

In the Supreme Court of the United States

Supreme Court Justice

Vinodh Raghbir, Petitioner, v. Secretary FDOC et.al., Respondent.

ON PETITION FOR WRIT OF HABEAS CORPUS

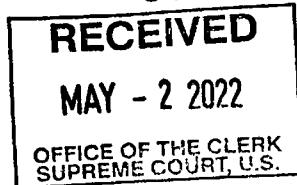
APPLICATION TO EXCEED WORD LIMITS

Pursuant to Supreme Court Rules 22 and 33.1(d), respondent respectfully requests leave to file a petition for writ of habeas corpus on the merits in excess of the word limits, up to a total word limit of 12,900 words.

This case arises from two state court judgement and convictions in which the latter the petitioner argues , inter alia, is a violation of the double jeopardy clause as the charges arise from the same alleged “scheme to defraud” under Florida statute 817.034(d) which punishes a ongoing course of conduct. It includes argument in which the petitioner demonstrates related conduct, and alleged government dissatisfaction with the outcome of the proceedings which resulted in vindictive conduct in the latter case and conduct which was intended to goad the petitioner into seeking a mistrial in the first. The court will also require that cause be shown why relief cannot be granted in a lower court, and the petitioner also demonstrates such cause in this petition including reference to and record not submitted by the state to lower courts in review , both state and federal. The petitioner also cites and incorporates dictation as argument from over 100 US Supreme court cases in which the challenged judgements are in conflict with.

The petitioner is a pauper and has previously applied to this court for such relief. Unfortunately , the petitioner only challenged the lower court’s refusal to adjudicate the matters he had set forth, further complained of state misconduct upon the assertion of his rights, which he felt was unconstitutional, and this court issued an order in his last case in this court requiring him to prepayment of filing fees , unless regarding “criminal matters “, and compliant with rule 33. The petitioner is still a pauper, and unfortunately will remain so as due to the state misconduct as described, he suffered , inter alia, traumatic brain injury resulting in anterograde amnesia and partial blindness. (See attached.)

Due to these serious conditions , and the complexities of the case it is very difficult to compose these documents anew. The petitioner has already created a petition, over several years, which remain unaddressed and or evaded in any lower court, compliant with the format required under rule 33.2 , which he forwarded to the court with the belief that even though the petition was a “civil proceeding”, it



was still regarding "criminal matters". The rationale was that the proceeding type and the subject matter were two different things. That petition was compliant with rule 33.2 and did not exceed the page limit. That petition however, if converted to book format under rule 33.1, would exceed the word limit. It would not exceed 13000 words. Due to the complexity of the dual cases , requiring review as a whole instead of separate, the necessity to demonstrate cause for filing in this court, and that the petition has been condensed to the maximum, the petition cannot be shortened any further without waiver of claims or demonstration of cause.

That petition , appendix and application to proceed informa pauperis were returned by the clerk. The petitioner in turn , pleaded with family members to obtain the filing fee and investigated the cost of creating booklet format petitions under rule 33.1. The costs exceeded \$1800.00.

With the filing fee obtained ,on 04/11/22 a motion was filed in this court pursuant to rules 22 and 33.1(d). On 04/24/22, the motion was returned without address by a justice pursuant to the rules with correspondence from the clerk. It appears the motion was misconstrued. The clerk misconstrued the relief , in that it was seeking leave to file a petition compliant with rule 33.2 in excess of the word limit. This was incorrect. The petitioner sought to file a book format petition in excess of the word limit not to exceed 12900 words otherwise compliant with rule 33.1.

In the alternative, because the petitioner remains a pauper, the petitioner respectfully requests this honorable court , accept the petition with said filing fee in the format already procured under rule 33.2 that would not require an increase in word limit as is compliant with the page count requirement under 33.2.

Respectfully submitted,


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EXHIBIT A

Summary Of Today's Visit		Page 1 of 2	
RAGHUBIR, Vinodh DOB: 02/03/1976 (46 yo M) Acc No. 86804			
 Summary of Today's Visit Raghbir, Vinodh DOB: 02/03/1976 Account No 86804 Sex: Male Preferred Language: English 04/05/2022 visit with Fernando Gonzales-Fortillo MD			
Allergies <ul style="list-style-type: none"> N.K.D.L Other Medical Conditions (Problem List) <ul style="list-style-type: none"> R41.1 Antecubital hemostasis Modified On: 02/08/2022 W/U Status: confirmed G31.84 Mild cognitive impairment, so stated Modified On: 02/08/2022 W/U Status: confirmed G31.1 Senile degenerative dementia, not elsewhere classified Modified On: 02/08/2022 W/U Status: confirmed E55.9 Vitamin D deficiency, unspecified Modified On: 02/08/2022 W/U Status: confirmed E83.42 Hypomagnessemia Modified On: 02/08/2022 W/U Status: confirmed E53.9 Vitamin E deficiency, unspecified Modified On: 01/16/2022 W/U Status: confirmed S09.90XAU Unspecified injury of head, initial encounter Modified On: 01/16/2022 W/U Status: confirmed B66.9 Obesity, unspecified Modified On: 02/08/2022 W/U Status: confirmed Z68.33 Body mass index (BMI) 33.0-33.9, adult Modified On: 02/08/2022 W/U Status: confirmed 			
<small> Summary of Today's Visit for Raghbir, Vinodh NHA Company 6735 University Rd Suite 229 Orlando, FL 32835-3870 407-581-8040 Summary generated by eClinicalWorks (www.eClinicalWorks.com) This document contains confidential information about your health. To maintain your privacy, do not throw this document in the trash. If you do not wish to keep this document for your records, please shred or otherwise securely dispose of your copy. If you are not the intended recipient, please return this document and report it to the physician's office named above. </small>			
https://finalhealth.ecwidcloud.com/mobiledoc/isp/catalog/xml/print/visitSummary.jsp?encounte... 12/8/2022			

