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No. \_\_\_\_\_

FILED  
FEB 01 2023  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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SUMTER CORRECTIONAL INSTITUTION  
DATE 1-11-23  
OFFICER INITIALS JKS KB

IN THE  
SUPREME COURT OF THE UNITED STATES

KENNETH BALOWIN — PETITIONER  
(Your Name)

VS.

SECRETARY D.O.C. — 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):

United States District Court For the Middle District of Florida  
In the United States Court of Appeals For the Eleventh Circuit

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.

RECEIVED  
FEB - 7 2023  
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SUPREME COURT, U.S.

*Kenneth Balowin*  
RECEIVED  
JAN 24 2023  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, Kenneth Baldwin, 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>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Self-employment	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Income from real property (such as rental income)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Interest and dividends	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Gifts	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Alimony	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Child Support	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Disability (such as social security, insurance payments)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Unemployment payments	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Public-assistance (such as welfare)	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
Other (specify): <u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
<b>Total monthly income:</b>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</u>	\$ <u>Ø</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? \$ N/A  
 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
<u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
<u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</u>
<u>N/A</u>	\$ <u>Ø</u>	\$ <u>Ø</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>None</u>	<u>None</u>	<u>None</u>
<u>None</u>	<u>None</u>	<u>None</u>
<u>None</u>	<u>None</u>	<u>None</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>Ø</u>	\$ <u>Ø</u>
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)	\$ <u>Ø</u>	\$ <u>Ø</u>
Home maintenance (repairs and upkeep)	\$ <u>Ø</u>	\$ <u>Ø</u>
Food	\$ <u>Ø</u>	\$ <u>Ø</u>
Clothing	\$ <u>Ø</u>	\$ <u>Ø</u>
Laundry and dry-cleaning	\$ <u>Ø</u>	\$ <u>Ø</u>
Medical and dental expenses	\$ <u>Ø</u>	\$ <u>Ø</u>

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

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

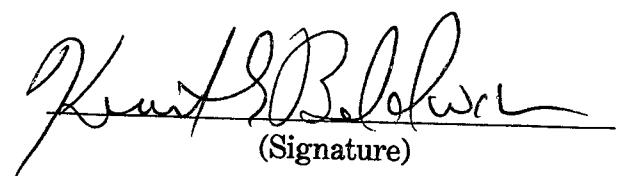
If yes, how much? N/A

If yes, state the person's name, address, and telephone number:

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: January 11<sup>th</sup>, 2023

  
(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FOR: 07/01/2022 - 01/06/2023

01/06/23  
 09:22:17  
 PAGE 1

ACCT NAME: BALDWIN, KENNETH R.  
 BED: M2117U  
 PO BOX:

ACCT#: Y01245  
 TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	BEGINNING BALANCE 07/01/22	\$0.00
08/26/22	145	LEGAL POSTAGE W	2022082301	000	2022082301	-	\$0.00	\$0.00
08/26/22	145	LIEN CREATED	- 08/26/2022	000	2022082302	-	\$0.00	\$0.00
09/02/22	169	LEGAL POSTAGE W	2022082302	000	2022082302	-	\$0.00	\$0.00
09/02/22	169	LIEN CREATED	- 08/26/2022	000	0901220830RR	-	\$0.00	\$0.00
10/07/22	110	MEDICAL CO-PAY	0901220830RR	000	0901220830RR	-	\$0.00	\$0.00
10/07/22	110	LEGAL POSTAGE W	2022100501	000	2022100501	-	\$0.00	\$0.00
10/07/22	110	LIEN CREATED	- 10/07/2022	000	2022100502	-	\$0.00	\$0.00
11/18/22	173	LEGAL POSTAGE W	2022111401	000	2022111401	-	\$0.00	\$0.00
11/18/22	173	LIEN CREATED	- 11/18/2022	000	2022111401	-	\$0.00	\$0.00
11/18/22	173	LEGAL POSTAGE W	2022111402	000	2022111402	-	\$0.00	\$0.00
11/18/22	173	LIEN CREATED	- 11/18/2022	000	2022111402	-	\$0.00	\$0.00
01/05/23	144	LEGAL POSTAGE W	2022122101	000	2022122101	-	\$0.00	\$0.00
01/05/23	144	LIEN CREATED	- 01/05/2023	000	2022122102	-	\$0.00	\$0.00
01/05/23	144	LEGAL POSTAGE W	2022122102	000	2022122102	-	\$0.00	\$0.00
01/05/23	144	LIEN CREATED	- 01/05/2023	000	2022122102	-	\$0.00	\$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED	ENDING BALANCE 01/06/23	\$0.00
SUMMARY	LEGAL POSTAGE		\$1.06	\$1.06		
SUMMARY	PROCESSING FEE		\$0.36	\$0.29		
08/26/22	LEGAL POSTAGE	000	\$2.16	\$2.16		
08/26/22	LEGAL POSTAGE	000	\$2.16	\$2.16		
09/02/22	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00		
10/07/22	LEGAL POSTAGE	000	\$0.57	\$0.57		
10/07/22	LEGAL POSTAGE	000	\$0.57	\$0.57		
11/18/22	LEGAL POSTAGE	000	\$0.57	\$0.57		
11/18/22	LEGAL POSTAGE	000	\$0.57	\$0.57		
01/05/23	LEGAL POSTAGE	000	\$2.88	\$2.88		
01/05/23	LEGAL POSTAGE	000	\$2.88	\$2.88		

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 307 - SUMTER C.I.  
 FOR: 12/01/2022 - 12/31/2022

01/03/23  
 13:51:09  
 PAGE 1064

ACCT NAME: BALDWIN, KENNETH R.  
 BED: M2117U  
 PO BOX:

ACCT#: Y01245  
 TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	BEGINNING BALANCE 12/01/22	\$0.00
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NO TRANSACTIONS FOUND

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED	ENDING BALANCE 12/31/22	\$0.00
SUMMARY	PROCESSING FEE		\$0.36	\$0.29		
SUMMARY	LEGAL POSTAGE		\$7.66	\$7.66		
SUMMARY	MEDICAL CO-PAYMENT		\$5.00	\$5.00		