-	$0.00	$0.00
		LIEN CREATED	- 02/15/2021	2021012703				
02/15/21	454	LEGAL POSTAGE W	2021020101	000		-	$0.00	$0.00
		LIEN CREATED	- 02/15/2021	2021020101				

ENDING BALANCE 02/28/21 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	FEDERAL PRISON LITIGATION		$805.00	$805.00
SUMMARY	LEGAL POSTAGE		$1,263.05	$1,263.04
SUMMARY	POSTAGE		$6.34	$6.34
SUMMARY	LEGAL COPIES		$344.53	$344.53
SUMMARY	MEDICAL CO-PAYMENT		$375.00	$375.00
SUMMARY	STATE PRISON LITIGATION		$1,249.00	$1,219.00
02/11/21	LEGAL POSTAGE	000	$1.20	$1.20
02/11/21	LEGAL POSTAGE	000	$0.65	$0.65
02/13/21	MEDICAL CO-PAYMENT	000	$5.00	$5.00
02/15/21	LEGAL POSTAGE	000	$2.00	$2.00
02/15/21	LEGAL POSTAGE	000	$0.71	$0.71
02/15/21	LEGAL POSTAGE	000	$0.55	$0.55
02/15/21	LEGAL POSTAGE	000	$0.55	$0.55
02/15/21	LEGAL POSTAGE	000	$0.55	$0.55

ACCT NAME: OBERWISE, EDWARD D.
BED: E2134S
PO BOX:

ACCT#: T67476
TYPE: INMATE TRUST

BEGINNING BALANCE 03/01/21 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
03/03/21	195	LEGAL COPIES WD	2182021066	000		-	$0.00	$0.00
		LIEN CREATED	- 03/03/2021	2182021066				

ENDING BALANCE 03/31/21 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		$1,269.26	$1,269.25
SUMMARY	POSTAGE		$6.34	$6.34
SUMMARY	LEGAL COPIES		$344.53	$344.53
SUMMARY	MEDICAL CO-PAYMENT		$380.00	$380.00
SUMMARY	FEDERAL PRISON LITIGATION		$805.00	$805.00
SUMMARY	STATE PRISON LITIGATION		$1,249.00	$1,219.00
03/03/21	LEGAL COPIES	000	$0.90	$0.90

ACCT NAME: OBERWISE, EDWARD D.
BED: E2134S
PO BOX:

ACCT#: T67476
TYPE: INMATE TRUST

BEGINNING BALANCE 04/01/21 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
04/26/21	247	LEGAL POSTAGE W	2021030101	000		-	$0.00	$0.00
		LIEN CREATED	- 04/26/2021	2021030101				
04/27/21	315	LEGAL POSTAGE W	2021032201	000		-	$0.00	$0.00
		LIEN CREATED	- 04/27/2021	2021032201				
04/27/21	315	LEGAL POSTAGE W	2021032202	000		-	$0.00	$0.00
		LIEN CREATED	- 04/27/2021	2021032202				
04/27/21	315	LEGAL POSTAGE W	2021033101	000		-	$0.00	$0.00
		LIEN CREATED	- 04/27/2021	2021033101				
04/27/21	315	LEGAL POSTAGE W	2021033102	000		-	$0.00	$0.00
		LIEN CREATED	- 04/27/2021	2021033102				

ENDING BALANCE 04/30/21 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	STATE PRISON LITIGATION		$1,249.00	$1,219.00
SUMMARY	LEGAL POSTAGE		$1,269.26	$1,269.25
SUMMARY	POSTAGE		$6.34	$6.34
SUMMARY	LEGAL COPIES		$345.43	$345.43
SUMMARY	MEDICAL CO-PAYMENT		$380.00	$380.00
SUMMARY	FEDERAL PRISON LITIGATION		$805.00	$805.00
04/26/21	LEGAL POSTAGE	000	$1.40	$1.40
04/27/21	LEGAL POSTAGE	000	$0.56	$0.56
04/27/21	LEGAL POSTAGE	000	$1.40	$1.40
04/27/21	LEGAL POSTAGE	000	$8.85	$8.85
04/27/21	LEGAL POSTAGE	000	$0.56	$0.56

