

No. 22-7555

PROVIDED FOR MAILING
AT CALHOUN CLON

APR 27 2023

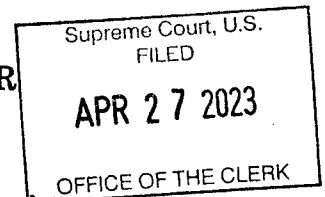
STAFF INITIALS
INMATE INITIALS

[Handwritten initials]

IN THE

SUPREME COURT OF THE UNITED STATES

TYRELL RAKEEM MOBLEY — PETITIONER
(Your Name)



SECRETARY, FLORIDA DEPARTMENT OF CORRECTIONS
FLORIDA ATTORNEY GENERAL, STATE OF FLORIDA VS. 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, Middle District of Florida
Jacksonville Division, 300 N. Hogan St. Suite 9-150, Jacksonville, FL 32202.

☐ 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.

Tyrell Rakeem Mobley
(Signature)

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

I, Tyrell RaKeem Mobley, 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>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Self-employment	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Gifts	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Child Support	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly income:	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

RECEIVED

MAY - 3 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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	\$ 0.00
N/A	N/A	N/A	\$ 0.00
N/A	N/A	N/A	\$ 0.00

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	\$ 0.00
N/A	N/A	N/A	\$ 0.00
N/A	N/A	N/A	\$ 0.00

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
N/A	\$ 0.00	\$ 0.00
N/A	\$ 0.00	\$ 0.00
N/A	\$ 0.00	\$ 0.00

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

☐ Home N/A
Value \$ 0.00

☐ Other real estate N/A
Value \$ 0.00

☐ Motor Vehicle #1
Year, make & model N/A
Value \$ 0.00

☐ Motor Vehicle #2
Year, make & model N/A
Value \$ 0.00

☐ Other assets
Description N/A
Value \$ 0.00

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

\$ 0.00

\$ 0.00

N/A

\$ 0.00

\$ 0.00

N/A

\$ 0.00

\$ 0.00

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
Allisa Johnson	Sister	39 - 7-25-1983
Gregory Lamar Clements	Brother	29 - 1-17-94
ELIJAH MILLER JR.	Nephew	20 - 12-15-2002

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>0.00</u>	\$ <u>0.00</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>0.00</u>	\$ <u>0.00</u>
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ <u>0.00</u>
Food	\$ <u>0.00</u>	\$ <u>0.00</u>
Clothing	\$ <u>0.00</u>	\$ <u>0.00</u>
Laundry and dry-cleaning	\$ <u>0.00</u>	\$ <u>0.00</u>
Medical and dental expenses	\$ <u>0.00</u>	\$ <u>0.00</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0.00</u>	\$ <u>0.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ <u>0.00</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0.00</u>	\$ <u>0.00</u>
Life	\$ <u>0.00</u>	\$ <u>0.00</u>
Health	\$ <u>0.00</u>	\$ <u>0.00</u>
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Credit card(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Department store(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ <u>0.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly expenses:	\$ <u>0.00</u>	\$ <u>0.00</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.

N/A

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? \$0.00

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 have been locked up in Florida D.O.C. I was 18 years of age, 2011. I am poor and a lament of the law. / Pro, se.

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

Executed on:

APRIL 27th, 2023,
Thursdays

Dyall Rakem Mobley
(Signature)

Account Summary

Account Type: INMATE TRUST FUND <input type="button" value="v"/>	Account ID: C05586 <input type="button" value="Confirm"/>	Account Name: MOBLEY, TYRELL R. <input type="button" value="v"/> <input type="button" value="Search"/>
Current Facility: CALHOUN C.I.	Housing: H3102U	Dependents: NO
AKA: MOBLEY, TYRELL R. <input type="button" value="v"/>	Date of Birth: 07/19/1992	EOS Release Date: 12/22/2026
Account Status: ACTIVE <input type="button" value="v"/>	As of Date: 08/24/2021	Cash Draw Card: NO <input type="button" value="v"/>
Current Balance: \$0.00	Hold Balance: \$0.00	Verified Veteran: NO
Unposted Deposits: \$0.00	Lien Balance: \$5.55	Release Card: NO <input type="button" value="v"/>
Eligible for Release Payment: <input type="button" value="v"/>	Current COP Balance: \$0.00	Withdrawals in Suspense: \$0.00
		Spendable Balance: \$0.00
		Canteen Limit: \$0.00
		Savings Balance: \$0.00
		Dependent Balance: \$0.00
		<input type="button" value="Submit"/>
		<input type="button" value="Rebuild Balances"/>
		<input type="button" value="Satisfy Liens"/>

Retrieve Transaction Date: 10/01/2022

Transaction Date	Transaction Type	Status	Facility	Reference Number	+ / -	Amount	Balance
10/03/2022	LEGAL POSTAGE WD	PROCESSED	CENTRAL OFFICE	2022092901	-	\$0.00	\$0.00
10/07/2022	LEGAL POSTAGE WD	PROCESSED	CENTRAL OFFICE	2022100301	-	\$0.00	\$0.00
10/08/2022	MEDICAL CO-PAY WD	PROCESSED	CENTRAL OFFICE	1007221252MH	-	\$0.00	\$0.00
10/14/2022	MEDICAL CO-PAY WD	PROCESSED	CENTRAL OFFICE	1013220938RR	-	\$0.00	\$0.00
10/15/2022	MEDICAL CO-PAY WD	PROCESSED	CENTRAL OFFICE	1014220905RR	-	\$0.00	\$0.00
10/18/2022	MEDICAL CO-PAY WD	PROCESSED	CENTRAL OFFICE	1017221029RR	-	\$0.00	\$0.00
10/19/2022	JPAY DEPOSIT	PROCESSED	CENTRAL OFFICE	148880862	+	\$60.00	\$60.00
10/19/2022	PROCESSING FEE LIEN PAY	PROCESSED	CENTRAL OFFICE	20220926	-	\$0.01	\$59.99

