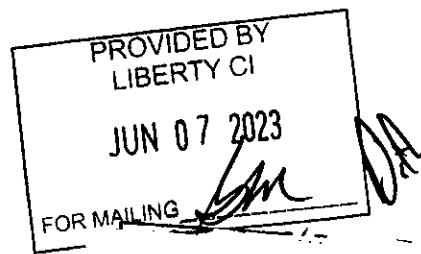


No. 22-7774



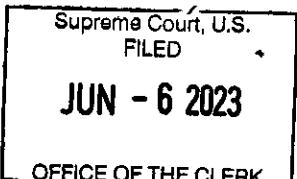
IN THE

SUPREME COURT OF THE UNITED STATES

DUANE E Armstrong — PETITIONER
(Your Name)

VS.

— RESPONDENT(S)



ORIGINAL

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):

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

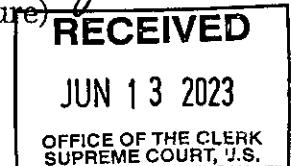
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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.

Duane Armstrong
(Signature)



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

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

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
<u>N/A</u>			\$
			\$
			\$

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
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
	\$ <u>0</u>	\$ <u>0</u>
	\$ <u>0</u>	\$ <u>0</u>

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 _____

Motor Vehicle #2
Year, make & model N/A
Value _____

Other assets
Description N/A
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
_____	\$ 0	\$ 0
_____	\$ 0	\$ 0
_____	\$ 0	\$ 0

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ 0	\$ 0
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)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

	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>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <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>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>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <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? _____

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: 6/7/2023, 2023

Dawn Anestasy
(Signature)

INMATE REQUEST**DEPARTMENT OF CORRECTIONS**

Mail Number: _____
 Team Number: _____
 Institution: _____

B2 1271

TO: Warden
 (Check One) Asst. Warden

Classification
 Security

Medical
 Mental Health

Dental
 Other

Classification
 INMATE BANKING

FROM:	Inmate Name	DC Number	Quarters	Job Assignment	Date
	Amstrong, Dunc	541321	B21271	Houseman	4-17-2021

Check here if this is an informal grievance

REQUEST

I am Requesting For A SIX MONTH Lay out of my ACCOUNT I need it For my Legal ISSUE THAT I HAVE in court. A six month Record of my Account PLEASE THANK you!

All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing.

Inmate (Signature): *Dunc Armstrong*

DC#: 541321

DO NOT WRITE BELOW THIS LINE**RESPONSE**

DATE RECEIVED: _____

Printed on 1 - APRIL 18, 2023

[The following pertains to informal grievances only:

Based on the above information, your grievance is _____ (Returned, Denied, or Approved). If your informal grievance is denied, you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.]

Official (Print Name):

Official (Signature):

Date: *4/18/23*

Original: Inmate (plus one copy)

CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 15 days, following receipt by staff.

You may obtain further administrative review of your complaint by obtaining form DCI-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.006, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.

ACCT NAME: ARMSTRONG, DUANE E.
 BED: B2127L
 PO BOX:

