

No. 22-5842

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IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

LEX LUGARD EUGENE,
Petitioner, Pro se

FILED
SEP 26 2022
OFFICE OF THE CLERK
SUPREME COURT, U.S.

versus

ATTORNEY GENERAL OF FLORIDA, Ashley Moody
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*.

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

- Fourth District Court of Appeal of Florida; and
- 15th Judicial Circuit Court, In and For Palm Beach County Florida

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

/s/ Lex Eugene B13960
LEX L. EUGENE, DC# B13960
Petitioner, Pro Se

Date: September 26, 2022

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

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

I, LEX LUGARD EUGENE, 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. The 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): _____	\$ 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 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? \$ 0.00
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	N/A	\$ 0	\$ N/A
N/A	N/A	\$ 0	\$ N/A
N/A	N/A	\$ 0	\$ N/A

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

<input type="checkbox"/> Home Value N/A	<input type="checkbox"/> Other real estate Value N/A
<input type="checkbox"/> Motor Vehicle #1 Year, make & model N/A Value N/A	<input type="checkbox"/> Motor Vehicle #2 Year, make & model N/A Value N/A
<input type="checkbox"/> 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.

Name	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.

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)	\$_____ 0 _____	\$_____ N/A _____
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)	\$_____ 0 _____	\$_____ N/A _____
Home maintenance (repairs and upkeep)	\$_____ 0 _____	\$_____ N/A _____
Food	\$_____ 0 _____	\$_____ N/A _____
Clothing	\$_____ 0 _____	\$_____ N/A _____
Laundry and dry-cleaning	\$_____ 0 _____	\$_____ N/A _____
Medical and dental expenses	\$_____ 0 _____	\$_____ N/A _____
Transportation (not including motor vehicle payments)	\$_____ 0 _____	\$_____ N/A _____

	You	Your spouse
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 0	\$ N/A
Other: _____ N/A _____	\$ 0	\$ N/A

Taxes (not deducted from wages or included in mortgage payments)

(specify): _____ N/A _____	\$ 0	\$
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Installment payments

Motor Vehicle	\$ 0	\$
Credit card(s)	\$ 0	\$
Department store(s)	\$ 0	\$
Other: _____ N/A _____	\$ 0	\$

Alimony, maintenance, and support paid to others	\$ 0	\$
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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
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Other (specify): _____ N/A _____	\$ 0	\$
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Total monthly expenses:	\$ 0	\$
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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? _____

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

Name: _____

Address: _____

Telephone: _____

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.

Name: _____

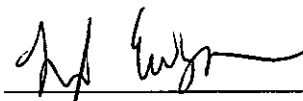
Address: _____

Telephone: _____

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

I HAVE BEEN INCARCERATED SINCE FEBRUARY 13th 2016 AND HAVE BEEN DECLARED INDIGENT IN EVERY COURT PROCEEDINGS.

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

 B13960
LEX L. EUGENE, DC# B13960
Petitioner, Pro Se

Executed on this 26 day of September 2022