ACCT NAME: OBERWISE, EDWARD D. ACCT#: T67476
BED: E2107L TYPE: INMATE TRUST
PO BOX:

BEGINNING BALANCE 05/01/21 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
05/25/21	408	MEDICAL CO-PAY	0520210900SC	000		-	$0.00	$0.00
		LIEN CREATED	- 05/25/2021	0520210900SC				

ENDING BALANCE 05/31/21 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		$1,282.03	$1,282.02
SUMMARY	POSTAGE		$6.34	$6.34
SUMMARY	LEGAL COPIES		$345.43	$345.43
SUMMARY	MEDICAL CO-PAYMENT		$380.00	$380.00
SUMMARY	FEDERAL PRISON LITIGATION		$805.00	$805.00
SUMMARY	STATE PRISON LITIGATION		$1,249.00	$1,219.00
05/25/21	MEDICAL CO-PAYMENT	000	$5.00	$5.00

ACCT NAME: OBERWISE, EDWARD D. ACCT#: T67476
BED: E2107L TYPE: INMATE TRUST
PO BOX:

BEGINNING BALANCE 06/01/21 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
06/09/21	197	LEGAL COPIES WD	333	000		-	$0.00	$0.00
		LIEN CREATED	- 06/09/2021	333				
06/19/21	160	MEDICAL CO-PAY	0616211029SC	000		-	$0.00	$0.00
		LIEN CREATED	- 06/19/2021	0616211029SC				

ENDING BALANCE 07/01/21 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		$1,282.03	$1,282.02
SUMMARY	POSTAGE		$6.34	$6.34
SUMMARY	LEGAL COPIES		$345.43	$345.43
SUMMARY	MEDICAL CO-PAYMENT		$385.00	$385.00
SUMMARY	FEDERAL PRISON LITIGATION		$805.00	$805.00
SUMMARY	STATE PRISON LITIGATION		$1,249.00	$1,219.00
06/09/21	LEGAL COPIES	000	$7.80	$7.80
06/19/21	MEDICAL CO-PAYMENT	000	$5.00	$5.00

ACCT NAME: OBERWISE, EDWARD D. ACCT#: T67476
BED: L1110L TYPE: INMATE TRUST
PO BOX:

BEGINNING BALANCE 09/01/21 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE

NO TRANSACTIONS FOUND

ENDING BALANCE 09/30/21 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		$1,319.27	$1,319.26
SUMMARY	POSTAGE		$6.34	$6.34
SUMMARY	LEGAL COPIES		$353.23	$353.23
SUMMARY	MEDICAL CO-PAYMENT		$395.00	$395.00
SUMMARY	FEDERAL PRISON LITIGATION		$1,310.00	$1,310.00
SUMMARY	STATE PRISON LITIGATION		$1,249.00	$1,219.00

ACCT NAME: OBERWISE, EDWARD D. ACCT#: T67476
BED: L1110L TYPE: INMATE TRUST
PO BOX:

BEGINNING BALANCE 10/01/21 $0.00

POSTED DATE	[illegible]	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
10/15/21	120	LEGAL POSTAGE W	2021100401	000		-	$0.00	$0.00
		LIEN CREATED	- 10/15/2021	2021100401				
10/19/21	171	LEGAL POSTAGE W	2021101301	000		-	$0.00	$0.00
		LIEN CREATED	- 10/19/2021	2021101301				
10/23/21	153	MEDICAL CO-PAY	10212114105C	000		-	$0.00	$0.00
		LIEN CREATED	- 10/23/2021	10212114105C				

ENDING BALANCE 10/31/21 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACI	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	STATE PRISON LITIGATION		$1,249.00	$1,219.00
SUMMARY	LEGAL POSTAGE		$1,319.27	$1,319.26
SUMMARY	POSTAGE		$6.34	$6.34
SUMMARY	LEGAL COPIES		$353.23	$353.23
SUMMARY	MEDICAL CO-PAYMENT		$395.00	$395.00
SUMMARY	FEDERAL PRISON LITIGATION		$1,310.00	$1,310.00
10/15/21	LEGAL POSTAGE	000	$0.53	$0.53
10/19/21	LEGAL POSTAGE	000	$2.16	$2.16
10/23/21	MEDICAL CO-PAYMENT	000	$5.00	$5.00

