

THE UNITED STATES SUPREME COURT

21-7337

AURLIEAS D. M^CCLARTY,

Inmate # C02126

Plaintiff/Petitioner,

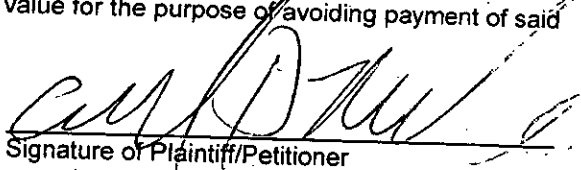
vs.

CASE NO. OFFICE OF THE CLERK

ATTORNEY GENERAL OF THE,
STATE OF FLORIDA (AND/OR),
SECRETARY FLORIDA DEPT OF CORR,
Defendant(s)/Respondent(s).

MOTION TO PROCEED IN FORMA PAUPERIS

I, AURLIEAS D. MCCARTY, plaintiff/petitioner in the above-entitled action, move to proceed in forma pauperis pursuant to 28 U.S.C. § 1915 in the above-entitled action. I am unable to make full prepayment of fees or to give security therefore, and it is my belief that I am entitled to relief. I have not divested myself of any property, monies, or any items of value for the purpose of avoiding payment of said fees.


Signature of Plaintiff/Petitioner

AFFIDAVIT IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS
(THIS AFFIDAVIT MUST BE COMPLETED IN ITS ENTIRETY)

In support of this motion, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes ☒ No ()

If yes, place of incarceration: JACKSON C.I. 5563 10TH STREET MAHONE, FL 32445

If not incarcerated, skip to Question #5.

THE UNITED STATES SUPREME COURT

AURLIEAS D. MCCLARTY

Plaintiff/Petitioner

v.

ATTORNEY GENERAL STATE OF FLORIDA ET AL.

Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at: JACKSON C.I 5563 10TH STREET MAHONE, FL 32445
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are: N/A

My gross pay or wages are: \$ N/A, and my take-home pay or wages are: \$ N/A per
(specify pay period) N/A

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|------------------------------|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

N/A

4. Amount of money that I have in cash or in a checking or savings account: \$ 2

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

N/A

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

N/A

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

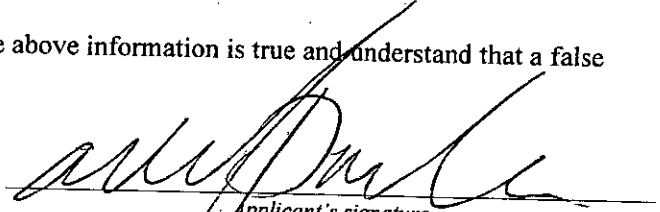
N/A


8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

N/A

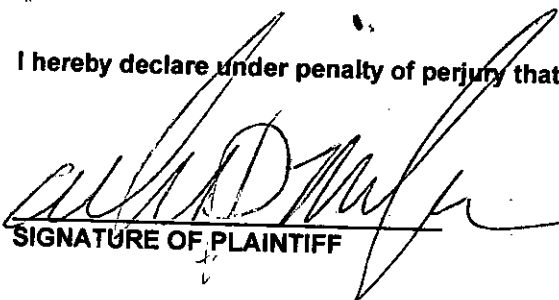
Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 02-16-2022


Applicant's signature
AURLIEAS D M'CARTY
Printed name

1. 
2. Have you been incarcerated for at least six (6) months: Yes ☒ No ()
3. Have you been confined in the facility listed above (question #1) for the six months preceding the filing of this case? Yes ☒ No ()
4. If not, where else have you been held: N/A when: N/A - N/A
5. Are you presently employed? Yes () No ☒
- a. If yes, amount of salary or wages: N/A Employer: N/A
- b. If no, date of last employment: N/A Salary: N/A
6. Have you received any money from any of the following sources within the past 12 months:
- a. Business, profession, or self-employment? Yes () No ☒
- b. Payments from rent, interest, or dividends? Yes () No ☒
- c. Pensions, annuities, or life insurance payments? Yes () No ☒
- d. Disability or worker's compensation payments? Yes () No ☒
- e. Gifts, inheritances, or any other sources? Yes () No ☒
7. Do you have any money in a checking or savings account? Yes () No ☒
- If yes, state the total amount (including money in prison bank account): N/A
8. Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property (excluding ordinary household furnishings and clothing)? Yes () No ☒
- If yes, describe the property and its approximate value: N/A
9. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: N/A
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I hereby declare under penalty of perjury that the above information is true and correct.


SIGNATURE OF PLAINTIFF

02/16/2022
DATE

- Attach Inmate Bank Account Printouts to this Motion -