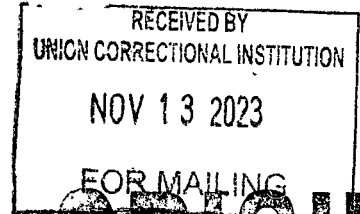


No. USAP11 23-10301

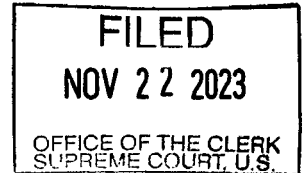
23-6303

IN THE
SUPREME COURT OF THE UNITED STATES



ORIGINAL

In re [Walter Drummond] - PETITIONER



VS.

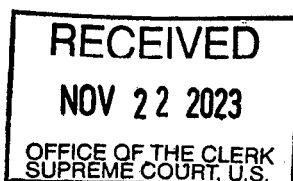
Broward County - RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for an extraordinary writ under Rule 39 without prepayment of cost and proceed in forma pauperis.

Please check the appropriate boxes:

- ☒ Petitioner has previously been granted leave to proceed in forma pauperis in the following courts:
11TH COA
UNITED STATES SUPREME COURT
- ☐ 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



Walter Drummond
(signature)

LEGAL PAPER

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

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

| Employer | Address | Dates of Employment | Gross monthly pay |
|------------|------------|---------------------|-------------------|
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</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.) d

| Employer | Address | Dates of Employment | Gross monthly pay |
|------------|------------|---------------------|-------------------|
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | \$ <u>N/A</u> |

4. How much cash do you and your spouse have? \$ 0
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>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings. 0 N/A

| | |
|--|--|
| <input type="checkbox"/> Home Value _____ | <input type="checkbox"/> Other real estate Value _____ |
| <input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____ | <input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____ |
| <input type="checkbox"/> Other assets Description _____ 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>0</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| <u>0</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| <u>0</u> | \$ <u>0</u> | \$ <u>N/A</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>0</u> | <u>N/A</u> | <u>N/A</u> |
| <u>0</u> | <u>N/A</u> | <u>N/A</u> |
| <u>0</u> | <u>N/A</u> | <u>N/A</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>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>0</u> | \$ <u>N/A</u> |
| Home maintenance (repairs and upkeep) | \$ <u>0</u> | \$ <u>N/A</u> |
| Food | \$ <u>0</u> | \$ <u>N/A</u> |
| Clothing | \$ <u>0</u> | \$ <u>N/A</u> |
| Laundry and dry-cleaning | \$ <u>0</u> | \$ <u>N/A</u> |
| Medical and dental expenses | \$ <u>0</u> | \$ <u>N/A</u> |

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

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? _____

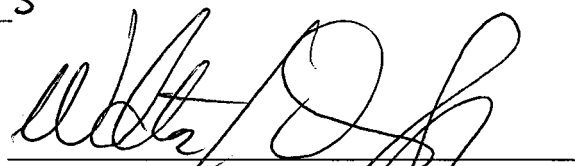
If yes, state the person's name, address, and telephone number:

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

please see enclosed

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

Executed on: ~~2022~~ *20* November 9th, 20 *23*


(Signature)

ENCLOSED

11/01/23
06:09:26
PAGE 1386

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 213 - UNION C.I.
FOR: 10/01/2023 - 10/31/2023

ACCT#: M33531
TYPE: INMATE TRUST

ACCT NAME: DRUMMOND, WALTER
BED: V4102L
PO BOX:

BEGINNING BALANCE 10/01/23 \$0.00

| POSTED DATE | NBR | TYPE | REFERENCE NUMBER | FAC | REMITTER/PAYEE | +/- | AMOUNT | BALANCE |
|-------------|-----|---------------|------------------|------------|----------------|-----|--------|---------|
| 10/16/23 | 200 | LEGAL POSTAGE | W 2023100901 | 000 | | - | \$0.00 | \$0.00 |
| | | LIEN CREATED | - 10/16/2023 | 2023100901 | | | | |
| 10/16/23 | 200 | LEGAL POSTAGE | W 2023101301 | 000 | | - | \$0.00 | \$0.00 |
| | | LIEN CREATED | - 10/16/2023 | 2023101301 | | | | |
| 10/24/23 | 269 | LEGAL POSTAGE | W 2023101601 | 000 | | - | \$0.00 | \$0.00 |
| | | LIEN CREATED | - 10/24/2023 | 2023101601 | | | | |

