

22-7564

No. 11th circuit court of Appeal

ORIGINAL

Supreme Court, U.S.
FILED

MAY 11 2023

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

Victor Wilson - PETITIONER

VS.

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*.

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

United States District court middle district Jacksonville Florida
11th circuit court of Appeals

[☐] 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.

V. Wilson
(Signature)

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

I, Victor Wilson 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 thereof; 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 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>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>

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
X	X	X	X

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
X	X	X	0.00 X

4. How much cash do you and your spouse have? \$ _____

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
X	X	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00
		\$ 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
Value X

☐ Other real estate
Value X

☐ Motor Vehicle #1
Year, make & model X
Value

☐ Motor Vehicle #2
Year, make & model X
Value X 0.00

☐ Other assets
Description X
Value

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>X</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>X</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>X</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>X</u>	<u>X</u>	<u>X</u>
<u>X</u>	<u>X</u>	<u>X</u>
<u>X</u>	<u>X</u>	<u>X</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>0.00</u>	\$ <u>0.00</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input 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)	\$ 0.00	\$ 0.00
Recreation, entertainment, newspaper, magazines, etc.	\$ 6.00	\$ 6.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ 0.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor Vehicle	\$ 0.00	\$ 0.00
Other: X	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): X	\$ 0.00	\$ 0.00
Installment payments		
Motor Vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department store(s)	\$ 0.00	\$ 0.00
Other: X	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify): X	\$ 0.00	\$ 0.00
Total monthly expenses	\$ 0.00	\$ 0.00

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? 0.00

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? 0.00

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 the penalty of perjury that the foregoing is true and correct.

Executed on: 5-11-23, 20 23

Victor Wilson V. W.
(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 282 - TOMOKA C.I.
FOR: 12/01/2022 - 05/03/2023

05/03/23
08:00:01
PAGE 1

ACCT NAME: WILSON, VICTOR K.
BED: E2207L
PO BOX:

ACCT#: J00910
TYPE: INMATE TRUST

BEGINNING BALANCE 12/01/22 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
01/20/23	161	LEGAL POSTAGE	W 2023011701	000		-	\$0.00	\$0.00
		LIEN CREATED	- 01/20/2023	2023011701				
01/20/23	161	LEGAL POSTAGE	W 2023011702	000		-	\$0.00	\$0.00
		LIEN CREATED	- 01/20/2023	2023011702				
02/03/23	157	LEGAL POSTAGE	W 2023020101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/03/2023	2023020101				
02/03/23	157	LEGAL POSTAGE	W 2023020102	000		-	\$0.00	\$0.00
		LIEN CREATED	- 02/03/2023	2023020102				
04/17/23	219	LEGAL POSTAGE	W 2023041101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 04/17/2023	2023041101				
04/17/23	219	LEGAL POSTAGE	W 2023041102	000		-	\$0.00	\$0.00
		LIEN CREATED	- 04/17/2023	2023041102				
04/25/23	228	LEGAL POSTAGE	W 2023041801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 04/25/2023	2023041801				
04/25/23	228	LEGAL POSTAGE	W 2023041802	000		-	\$0.00	\$0.00
		LIEN CREATED	- 04/25/2023	2023041802				

ENDING BALANCE 05/03/23 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT		\$5.00	\$5.00
SUMMARY	PROCESSING FEE		\$0.26	\$0.22
SUMMARY	LEGAL POSTAGE		\$24.89	\$24.89
01/20/23	LEGAL POSTAGE	000	\$4.08	\$4.08
01/20/23	LEGAL POSTAGE	000	\$4.09	\$4.09
02/03/23	LEGAL POSTAGE	000	\$9.80	\$9.80
02/03/23	LEGAL POSTAGE	000	\$11.45	\$11.45
04/17/23	LEGAL POSTAGE	000	\$3.18	\$3.18
04/17/23	LEGAL POSTAGE	000	\$3.66	\$3.66
04/25/23	LEGAL POSTAGE	000	\$1.98	\$1.98
04/25/23	LEGAL POSTAGE	000	\$1.98	\$1.98