

22-7787

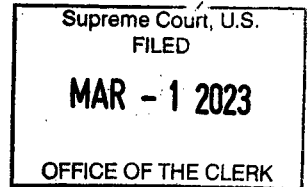
ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

NOEL K. BANGO - PETITIONER
(Your Name)

vs.

SECRETARY, FLORIDA 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):

Fifteenth Judicial Circuit Court for Palm Beach
County Florida appointed Counsel to represent Petitioner
from 10-29-21 to January 1, 2022.

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

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

Petitioner's affidavit or declaration is **not** attach because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: Florida
Statute 27.52, or

a copy of the order of appointment is appended.

Noel Bango

(Signature)

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

I, Noel K. Banga 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>3,600</u>	\$ <u>- 0 -</u>	\$ <u>3,600</u>
Self-employment	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Income from real property (such as rental income)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Interest and dividends	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Gifts	\$ <u>1,000.00</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Alimony	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Child Support	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Disability (such as social security, insurance payments)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Unemployment payments	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Public-assistance (such as welfare)	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Other (specify): _____	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>	\$ <u>0</u>	\$ <u>- 0 -</u>
Total monthly income:	\$ <u>100.00</u>	\$ <u>3,600</u>	\$ <u>- 0 -</u>	\$ <u>3,600</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
Davita Dialysis	Phila, PA.	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
Davita Dialysis	Phila, PA	2-15-22 to present	\$ 3,600
Fresenius Dialysis	Phila, PA	2/26/15 to 2/2022	\$ 3,600
			\$ 3,600

4. How much cash do you and your spouse have? \$ 300.00 to \$500.00 wife has.
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
NONE	\$ - 0 -	\$ \$300. to \$500. 00
	\$	\$
	\$	\$

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

<input checked="" type="checkbox"/> Home Value \$ 249,000	<input type="checkbox"/> Other real estate Value None
<input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model 2015 Toyota RAV4 Value approx. \$19,000	<input type="checkbox"/> Motor Vehicle #2 Year, make & model Value
<input type="checkbox"/> Other assets Description NONE 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>NONE</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
<u>NONE</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
<u>NONE</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</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>A. J.</u>	<u>Granddaughter</u>	<u>12</u>
<u>A. H.</u>	<u>Granddaughter</u>	<u>15</u>
<u>A. J.</u>	<u>Granddaughter</u>	<u>11</u>
<u>Camay Bango</u>	<u>daughter</u>	<u>32</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 -</u>	\$ <u>1,768</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input 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>Gas & Electric</u>	\$ <u>0</u>	\$ <u>439.00</u>
Home maintenance (repairs and upkeep)	\$ <u>- 0 -</u>	\$ <u>140.00 H.O.A.</u>
Food	\$ <u>- 0 -</u>	\$ <u>600.00</u>
Clothing	\$ <u>- 0 -</u>	\$ <u>530.00</u>
Laundry and dry-cleaning	\$ <u>- 0 -</u>	\$ <u>80.00</u>
Medical and dental expenses	\$ <u>- 0 -</u>	\$ <u>128.00</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? My wife's income may decrease because she's only working 3 days per wk.
☒ Yes ☐ No If yes, describe on an attached sheet. And her student loan payments of \$285.00 begin either this month or next month.

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.

My wife's monthly expenses exceeds her monthly income. And she filed Chapter 13 bankruptcy in April 2023. And our daughter and our 3 granddaughters, are now residing with her.

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

Executed on: June 1, 2023

Isabel Bango
(Signature)

	You	Your spouse
Gasoline ^e Transportation (not including motor vehicle payments)	\$ - 0 -	\$ 260.00
Beauty salon hair ^e Recreation, entertainment, newspapers, magazines, etc.	\$ - 0 -	\$ 275.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ - 0 -	\$ 210.00
Other: bridge toll	\$ - 0 -	\$ 80.00
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ - 0 -	\$ - 0 -
Installment payments		
Motor Vehicle	\$ - 0 -	\$ 389.00
Credit card(s)	\$ - 0 -	\$ - 0 -
Department store(s)	\$ - 0 -	\$ - 0 -
Other: Monthly Church tithes & offerings	\$ - 0 -	\$ 360.00
Alimony, maintenance, and support paid to others	\$ - 0 -	\$ - 0 -
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ - 0 -	\$ - 0 -
Other (specify): Chapter 13 bankruptcy Trustee	\$ - 0 -	\$ 300.00
Total monthly expenses:	\$ - 0 -	\$ 5,329.00