ENDING BALANCE 10/31/23 \$0.00

| LIEN DATE | TYPE OF LIEN | LIEN FACL | AMOUNT OF LIEN | AMOUNT STILL OWED |
|-----------|------------------------------|-----------|----------------|-------------------|
| SUMMARY | LEGAL POSTAGE | | \$101.82 | \$101.71 |
| SUMMARY | DESTRUCTION OF PROPERTY/FOOD | | \$32.99 | \$32.99 |
| SUMMARY | MEDICAL CO-PAYMENT | | \$10.00 | \$10.00 |
| 10/16/23 | LEGAL POSTAGE | 000 | \$2.31 | \$2.31 |
| 10/16/23 | LEGAL POSTAGE | 000 | \$1.59 | \$1.59 |
| 10/24/23 | LEGAL POSTAGE | 000 | \$1.59 | \$1.59 |

ENCLOSED

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 213 - UNION C.I.
FOR: 11/01/2023 - 11/30/2023

12/04/23
09:52:00
PAGE 277

ACCT NAME: DRUMMOND, WALTER
BED: V3111L
PO BOX:

ACCT#: M33531
TYPE: INMATE TRUST

BEGINNING BALANCE 11/01/23 \$0.00

| POSTED DATE | NBR | TYPE | REFERENCE NUMBER | FAC | REMITTER/PAYEE | +/- | AMOUNT | BALANCE |
|-------------|-----|---------------|------------------|------------|----------------|-----|--------|---------|
| 11/06/23 | 195 | LEGAL POSTAGE | W 2023110101 | 000 | | - | \$0.00 | \$0.00 |
| | | LIEN CREATED | - 11/06/2023 | 2023110101 | | | | |
| 11/06/23 | 195 | LEGAL POSTAGE | W 2023110301 | 000 | | - | \$0.00 | \$0.00 |
| | | LIEN CREATED | - 11/06/2023 | 2023110301 | | | | |
| 11/14/23 | 144 | LEGAL POSTAGE | W 2023110601 | 000 | | - | \$0.00 | \$0.00 |
| | | LIEN CREATED | - 11/14/2023 | 2023110601 | | | | |
| 11/20/23 | 201 | LEGAL POSTAGE | W 2023111301 | 000 | | - | \$0.00 | \$0.00 |
| | | LIEN CREATED | - 11/20/2023 | 2023111301 | | | | |

ENDING BALANCE 11/30/23 \$0.00

| LIEN DATE | TYPE OF LIEN | LIEN FACL | AMOUNT OF LIEN | AMOUNT STILL OWED |
|-----------|------------------------------|-----------|----------------|-------------------|
| SUMMARY | MEDICAL CO-PAYMENT | | \$10.00 | \$10.00 |
| SUMMARY | LEGAL POSTAGE | | \$107.31 | \$107.20 |
| SUMMARY | DESTRUCTION OF PROPERTY/FOOD | | \$32.99 | \$32.99 |
| 11/06/23 | LEGAL POSTAGE | 000 | \$2.31 | \$2.31 |
| 11/06/23 | LEGAL POSTAGE | 000 | \$1.83 | \$1.83 |
| 11/14/23 | LEGAL POSTAGE | 000 | \$1.35 | \$1.35 |
| 11/20/23 | LEGAL POSTAGE | 000 | \$12.45 | \$12.45 |

9. I expect the major change within the next 12 months to my income, expenses, assets, and liabilities is to RIGHTFULLY be released and be able to apply for a JOB legally in the free world and successfully obtain one, as usual.

LEGAL PAPER