ACCT #: 541371
 TYPE: INMATE TRUST

BEGINNING BALANCE 10/01/22							\$0.00	
POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
10/03/22 214	JPAY DEPOSIT	148309303	000	ARMSTRONG, DENISE	-	+	\$125.00	\$125.00
10/03/22 217	LIEN PAYMENT	100322214458	000				\$0.09	\$124.91
10/03/22 222	JPAY PROCESSING FEE	- 09/26/2022	20220926					
10/05/22 029	CANTEEN SALES	000141138855	000					
10/10/22 161	JPAY MEDIA W/D	12020221004	000					
10/11/22 029	PROCESSING FEE	WEEKLY DRAW	000					
10/14/22 160	CANTEEN SALES	12020221010	000					
	LIEN PAYMENT	2022101401	000					
10/14/22 160	LEGAL POSTAGE W	- 10/14/2022	2022101401					
	LEGAL POSTAGE W	2022101402	000					
10/17/22 159	LIEN CREATED	- 10/14/2022	2022101402					
	LIEN CREATED	20221017	000	ARMSTRONG, DENISE	-	+	\$0.00	\$0.00
11/11/22 207	JPAY DEPOSIT	149735721	000					
11/11/22 208	LIEN PAYMENT	111122207301	000					
	PROCESSING FEE	- 10/17/2022	20221017					
11/11/22 208	LIEN PAYMENT	111122207301	000					
	LEGAL POSTAGE L	- 10/14/2022	2022101401					
11/11/22 208	LIEN PAYMENT	111122207301	000					
	LEGAL POSTAGE L	- 10/14/2022	2022101402					
11/13/22 029	CANTEEN SALES	12020221112	000					
11/14/22 161	PROCESSING FEE	WEEKLY DRAW	000					
11/16/22 029	CANTEEN SALES	1202022115	000					
11/17/22 029	CANTEEN SALES	1202022116	000					
11/21/22 159	PROCESSING FEE	WEEKLY DRAW	000					
11/22/22 027	CANTEEN SALES	1202022121	000					
11/28/22 161	PROCESSING FEE	WEEKLY DRAW	000	ARMSTRONG, DENISE	-	+	\$0.09	\$0.24
12/05/22 198	JPAY DEPOSIT	150586338	000					
12/07/22 027	CANTEEN SALES	12020221206	000					
12/10/22 025	CANTEEN SALES	12020221209	000					
12/12/22 155	PROCESSING FEE	WEEKLY DRAW	000					
12/17/22 029	CANTEEN SALES	12020221216	000					
12/19/22 159	PROCESSING FEE	WEEKLY DRAW	000					
12/19/22 262	JPAY MEDIA W/D	000145068893	000					
01/09/23 185	LEGAL POSTAGE W	2022122901	000					
	LIEN CREATED	- 01/09/2023	2022122901					
02/03/23 157	LEGAL POSTAGE W	2023012401	000					
	LIEN CREATED	- 02/03/2023	2023012401					
02/03/23 157	LEGAL POSTAGE W	2023012402	000					
	LIEN CREATED	- 02/03/2023	2023012402					
02/08/23 226	JPAY DEPOSIT	15300563	000	ARMSTRONG, DENISE	-	+	\$200.00	\$197.84
02/08/23 227	LIEN PAYMENT	020823226708	000					
	LEGAL POSTAGE L	- 01/09/2023	2022122901					

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 120 - LIBERTY C.I.
FOR: 10/01/2022 - 04/18/2023

ACCT NAME: ARMSTRONG, DUANE E.
BED: B2127L
PO BOX:

ACCT#: 541371
TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
02/08/23	227	LIEN PAYMENT	020823226708	000				\$195.86
		LEGAL POSTAGE L	- 02/03/2023	2023012401				
02/08/23	227	LIEN PAYMENT	020823226708	000				\$1.98
		LEGAL POSTAGE L	- 02/03/2023	2023012402				
02/13/23	227	ACCESS CATALOG	1120	000				\$193.88
02/14/23	029	CANTEEN SALES	12020230213	000				\$116.43
02/15/23	029	CANTEEN SALES	12020230214	000				\$56.78
02/20/23	157	PROCESSING FEE	WEEKLY DRAW	000				\$17.74
02/21/23	029	CANTEEN SALES	12020230220	000				\$16.75
02/27/23	157	PROCESSING FEE	WEEKLY DRAW	000				\$0.20
03/20/23	225	JPAY DEPOSIT	154572200	000	ARMSTRONG, DENISE			\$0.03
03/21/23	290	JPAY MEDIA W/D	000149872244	000				\$200.00
03/22/23	029	CANTEEN SALES	12020230321	000				\$180.03
03/26/23	029	CANTEEN SALES	12020230325	000				\$97.77
03/26/23	118	JPAY MEDIA W/D	000150111461	000				\$82.26
03/27/23	157	PROCESSING FEE	WEEKLY DRAW	000				\$15.88
03/28/23	027	CANTEEN SALES	12020230327	000				\$81.89
04/01/23	027	CANTEEN SALES	12020230331	000				\$76.89
04/03/23	157	PROCESSING FEE	WEEKLY DRAW	000				\$0.00
04/13/23	168	JPAY DEPOSIT	155473507	000	ARMSTRONG, DENISE			\$75.91
04/16/23	129	JPAY MEDIA W/D	000151309568	000				\$21.01
04/17/23	029	CANTEEN SALES	12020230416	000				\$0.83
04/17/23	159	PROCESSING FEE	WEEKLY DRAW	000				\$0.08
								\$200.08
								\$194.09
								\$111.99
								\$111.17
								\$0.82
								\$111.17

ENDING BALANCE 04/18/23 \$111.17