

No.

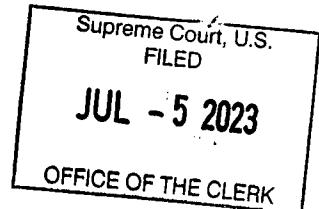
23-5127

IN THE
SUPREME COURT OF THE UNITED STATES

EDWARD R. BROWN — PETITIONER
(Your Name)

VS.

THE RICKY D. DIXON, et al. — 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):

The sentencing court, the Appeal's court, the Florida supreme court, and The united states district court, IN AND FOR MIAMI-DADE.

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

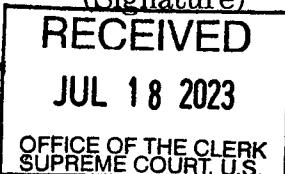
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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: N/A,
_____, or

a copy of the order of appointment is appended.

M
EB.
(Signature)



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

I, EDWARD R. BROWN, 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>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Self-employment	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Gifts	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Alimony	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Child Support	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Other (specify): <u>N/A.</u>	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</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? \$ _____
 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
N/A	\$ <u>Ø</u>	\$ <u>Ø</u>
N/A	\$ <u>Ø</u>	\$ <u>Ø</u>
N/A	\$ <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
"E.B"	daughter	15
"A.B"	daughter	13
"E.B"	son	8

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

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

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? N/A

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 cannot pay the costs of this case because I'm an independent incarcerated indigent inmate serving a life sentence in a Florida state institution.

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

Executed on: July / 5th / 2023, 2023


E.B.
(Signature)

APPENDIX

A

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FOR: 05/18/2022 - 05/18/2022

05/18/22
08:52:49
PAGE

ACCT NAME: BROWN, EDWARD R.
BED: F2107L
PC BOX:

ACCT#: M57932
TYPE: INMATE TRUST

BEGINNING BALANCE 05/18/22 \$0.0

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 05/18/22 \$0.0

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 501 - HARDEE C.I.
FOR: 05/01/2022 - 05/31/2022

06/01/2:
12:04:29
PAGE 101

ACCT NAME: BROWN, EDWARD R.
BED: F2107L
PO BOX:

ACCT#: M57932
TYPE: INMATE TRUST

BEGINNING BALANCE 05/01/22 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/ -	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 05/31/22 \$0.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FOR: 03/01/2022 - 06/15/2022

06/15/22
 08:02:38
 PAGE

ACCT NAME: BROWN, EDWARD R.
 BED: F2107L
 PO BOX:

ACCT#: M57932
 TYPE: INMATE TRUST

BEGINNING BALANCE 03/01/22 \$0.4

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
04/09/22	087	CANTEEN SALES	50120220408	000		-	\$0.35	\$0.06
06/11/22	146	MEDICAL CO-PAY	0511220900MH	000		-	\$0.00	\$0.06
		LIEN CREATED	- 06/11/2022	0511220900MH				

ENDING BALANCE 06/15/22 \$0.0

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
06/11/22	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 501 - HARDEE C.I.
 FOR: 07/01/2022 - 07/31/2022

08/01/22
 08:54:55
 PAGE 112

ACCT NAME: BROWN, EDWARD R.
 BED: G1212L
 PO BOX:

ACCT#: M57932
 TYPE: INMATE TRUST

BEGINNING BALANCE 07/01/22 \$0.0

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC.	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 07/31/22 \$0.0

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
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SUMMARY MEDICAL CO-PAYMENT \$5.00 \$5.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FOR: 10/18/2022 - 10/18/2022

10/18/2:
 09:26:2:
 PAGE

ACCT NAME: BROWN, EDWARD R.
 BED: F3112L
 PO BOX:

ACCT#: M57932
 TYPE: INMATE TRUST

BEGINNING BALANCE 10/18/22 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 10/18/22 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$9.16	\$9.10
SUMMARY	MEDICAL CO-PAYMENT		\$15.00	\$15.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 501 - HARDEE C.I.
 FOR: 10/01/2022 - 10/31/2022

11/01/2.
 08:01:0.
 PAGE 10.

ACCT NAME: BROWN, EDWARD R.
 BED: F3112L
 PO BOX:

ACCT#: M57932
 TYPE: INMATE TRUST

BEGINNING BALANCE 10/01/22 \$0.

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 10/31/22 \$0..

