

NIXON

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No. 23-6053

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IN THE  
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Nathan Ira Nixon — PETITIONER

(Your Name)

Supreme Court, U.S.  
FILED

FEB 7, 2023  
OFFICE OF THE CLERK

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*.

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.

Nathan Nixon

(Signature)

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

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

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
None	NA	NA	\$ 0
None	NA	NA	\$ 0
None	NA	NA	\$ 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
NA	NA	NA	\$ NA
NA	NA	NA	\$ NA
NA	NA	NA	\$ NA

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
Prison Account	\$ 0	\$ NA
NA	\$ NA	\$ NA
NA	\$ NA	\$ NA

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

<input type="checkbox"/> Home Value <u>NA</u>	<input type="checkbox"/> Other real estate Value <u>NA</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>NA</u> Value <u>NA</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>NA</u> Value <u>NA</u>
<input type="checkbox"/> Other assets Description <u>NA</u> Value <u>NA</u>	

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
None	\$ 0	\$ NA
None	\$ 0	\$ NA
None	\$ 0	\$ NA

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
NA	NA	NA
NA	NA	NA
NA	NA	NA

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

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	You	Your spouse
Transportation (not including motor vehicle payments)	\$ NA	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ NA	\$ NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NA	\$ NA
Life	\$ NA	\$ NA
Health	\$ NA	\$ NA
Motor Vehicle	\$ NA	\$ NA
Other: NA	\$ NA	\$ NA
Taxes (not deducted from wages or included in mortgage payments)		
(specify): NA	\$ 0	\$ NA
Installment payments		
Motor Vehicle	\$ 0	\$ NA
Credit card(s)	\$ 0	\$ NA
Department store(s)	\$ 0	\$ NA
Other: NA	\$ 0	\$ NA
Alimony, maintenance, and support paid to others	\$ 0	\$ NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ NA
Other (specify): NA	\$ 0	\$ NA
<b>Total monthly expenses:</b>	<b>\$ 0</b>	<b>\$ NA</b>

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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? NA

If yes, state the attorney's name, address, and telephone number:

NA

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? NA

If yes, state the person's name, address, and telephone number:

NA

12. Provide any other information that will help explain why you cannot pay the costs of this case.

In Prison, cant work for money.

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

Executed on: 4/20, 2023

  
(Signature)

NIXON

NATHAN IRA NIXON vs. STATE OF FLORIDA  
LT. CASE NO: 2003 CF 000438 A  
HT. CASE NO: 1D19-1862

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Filing # 59404389 E-Filed 07/24/2017 12:00:11 PM

IN THE CIRCUIT/COUNTY COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR LEVY COUNTY, FLORIDA

STATE OF FLORIDA vs.  
Nixon, Nathan  
Defendant/Minor Child

CASE NO. 201707002257

3803CF 438

APPLICATION FOR CRIMINAL INDIGENT STATUS

I AM SEEKING THE APPOINTMENT OF THE PUBLIC DEFENDER OR

I HAVE A PRIVATE ATTORNEY OR AM SELF-REPRESENTED AND SEEK DETERMINATION OF INDIGENCE STATUS FOR COSTS

**Notice to Applicant:** The provision of a public defender/court appointed lawyer and costs/due process services are not free. A judgment and lien may be imposed against all real or personal property you own to pay for legal and other services provided on your behalf or on behalf of the person for whom you are making this application. There is a \$50.00 fee for each application filed. If the application fee is not paid to the Clerk of the Court within 7 days, it will be added to any costs that may be assessed against you at the conclusion of this case. If you are a parent/guardian making this affidavit on behalf of a minor or tax-dependent adult, the information contained in this application must include your income and assets.

