

22-6133

PROVIDED TO
JEFFERSON C.I.

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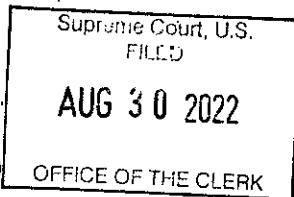
FOR MAILING
RECEIVED BY *[Signature]*

IN THE
SUPREME COURT OF THE UNITED STATES

DAVID PRIESTER — PETITIONER
(Your Name)

SECY OF FLORIDA VS.
Dept of Corrections,
Ashley Madison, A.G.

— 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):

Florida's Fifth District Court of Appeals

United States District Court Middle District of 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.

David Priest

(Signature)

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

I, David Prester, 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	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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
None	None	7/3	\$ 0
None	None	7/3	\$ 0
None	None	7/3	\$ 0

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
None	None	7/3	\$ 0
None	None	7/3	\$ 0
None	None	7/3	\$ 0

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
None	\$ 0	\$ 0
None	\$ 0	\$ 0
None	\$ 0	\$ 0

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

Home
Value None

Other real estate
Value None

Motor Vehicle #1
Year, make & model None
Value None

Motor Vehicle #2
Year, make & model None
Value None

Other assets
Description None
Value None

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
<u>New York City</u>	\$ <u>1,000.00</u>	\$ <u>0</u>
_____	\$ _____	\$ <u>0</u>
_____	\$ _____	\$ <u>0</u>

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
<u>~1/2</u>	<u>none</u>	<u>~1/2</u>
<u>~1/2</u>	<u>none</u>	<u>~1/2</u>
<u>~1/2</u>	<u>none</u>	<u>~1/2</u>

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)	\$ <u>1,000</u>	\$ <u>0</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>1,000</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>400</u>	\$ <u>0</u>
Clothing	\$ <u>400</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>200</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>500</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 100	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 1,000	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 1,000	\$ 0
Life	\$ 200	\$ 0
Health	\$ 200	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 200	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 300	\$ 0
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 6,500	\$ 0

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:

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:

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

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

Executed on: _____, 20____



(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 103 - JEFFERSON C.I.
FOR: 07/01/2022 - 07/31/2022

ACCT NAME: PRIESTER, DAVID
BED: B2124L
PO BOX:

ACCT#: E59730
TYPE: INMATE TRUST

BEGINNING BALANCE 07/01/22

\$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
07/11/22	200	LEGAL COPIES	WD 1032022575	000		-	\$0.00	\$0.00
07/11/22	200	LIEN CREATED	- 07/11/2022	1032022575		-	\$0.00	\$0.00
07/11/22	200	LEGAL COPIES	WD 1032022628	000		-	\$0.00	\$0.00
07/11/22	205	LIEN CREATED	- 07/11/2022	1032022628		-	\$0.00	\$0.00
07/11/22	205	LEGAL POSTAGE	W 2022062101	000		-	\$0.00	\$0.00
07/15/22	119	LIEN CREATED	- 07/11/2022	2022062101		-	\$0.00	\$0.00
07/15/22	119	LEGAL POSTAGE	W 2022070501	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/15/2022	2022070501		-	\$0.00	\$0.00

ENDING BALANCE 07/31/22

\$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACI	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	PROCESSING FEE		\$0.45	\$0.41
SUMMARY	LEGAL POSTAGE		\$3.95	\$3.95
SUMMARY	LEGAL COPIES		\$1.35	\$1.35
SUMMARY	MEDICAL CO-PAYMENT		\$5.00	\$5.00
07/11/22	LEGAL POSTAGE	000	\$2.16	\$2.16
07/11/22	LEGAL COPIES	000	\$0.30	\$0.30
07/11/22	LEGAL COPIES	000	\$52.50	\$52.50
07/15/22	LEGAL POSTAGE		\$0.53	\$0.53

08/01/22
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