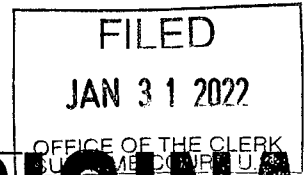


21-7114
No.

PROVIDED TO PUTNAM
CORRECTIONAL
ON 1-17-2022
FOR MAILING
BY G. Barber

IN THE
SUPREME COURT OF THE UNITED STATES



ROBERT NOEL SMITH – PETITIONER

VS.

STATE OF FLORIDA – RESPONDENT

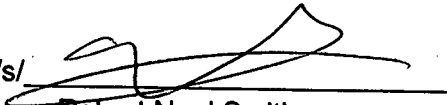
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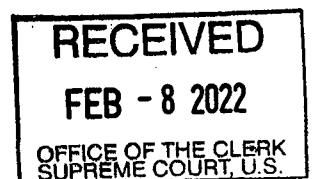
MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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

Petitioner has not previously been granted to proceed *in forma pauperis* in any other court.

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

/s/ 
Robert Noel Smith, pro se



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

I, Robert Smith, 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 therefore; 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 twelve 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	\$ 0.00	N/A	\$ 0.00	N/A
Self-employment	\$ 0.00	N/A	\$ 0.00	N/A
Income from real property (such as rental income)	\$ 0.00	N/A	\$ 0.00	N/A
Interest and dividends	\$ 0.00	N/A	\$ 0.00	N/A
Gifts	\$ 0.00	N/A	\$ 0.00	N/A
Alimony	\$ 0.00	N/A	\$ 0.00	N/A
Child support	\$ 0.00	N/A	\$ 0.00	N/A
Retirement (such as S.S., pensions, annuities, and insurance)	\$ 0.00	N/A	\$ 0.00	N/A
Disability (such as S.S., Insurance payments)	\$ 0.00	N/A	\$ 0.00	N/A
Unemployment payments	\$ 0.00	N/A	\$ 0.00	N/A
Public-assistance (such as welfare)	\$ 0.00	N/A	\$ 0.00	N/A
Other (specify)	\$ 0.00	N/A	\$ 0.00	N/A
Total monthly income:	\$ 0.00	N/A	\$ 0.00	N/A

2. List 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	\$ 0.00

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	\$ 0.00

4. How much cash do you and your spouse have? \$ 0.00

Below, state any money you and your spouse have in bank accounts or in any other financial institution.

Type of account (e.g. checking or savings)	Amount you have	Amount for spouse
None	\$ 0.00	\$ 0.00

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

☐ Home

Value 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 none

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 you	Amount owed to your spouse
N/A	\$ 0.00	\$ 0.00

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

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	\$ 0.00	\$ 0.00
Are real estate taxes included? N/A		
Is property insurance included? N/A		
Utilities (electricity, heating fuel, water, Sewer, and telephone)	\$ 0.00	\$ 0.00
Home maintenance (repairs and upkeep)	\$ 0.00	\$ 0.00
Food	\$ 0.00	\$ 0.00
Clothing	\$ 0.00	\$ 0.00
Laundry and dry-cleaning	\$ 0.00	\$ 0.00
Medical and dental expenses	\$ 0.00	\$ 0.00
Transportation (not including motor vehicle payments)	\$ 0.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ 0.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor vehicle	\$ 0.00	\$ 0.00
Other: None	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, Or farm (attach detailed statement)	\$ 0.00	\$ 0.00

Other (specify): None

\$ 0.00

\$ 0.00

Total monthly expenses:

\$ 0.00

\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next twelve months?

☒ Yes If yes, describe on attached sheet if necessary.

Upon release from prison on approximately August 23, 2022, I will be receiving surgery on my shoulder, and will be applying for disability payments which are expected to be equal to, or less than my living expenses.

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? ☒ No

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? ☒ No

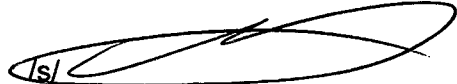
If yes, state the person's name, address, and telephone number: N/A

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

I am currently an indigent inmate incarcerated in the Florida State Prison System.

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

Executed on: January 27, 2022

/s/ 

Robert Noel Smith, *pro se*