1. I have 1 dependents. (Do not include children not living at home and do not include a working spouse or yourself.)

2. I have a take home income of \$100 paid  weekly  bi-weekly  semi-monthly  monthly  yearly  
(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered support payments)

3. I have other income paid  weekly  bi-weekly  semi-monthly  monthly  yearly: (Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No.")  
Social Security benefits ..... Yes \$ 0 Veterans' benefit ..... Yes \$ 0  
Unemployment compensation ..... Yes \$ 0 Child support or other regular support from .....  
Union funds ..... Yes \$ 0 Family members/spouse ..... Yes \$ 0  
Workers compensation ..... Yes \$ 0 Rental income ..... Yes \$ 0  
Retirement/pensions ..... Yes \$ 0 Dividends or interest ..... Yes \$ 0  
Trusts or gifts ..... Yes \$ 0 Other kinds of income not on the list ..... Yes \$ 0

4. I have other assets: (Circle "Yes" and fill in the value of the property, otherwise circle "No," use the back to provide additional information)

Cash ..... Yes \$ 0 Savings ..... Yes \$ 0  
Bank account(s) ..... Yes \$ 0 Stocks/bonds ..... Yes \$ 0  
Certificates of deposit or .....  
money market accounts ..... Yes \$ 0 \*Equity in homestead real estate ..... Yes \$ 0  
\*Equity in motor vehicles ..... Yes \$ 0 \*Equity in non-homestead real estate ..... Yes \$ 0  
\*Equity in boats/other tangible property ..... Yes \$ 0 \*include expectancy of an interest in such property

5. I have a total amount of liabilities and debts in the amount of \$ 0

6. I receive: (Circle "Yes" or "No.")

Temporary Assistance for Needy Families-Cash Assistance ... Yes   
Poverty-related veterans' benefits ..... Yes

Supplemental Security Income (SSI) ..... Yes

7. I have been released on bail in the amount of \$ 0 Cash  Surety  Posted by: Self  Family  Other

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 27.52, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this Application is true and accurate.

**NOTICE:** If the applicant is determined by the clerk to be Not Indigent, you may seek judicial review at your next scheduled court appearance.

Signed on: 7/12/17

10/27/61  
Date of Birth

Last four digits of Driver's License or ID Number

Signature of applicant for indigent status  
Print full legal name: Nathan Ira Nixon  
Address: 111 W Pine Ave  
City, State, Zip: Mendenhall, MS, 39114  
Phone number: (253)951-9013  
E-mail Address: \_\_\_\_\_

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be  Indigent and the Public Defender is hereby appointed to this case until relieved by the Court; or  Not Indigent.

Dated: 7/24/2017 20 \_\_\_\_\_

Levy County Clerk of Circuit Court  
By D. Fowler  
Deputy Clerk

This form was completed with the assistance of \_\_\_\_\_

Deputy Clerk/Other authorized person

APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME. Sign here if you want the judge to review the clerk's decision of not indigent.

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 115 - OKALOOSA C.I.  
 FOR: 02/01/2023 - 02/28/2023

ACCT NAME: NIXON, NATHAN  
 BED: B2138L  
 PO BOX:

ACCT#: G09091  
 TYPE: INMATE TRUST

B2138L						BEGINNING BALANCE 02/01/23	\$ 0.00	
POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
02/10/23	147	LEGAL POSTAGE W	2023020701	000		-	\$ 0.00	\$ 0.00
		LIEN CREATED	- 02/10/2023	2023020701				
02/10/23	147	LEGAL POSTAGE W	2023020702	000		-	\$ 0.00	\$ 0.00
		LIEN CREATED	- 02/10/2023	2023020702				
LIEN DATE						LIEN FAC	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT					\$20.00	\$20.00	
SUMMARY	PROCESSING FEE					\$0.10	\$0.10	
SUMMARY	LEGAL POSTAGE					\$29.94	\$29.94	
02/10/23	LEGAL POSTAGE					\$0.84	\$0.84	
02/10/23	LEGAL POSTAGE					\$0.84	\$0.84	

B2138L						ENDING BALANCE 02/28/23	\$ 0.00
LIEN DATE	TYPE OF LIEN	LIEN FAC	AMOUNT OF LIEN	AMOUNT	STILL OWED		
SUMMARY	MEDICAL CO-PAYMENT						
SUMMARY	PROCESSING FEE						
SUMMARY	LEGAL POSTAGE						
02/10/23	LEGAL POSTAGE						
02/10/23	LEGAL POSTAGE						

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