

PROVIDED TO HARDEE CORRECTIONAL  
INSTITUTION ON 1-13-23 XW  
INMATE LEGAL MAIL FOR MAILING  
EB

No. SC22-0753

**22-6633 ORIGINAL**

IN THE  
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.  
FILED

JAN 13 2023

OFFICE OF THE CLERK

EDWARD R. BROWN — PETITIONER  
(Your Name)

VS.

THE STATE OF FLORIDA — 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):

The THIRD DISTRICT COURT OF APPEALS and The FLORIDA SUPREME COURT.

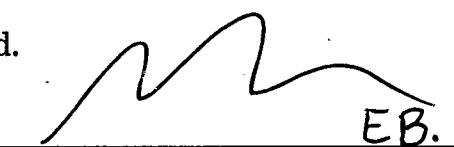
Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court.

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: N/A  
\_\_\_\_\_, or

a copy of the order of appointment is appended.

  
EB.

(Signature)  
**RECEIVED**

JAN 25 2023

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, EDWARD R. BROWN, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Self-employment	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Gifts	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Alimony	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Child Support	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 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
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 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 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 N/A  
 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 to you	Amount owed to your spouse
N/A	\$ Ø	\$ Ø
N/A	\$ Ø	\$ Ø
N/A	\$ Ø	\$ Ø

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
F.B	daughter	15
A.B	daughter	13
E.B	son	8

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)	\$ Ø	\$ 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)	\$ Ø	\$ N/A
Home maintenance (repairs and upkeep)	\$ Ø	\$ N/A
Food	\$ Ø	\$ N/A
Clothing	\$ Ø	\$ N/A
Laundry and dry-cleaning	\$ Ø	\$ N/A
Medical and dental expenses	\$ Ø	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>Ø</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>Ø</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>Ø</u>	\$ <u>N/A</u>
Life	\$ <u>Ø</u>	\$ <u>N/A</u>
Health	\$ <u>Ø</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>Ø</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>Ø</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>Ø</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>Ø</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>Ø</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>Ø</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	\$ <u>Ø</u>	\$ <u>N/A</u>

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? N/A

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?

Yes  No

If yes, how much? N/A

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 Cannot Pay the cost OF this case Because I am an  
Independent Incarcerated Inmate Serving A life  
Sentence In A florida State Institution.

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

Executed on: 1/13/2023

  
(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FOR: 05/18/2022 - 05/18/2022

05/18/22  
08:52:49  
PAGE 1

ACCT NAME: BROWN, EDWARD R.  
BED: F2107L  
PC BOX:

ACCT#: M57932  
TYPE: INMATE TRUST

BEGINNING BALANCE 05/18/22 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 05/18/22 \$0.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 501 - HARDEE C.I.  
FOR: 05/01/2022 - 05/31/2022

06/01/22  
12:04:29  
PAGE 1015

ACCT NAME: BROWN, EDWARD R.  
BED: F2107L  
PO BOX:

ACCT#: M57932  
TYPE: INMATE TRUST

BEGINNING BALANCE 05/01/22 \$0.06

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 05/31/22 \$0.06

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FOR: 03/01/2022 - 06/15/2022

06/15/22  
 08:02:38  
 PAGE 1

ACCT NAME: BROWN, EDWARD R.  
 BED: F2107L  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

BEGINNING BALANCE 03/01/22 \$0.41

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
04/09/22	087	CANTEEN SALES	50120220408	000		-	\$0.35	\$0.06
06/11/22	146	MEDICAL CO-PAY	0511220900MH	000		-	\$0.00	\$0.06
		LIEN CREATED	- 06/11/2022	0511220900MH				

ENDING BALANCE 06/15/22 \$0.06

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
06/11/22	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 501 - HARDEE C.I.  
 FOR: 07/01/2022 - 07/31/2022

08/01/22  
 08:54:55  
 PAGE 1126

ACCT NAME: BROWN, EDWARD R.  
 BED: G1212L  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

BEGINNING BALANCE 07/01/22

\$0.06

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 07/31/22

\$0.06

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
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SUMMARY	MEDICAL CO-PAYMENT		\$5.00	\$5.00
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IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FOR: 10/18/2022 - 10/18/2022

10/18/22  
 09:26:22  
 PAGE 1

ACCT NAME: BROWN, EDWARD R.  
 BED: F3112L  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

BEGINNING BALANCE 10/18/22

\$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 10/18/22

\$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$9.16	\$9.10
SUMMARY	MEDICAL CO-PAYMENT		\$15.00	\$15.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 501 - HARDEE C.I.  
 FOR: 10/01/2022 - 10/31/2022

11/01/22  
 08:01:05  
 PAGE 106

ACCT NAME: BROWN, EDWARD R.  
 BED: F3112L  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

BEGINNING BALANCE 10/01/22

\$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 10/31/22

\$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$9.16	\$9.10
SUMMARY	MEDICAL CO-PAYMENT		\$15.00	\$15.00