ACCT NAME: OBERWISE, EDWARD D. ACCT#: T67476
BED: L1110L TYPE: INMATE TRUST
PO BOX:

BEGINNING BALANCE 11/01/21 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
11/08/21	197	LEGAL POSTAGE W	2021102801	000		-	$0.00	$0.00
		LIEN CREATED	- 11/08/2021	2021102801				
11/08/21	205	LEGAL POSTAGE W	2021110101	000		-	$0.00	$0.00
		LIEN CREATED	- 11/08/2021	2021110101				
11/08/21	205	LEGAL POSTAGE W	2021110301	000		-	$0.00	$0.00
		LIEN CREATED	- 11/08/2021	2021110301				
11/08/21	205	LEGAL POSTAGE W	2021110501	000		-	$0.00	$0.00
		LIEN CREATED	- 11/08/2021	2021110501				
11/08/21	205	LEGAL POSTAGE W	2021110502	000		-	$0.00	$0.00
		LIEN CREATED	- 11/08/2021	2021110502				
11/18/21	163	LEGAL COPIES WD	442	000		-	$0.00	$0.00
		LIEN CREATED	- 11/18/2021	442				
11/18/21	163	LEGAL COPIES WD	461	000		-	$0.00	$0.00
		LIEN CREATED	- 11/18/2021	461				
11/19/21	193	LEGAL POSTAGE W	2021110801	000		-	$0.00	$0.00
		LIEN CREATED	- 11/19/2021	2021110801				
11/19/21	193	LEGAL POSTAGE W	2021111201	000		-	$0.00	$0.00
		LIEN CREATED	- 11/19/2021	2021111201				
11/19/21	193	LEGAL POSTAGE W	2021111202	000		-	$0.00	$0.00
		LIEN CREATED	- 11/19/2021	2021111202				
11/29/21	204	LEGAL POSTAGE W	2021112201	000		-	$0.00	$0.00
		LIEN CREATED	- 11/29/2021	2021112201				
11/29/21	204	LEGAL POSTAGE W	2021112401	000		-	$0.00	$0.00
		LIEN CREATED	- 11/29/2021	2021112401				

ENDING BALANCE 11/30/21 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	FEDERAL PRISON LITIGATION		$1,310.00	$1,310.00
SUMMARY	LEGAL POSTAGE		$1,321.96	$1,321.95
SUMMARY	POSTAGE		$6.34	$6.34
SUMMARY	LEGAL COPIES		$353.23	$353.23
SUMMARY	MEDICAL CO-PAYMENT		$400.00	$400.00
SUMMARY	STATE PRISON LITIGATION		$1,249.00	$1,219.00
11/08/21	LEGAL POSTAGE	000	$0.53	$0.53

ACCT NAME: OBERWISE, EDWARD D. ACCT#: T67476
BED: L1110L TYPE: INMATE TRUST
PO BOX:

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
11/08/21	LEGAL POSTAGE	000	$0.53	$0.53
11/08/21	LEGAL POSTAGE	000	$0.53	$0.53
11/08/21	LEGAL POSTAGE	000	$1.36	$1.36
11/08/21	LEGAL POSTAGE	000	$8.50	$8.50
11/18/21	LEGAL COPIES	000	$19.95	$19.95
11/18/21	LEGAL COPIES	000	$24.30	$24.30
11/19/21	LEGAL POSTAGE	000	$0.53	$0.53
11/19/21	LEGAL POSTAGE	000	$2.76	$2.76
11/19/21	LEGAL POSTAGE	000	$3.16	$3.16
11/29/21	LEGAL POSTAGE	000	$0.53	$0.53
11/29/21	LEGAL POSTAGE	000	$1.96	$1.96