

SUPREME COURT OF THE UNITED
STATES: PRACT#138820/2.19.16
S
TITUS L. RADCLIFF
1023 ALICE DRIVE
DAYTONA BEACH, FL 32117
PH. 386-226-2597

No. 23-5325

23-5325

IN THE

SUPREME COURT OF THE UNITED STATES

FILED

JUN 06 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

In Re TITUS LEE RADCLIFF — PETITIONER
(Your Name)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of habeas corpus 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):

U.S. SUPREME COURT 3-6-2012 -(15)-

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.

Titus L. Radcliff

(Signature)

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TITUS L. RADCLIFFE SS#
1023 ALICE DRIVE DAYTONA
DAYTONA BEACH FL 32117
PH. 386-226-2597

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

I, Titus Lee Radcliff, 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	\$ 0	\$	\$	\$
Self-employment	\$ 900.00	\$	\$ 900.00	\$
Income from real property (such as rental income)	\$ 0	\$	\$	\$
Interest and dividends	\$ 0	\$	\$	\$
Gifts	\$ 0	\$	\$	\$
Alimony	\$ 0	\$	\$	\$
Child Support	\$ 0	\$ N/A	\$	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$	\$
VA	3621.95			
Disability (such as social security, insurance payments)	\$	\$	\$ 3621.95	\$
Unemployment payments	\$ 0	\$	\$	\$
Public-assistance (such as welfare)	\$ 0	\$	\$	\$
Other (specify):	\$ N/A	\$	\$	\$
	4521.95			
Total monthly income:	\$	\$	\$ 4521.95	\$

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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
T.L.'S TRUCK STOP'S DIESEL SERVICE INC.	1023 ALICE DRIVE DAYTONA BEACH, FL 32117	1-1-2021 - PRESENT	\$ 900.00
			\$
			\$

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		\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 3,200 ~~PNL BANK \$4429.49 VYSTAR~~
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
PNL BANK SAVINGS	\$ 3200.00	\$
PNL BANK CHECKING	\$ 600.00	\$ N/A
VYSTAR CREDIT UNION (5) ACCOUNTS	\$ 428.29	\$

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 2016 NISSAN FRONTIER
Value 18,000

Motor Vehicle #2
Year, make & model 1999 FORD BOX TRUCK
Value 1500.00

Other assets
Description _____
Value _____

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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
ST. OF FLORIDA	\$ 350,000	\$ N/A
	\$	\$
	\$	\$

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
A. R. M.	Spouse - Adult/FTR	10 yrs A.M.

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)	\$ 350.00	\$ N/A
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)	\$ 60.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ 70.00	\$ N/A
Food	\$ 1300.00	\$ N/A
Clothing	\$ 60.00	\$ N/A
Laundry and dry-cleaning	\$ 40.00	\$ N/A
Medical and dental expenses	\$ N/A	\$ N/A

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	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 100.00	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 50.00	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ 50.00	\$ _____
Health	\$ 0	\$ _____
Motor Vehicle INSURANCE	\$ 590.50	\$ _____
Other: <u>N/A</u>	\$ 0	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ 0	\$ _____
Installment payments		
Motor Vehicle	\$ 0	\$ _____
Credit card(s)	\$ 219.00	\$ _____
Department store(s)	\$ 0	\$ _____
Other: <u>LOAN FOR JET TUB</u>	\$ 149.00	\$ _____
Alimony, maintenance, and support paid to others	\$ 0	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>ATTACHED APPENDIX G(2) COSTS</u>	\$ _____	\$ _____
Total monthly expenses:	\$ <u>6,700.00</u>	\$ _____

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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.

RULE 40 VETERANS § 39(4)

DUE TO 28 USC 1865 (b) (1) WHERE EMPLOYED FOR DIRECT MAIL EXPRESS 21/996 HIGHLIGHTED
IN BOOK 'NO RIGHTS' WHERE JUDGE TREATED ME AS AN IMMIGRANT ORDERED ME TO OBTAIN
2 JOBS WHERE I INCARCERATED IF NOT, THIS IS THE EMPLOYER BACK IN 1998 WHERE I HAD 2 HERNIA SURGERIES
IN LESS THAN 1 YEAR & NOT ALLOWED TIME FOR REHAB RECOVERY (TERMINATED) APPENDIX F

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

Executed on: 7-25, 2023

State of Florida
Clifford Taylor
My Commission GG 883890
Expires 05/22/2024

Titus L. Radcliff
(Signature)