EXHIBIT B

Patient Name: Agustine L. Walsh DOB: 3/17/1960

Dr. EE Date 4/11/22
LEE EE Tech EE

CL Brand & Rx: AWT
LTW:

Comfort: good poor Vision: clear blurred
CC: EG/CL/BOTH has been
inquiries and want
to go to get an
eye exam?

CT: UCT CF: OD FTFC Other: EE
C #: ACT EE CF: OS FTFC Other: EE
BOM'S OD POM/other: EE OS/From/other: EE

Pupils: Dim Light PERFECT Reaction PERFECT
OD: OS:

RAFD: POS NEG OD OS

Contact Lens Fitting: REMOVED OD
OD: OS:

Good Poor Comfort Good Poor
Good Poor Movement Good Poor
OD: OS: Reaction PERFECT

Visual Acuity: 20/ 10

Slit Lamp Examination
OD: OTHER OS: OTHER
CL: STEPS CL: OTHER
CL: W/ Lashes CL: OTHER
CL: Comma CL: OTHER
CL: Pal Conj CL: OTHER
CL: But Conj CL: OTHER
Ant Chamber: 2.0 Pupil: 2.0
Fltr: WNS Iris: OTHER Lens: CL CL: WNS
CL: OTHER Ant Vlt: CL CL: OTHER
0 1 2 3 4 Angle: 0 1 2 3 4

Diagnosis @ 1433 Patient Refused
5% Proparacaine 1% Tropicamide, PAMMyd
2.5% Phenylephrine 1% Cyclopentolate
Other:

Patient R/S:

Discussed: Return to Clinic:
Ant & Vn: Tonics 1 Day 2 Days
Poor Cond: RGP's 1 Week 2 Weeks
Presbyopia: DW only 1 Month 2 Months
Refer MD: Decrease WT 3 Months 6 Months

Patient Grid: OD Neg Pos OS Neg Pos
FDT: Patient Declined EE Attached
RCI: Patient Declined EE See Imaging Pic EE

OD: No Defect Other:
OS: No Defect Other:

Blood Pressure: @ Time:
Hab: RAS: other:

Eg Rx: Sphere Cyl Axis Add
OD: OS:

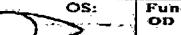
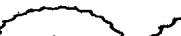
Age Hab Rx:

Diagnostic Lenses See at Dispense Final Rx Follow-up Required I & F

OD	SPHERE	CYL	AXIS	PC	DIA	BRAND	OTHER
OD	-0.5 -1.50	-0.50	180	PRISM/BASE	VA 20/175	ADD	VA
OS	-0.75 -0.75	-0.75	180	PRISM/BASE	VA 20/200	ADD	VA
OD				PRISM/BASE	VA 20/	ADD	VA
OS				PRISM/BASE	VA 20/	ADD	VA

NRA PRA: BCC: PH NI OLY

Additional Testing:

OD:  OS: 
 
Peripheral Retina: PLAT ATACHED PLAT ATACHED
 RC Images N/A RC Images Reviewed

Fundus Examination: DO 20/20 OD 20/20 OS 20/20
OTHER:
Norm. Caliber: 2.5 Vessel: 2/3 Norm. Caliber: 2.5 Vessel: 2/3
CL: CL Media: CL Media: CL
Macula: CL Macula: CL Macula: CL
Post Pole: CL Post Pole: CL Post Pole: CL
Vitreous: CL Vitreous: CL Vitreous: CL
Disc Margin: CL Disc Margin: CL Disc Margin: CL
Yes Foveal Light Reflex: Yes Distinct: Yes Distinct: Yes
C/D Ratio: 0.5 C/D Ratio: 0.5 C/D Ratio: 0.5

Assessment: Hyperopia (H52.03) Myopia (H52.13) Anterior Uveitis (H52.209) Proptosis (H52.4) Amblyopia (I14.9) Ambly. Con. (H10.9) Blepharitis (H01.009) Conjunct. Unspecified (H126.9) Chalazion (H40.0) Corneal Ulcer (H41.9) Diabetic w/o Comp. (E11.9) Diabetic Ret. (E11.319) Glaucoma Suspect (H40.0) Glaucoma Unspecified (H14.9) GPC (H10.419) Hypertensive Ret. (H35.009) Mac Deg (H35.30) SPK (H16.149)

Additional Diagnosis: Defect on (2 to be seen in injury)

Plan: 1) Educ will hold off on glasses go now until see opto
2) Educ opto she will see eye after eye MD + opto see further

Respectfully submitted,

J. B.

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CERTIFICATE OF COMPLIANCE

This document complies with rules 22 and 33.1

CERTIFICATE

I Vinodh Raghbir, swear under penalties of perjury, that the foregoing is true , correct and not meant to mislead. I also certify that a true , correct copy has been forwarded 04/24/22

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FLORIDA DEPARTMENT OF CORRECTIONS 501 S CALHOUN STREET
TALLAHASSEE FL 32399

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