

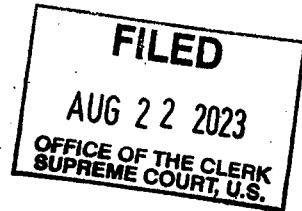
No. SC2023-0932

23-6094

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Valentino Bernard Lee — PETITIONER
(Your Name)



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): THE UNITED STATES DISTRICT COURT FOR THE

MIDDLE DISTRICT OF Florida CASE NUMBER 3:15-cv-112-TJC-JBT

CASE NUMBER 3:15-cv-112-TJC-JBT FILED 08/11/15

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.

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.

Valentino Bernard Lee

(Signature)

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

I, Valentino Bernadie, 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>	\$ <u>0</u>	\$ <u>0</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>0</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>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>	\$ <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>NONE</u>	<u>NONE</u>	<u>NONE</u>	\$ <u>0</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	\$ <u>0</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	\$ <u>0</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>NONE</u>	<u>NONE</u>	<u>NONE</u>	\$ <u>0</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	\$ <u>0</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	\$ <u>0</u>

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
<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>

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

Home

Value NONE

Other real estate

Value NONE

Motor Vehicle #1

Year, make & model NONE

Motor Vehicle #2

Year, make & model NONE

Value NONE

Value NONE

Other assets

Description NONE

Value NONE

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>NONE</u>	<u>NONE</u>	<u>NONE</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
<u>NONE</u>	<u>NONE</u>	<u>NONE</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>0</u>
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)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: <u>NONE</u>	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: <u>NONE</u>	\$ 0	\$ 0
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): <u>NONE</u>	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

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? none

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? none

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: _____, 2023

Valentino Bernard Lee
(Signature)

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 109 - GULF C.I.
 FOR: 07/01/2023 - 07/31/2023

08/01/23
 11:49:10
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ACCT NAME: LEE, VALENTINO B.
 BED: B1102S
 PO BOX:

ACCT#: 833559
 TYPE: INMATE TRUST

						BEGINNING BALANCE 07/01/23	\$0.00	
POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
07/06/23	130	LEGAL POSTAGE W	2023063001	000		-	\$0.00	\$0.00
07/06/23	130	LIEN CREATED	- 07/06/2023	2023063001		-	\$0.00	\$0.00
07/06/23	130	LEGAL POSTAGE W	2023063002	000		-	\$0.00	\$0.00
07/06/23	130	LIEN CREATED	- 07/06/2023	2023063002		-	\$0.00	\$0.00
						ENDING BALANCE 07/31/23	\$0.00	
LIEN DATE	TYPE OF LIEN		LIEN FAC	AMOUNT OF LIEN	AMOUNT STILL OWED			
SUMMARY	PROCESSING FEE			\$0.09	\$0.05			
07/06/23	LEGAL POSTAGE		000	\$0.60	\$0.60			
07/06/23	LEGAL POSTAGE		000	\$0.60	\$0.60			

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 109 - GULF C.I.
 FOR: 08/01/2023 - 08/31/2023

ACCT NAME: LEE, VALENTINO B.
 BED: B1102S
 PO BOX:

ACCT#: 833359
 TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
08/02/23	213	JPAY DEPOSIT	159561542	000	LEE, ANDREW	+	\$50.00	\$50.00
08/02/23	216	LIEN PAYMENT	080223213122	000		-	\$0.05	\$49.95
08/02/23	216	PROCESSING FEE	- 06/19/2023	20230619		-		
08/02/23	216	LIEN PAYMENT	080223213122	000		-		
08/02/23	216	LEGAL POSTAGE L	- 07/06/2023	2023063001		-		
08/02/23	216	LIEN PAYMENT	080223213122	000		-		
08/14/23	017	LEGAL POSTAGE L	- 07/06/2023	2023063002		-		
08/14/23	161	CANTEEN SALES	10920230813	000		-		
08/14/23	161	PROCESSING FEE	WEEKLY DRAW	000		-		
08/28/23	186	LIEN CREATED	- 08/14/2023	20230814		-		
08/28/23	186	LEGAL POSTAGE W	2023082201	000		-		
08/28/23	186	LIEN CREATED	- 08/28/2023	2023082201		-		
08/28/23	186	LEGAL POSTAGE W	2023082202	000		-		
08/28/23	186	LIEN CREATED	- 08/28/2023	2023082202		-		
08/28/23	186	LEGAL POSTAGE W	2023082203	000		-		
08/28/23	186	LIEN CREATED	- 08/28/2023	2023082203		-		

LIEN DATE	TYPE OF LIEN	LIEN FAC	AMOUNT OF LIEN	AMOUNT STILL OWED
08/14/23	PROCESSING FEE	000	\$0.49	\$0.49
08/28/23	LEGAL POSTAGE	000	\$0.63	\$0.63
08/28/23	LEGAL POSTAGE	000	\$2.31	\$2.31
08/28/23	LEGAL POSTAGE	000	\$2.31	\$2.31

FLORIDA DEPARTMENT OF CORRECTIONS
 TRUST FUND ACCOUNT STATEMENT
 FACILITY: 109 - GULF C.I.
 FOR: 09/01/2023 - 09/30/2023

ACCT NAME: LEE, VALENTINO B.
 BED: B1102S
 PO BOX:

ACCT#: 833559
 TYPE: INMATE TRUST

10/02/23
 08:14:58
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POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
09/02/23	268	MEDICAL CO-PAY	0901231031RR	000			\$0.00	\$0.00
09/06/23	132	LIEN CREATED	-09/02/2023	0901231031RR			\$0.00	\$0.00
		LEGAL POSTAGE	W 2023083001	000			\$0.00	\$0.00
		LIEN CREATED	-09/06/2023	2023083001				

BEGINNING BALANCE 09/01/23 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FAC	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	PROCESSING FEE		\$0.49	\$0.49
SUMMARY	LEGAL POSTAGE		\$5.25	\$5.25
09/02/23	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
09/06/23	LEGAL POSTAGE	000	\$0.87	\$0.87

ENDING BALANCE 09/30/23 \$0.00