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$9.16	\$9.10
SUMMARY	MEDICAL CO-PAYMENT		\$15.00	\$15.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 501 - HARDEE C.I.
 FOR: 11/01/2022 - 11/30/2022

12/05/21
 07:48:29
 PAGE 10

ACCT NAME: BROWN, EDWARD R.
 BED: F3112L
 PO BOX:

ACCT#: M57932
 TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
11/07/22	216	LEGAL POSTAGE W	2022110101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/07/2022	2022110101		-	\$0.00	\$0.00
11/07/22	216	LEGAL POSTAGE W	2022110102	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/07/2022	2022110102		-	\$0.00	\$0.00
11/08/22	192	MEDICAL CO-PAY	1107221104MH	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/08/2022	1107221104MH		-	\$0.00	\$0.00
11/09/22	205	MEDICAL CO-PAY	1102221431RR	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/09/2022	1102221431RR		-	\$0.00	\$0.00
11/21/22	210	LEGAL POSTAGE W	2022110801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/21/2022	2022110801		-	\$0.00	\$0.00
11/21/22	210	LEGAL POSTAGE W	2022110802	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/21/2022	2022110802		-	\$0.00	\$0.00
11/21/22	229	LEGAL POSTAGE W	2022111501	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/21/2022	2022111501		-	\$0.00	\$0.00
11/21/22	229	LEGAL POSTAGE W	2022111502	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/21/2022	2022111502		-	\$0.00	\$0.00
11/21/22	229	LEGAL POSTAGE W	2022111503	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/21/2022	2022111503		-	\$0.00	\$0.00
11/21/22	229	LEGAL POSTAGE W	2022111601	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/21/2022	2022111601		-	\$0.00	\$0.00
11/21/22	229	LEGAL POSTAGE W	2022111602	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/21/2022	2022111602		-	\$0.00	\$0.00
11/21/22	229	LEGAL POSTAGE W	2022111801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/21/2022	2022111801		-	\$0.00	\$0.00
11/21/22	229	LEGAL POSTAGE W	2022111802	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/21/2022	2022111802		-	\$0.00	\$0.00

ENDING BALANCE 11/30/22 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT		\$15.00	\$15.00
SUMMARY	LEGAL POSTAGE		\$9.16	\$9.10
11/07/22	LEGAL POSTAGE	000	\$2.40	\$2.40
11/07/22	LEGAL POSTAGE	000	\$2.40	\$2.40
11/08/22	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 501 - HARDEE C.I.
FOR: 11/01/2022 - 11/30/2022

12/05/21
07:48:29
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ACCT NAME: BROWN, EDWARD R.
BED: F3112L
PO BOX:

ACCT#: M57932
TYPE: INMATE TRUST

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
11/09/22	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
11/21/22	LEGAL POSTAGE	000	\$0.57	\$0.57
11/21/22	LEGAL POSTAGE	000	\$4.08	\$4.08
11/21/22	LEGAL POSTAGE	000	\$4.08	\$4.08
11/21/22	LEGAL POSTAGE	000	\$10.20	\$10.20
11/21/22	LEGAL POSTAGE	000	\$9.90	\$9.90
11/21/22	LEGAL POSTAGE	000	\$4.08	\$4.08
11/21/22	LEGAL POSTAGE	000	\$4.08	\$4.08
11/21/22	LEGAL POSTAGE	000	\$0.57	\$0.57
11/21/22	LEGAL POSTAGE	000	\$0.81	\$0.81

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 501 - HARDEE C.I.
 FOR: 12/01/2022 - 12/31/2022

01/03/23
 08:46:17
 PAGE 107

ACCT NAME: BROWN, EDWARD R.
 BED: F3113L
 PO BOX:

ACCT#: M57932
 TYPE: INMATE TRUST

BEGINNING BALANCE 12/01/22 \$0.0

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
12/13/22	122	LEGAL POSTAGE W	2022120801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/13/2022	2022120801		-	\$0.00	\$0.00
12/13/22	122	LEGAL POSTAGE W	2022120802	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/13/2022	2022120802		-	\$0.00	\$0.00
12/30/22	114	MEDICAL CO-PAY	1219220850MH	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/30/2022	1219220850MH		-	\$0.00	\$0.00

ENDING BALANCE 12/31/22 \$0.0

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT		\$25.00	\$25.00
SUMMARY	LEGAL POSTAGE		\$52.33	\$52.27
12/13/22	LEGAL POSTAGE	000	\$4.08	\$4.08
12/13/22	LEGAL POSTAGE	000	\$4.08	\$4.08
12/30/22	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 501 - HARDEE C.I.
 FOR: 05/01/2023 - 05/31/2023

06/01/23
 08:16:01
 PAGE 1057

ACCT NAME: BROWN, EDWARD R.
 BED: F2104L
 PO BOX:

ACCT#: M57932
 TYPE: INMATE TRUST

BEGINNING BALANCE 05/01/23 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 05/31/23 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$101.95	\$101.89
SUMMARY	MEDICAL CO-PAYMENT		\$50.00	\$50.00
SUMMARY	FEDERAL PRISON LITIGATION		\$5.00	\$5.00