<u>10/19/2022</u>	MEDICAL CO-PAY BILL LIEN PAY	PROCESSED	CENTRAL OFFICE	1007221252MH	-	\$5.00	\$54.99
<u>10/19/2022</u>	MEDICAL CO-PAY BILL LIEN PAY	PROCESSED	CENTRAL OFFICE	1013220938RR	-	\$5.00	\$49.99
<u>10/19/2022</u>	MEDICAL CO-PAY BILL LIEN PAY	PROCESSED	CENTRAL OFFICE	1014220905RR	-	\$5.00	\$44.99
<u>10/19/2022</u>	MEDICAL CO-PAY BILL LIEN PAY	PROCESSED	CENTRAL OFFICE	1017221029RR	-	\$5.00	\$39.99
<u>10/19/2022</u>	LEGAL POSTAGE LIEN PAY	PROCESSED	CENTRAL OFFICE	2022092901	-	\$0.81	\$39.18
<u>10/19/2022</u>	LEGAL POSTAGE LIEN PAY	PROCESSED	CENTRAL OFFICE	2022100301	-	\$1.68	\$37.50
<u>10/20/2022</u>	MEDICAL CO-PAY WD	PROCESSED	CENTRAL OFFICE	1019221139RR	-	\$0.00	\$37.50
<u>10/21/2022</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	10520221020	-	\$37.50	\$0.00
<u>10/24/2022</u>	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	20221024	-	\$0.00	\$0.00
<u>12/12/2022</u>	JPAY DEPOSIT	PROCESSED	CENTRAL OFFICE	150856462	+	\$100.00	\$100.00
<u>12/12/2022</u>	PROCESSING FEE LIEN PAY	PROCESSED	CENTRAL OFFICE	20221024	-	\$0.38	\$99.62
<u>12/12/2022</u>	MEDICAL CO-PAY BILL LIEN PAY	PROCESSED	CENTRAL OFFICE	1019221139RR	-	\$5.00	\$94.62
<u>12/15/2022</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	10520221214	-	\$93.77	\$0.85
<u>12/16/2022</u>	JPAY DEPOSIT	PROCESSED	CENTRAL OFFICE	150993048	+	\$75.00	\$75.85
<u>12/19/2022</u>	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	WEEKLY DRAW	-	\$0.94	\$74.91
<u>12/22/2022</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	10520221221	-	\$74.89	\$0.02
<u>12/26/2022</u>	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	20221226	-	\$0.02	\$0.00
<u>01/21/2023</u>	JPAY DEPOSIT	PROCESSED	CENTRAL OFFICE	152305057	+	\$100.00	\$100.00
<u>01/21/2023</u>	PROCESSING	PROCESSED	CENTRAL	20221226	-	\$0.73	\$99.27

	FEE LIEN PAY		OFFICE				
<u>02/01/2023</u>	MEDICAL CO-PAY WD	PROCESSED	CENTRAL OFFICE	0125231639RR	-	\$0.00	\$99.27
<u>02/20/2023</u>	LEGAL POSTAGE WD	PROCESSED	CENTRAL OFFICE	2023021301	-	\$0.60	\$98.67
<u>02/24/2023</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	10520230223	-	\$98.58	\$0.09
<u>02/27/2023</u>	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	20230227	-	\$0.09	\$0.00
<u>03/01/2023</u>	MEDICAL CO-PAY WD	PROCESSED	CENTRAL OFFICE	0227230918RR	-	\$0.00	\$0.00
<u>03/11/2023</u>	JPAY DEPOSIT	PROCESSED	CENTRAL OFFICE	154231961	+	\$100.00	\$100.00
<u>03/11/2023</u>	PROCESSING FEE LIEN PAY	PROCESSED	CENTRAL OFFICE	20230227	-	\$0.90	\$99.10
<u>03/11/2023</u>	MEDICAL CO-PAY BILL LIEN PAY	PROCESSED	CENTRAL OFFICE	0125231639RR	-	\$5.00	\$94.10
<u>03/11/2023</u>	MEDICAL CO-PAY BILL LIEN PAY	PROCESSED	CENTRAL OFFICE	0227230918RR	-	\$5.00	\$89.10
<u>03/13/2023</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	10520230312	-	\$88.76	\$0.34
<u>03/13/2023</u>	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	20230313	-	\$0.34	\$0.00
<u>03/23/2023</u>	MEDICAL CO-PAY WD	PROCESSED	CENTRAL OFFICE	0322231512RR	-	\$0.00	\$0.00

Next 50 Transactions

Prior 50 Transactions



Donna S. Shelton
Notary Public
State of Florida
Comm# HH145515
Expires 6/28/2025

Donna S. Shelton