

No. USAP11 23-10301

23-6303

IN THE
SUPREME COURT OF THE UNITED STATES

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NOV 13 2023
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ORIGINAL

In re [Walter Drummond] - PETITIONER

FILED
NOV 22 2023
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

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NOV 22 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.


(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
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ <i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ <i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ <i>N/A</i>

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
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ <i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ <i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$ <i>N/A</i>

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
<i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>
<i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>
<i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>

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*

Home
Value _____

Other real estate
Value _____

Motor Vehicle #1
Year, make & model _____
Value _____

Motor Vehicle #2
Year, make & model _____
Value _____

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
0	\$ 0	\$ N/A
0	\$ 0	\$ N/A
0	\$ 0	\$ 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
0	N/A	N/A
0	N/A	N/A
0	N/A	N/A

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

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

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? _____

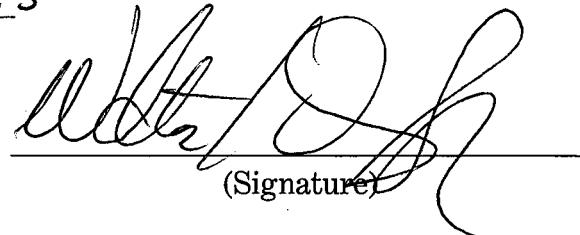
If yes, state the person's name, address, and telephone number:

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: November 9th, 2023


(Signature)

IBSR140 (74)

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

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

ACCT#: M33531
TYPE: INMATE TRUST

11/01/23
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REFUND STATEMENT						BALANCE	
POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT
10/16/23	200	LEGAL POSTAGE	W 2023100901	000		-	\$0.00
10/16/23	200	LIEN CREATED	- 10/16/2023	2023100901		-	\$0.00
10/16/23	200	LEGAL POSTAGE	W 2023101301	000		-	\$0.00
10/16/23	200	LIEN CREATED	- 10/16/2023	2023101301		-	\$0.00
10/24/23	269	LEGAL POSTAGE	W 2023101601	000		-	\$0.00
10/24/23	269	LIEN CREATED	- 10/24/2023	2023101601		-	\$0.00
						\$0.00	
LIEN STATEMENT						BALANCE	
LIEN DATE	TYPE OF LIEN		LIEN FAC	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		
						\$0.00	

ENCLOSURE

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 2113 - UNION C.I.
FOR: 11/01/2023 - 11/30/2023

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

ACCT# : M33531 TYPE : INMATE TRUST

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.

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