

No: 23-6440
23-6440

ORIGINAL

In the
Supreme Court of the United States

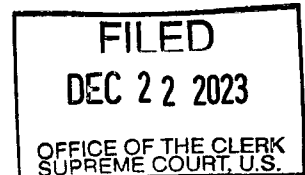
Ismael DeJesus-Flores

Petitioner,

vs.

UNITED STATES OF AMERICA,

Respondent.



ON PETITION FOR WRIT OF CERTIORARI
TO THE UNITED STATES COURT OF APPEALS
FOR THE FIFTH CIRCUIT

MOTION FOR LEAVE TO PROCEED
IN FORMA PAUPERIS

COMES NOW PETITIONER, Ismael DeJesus-Flores and respectfully moves the Honorable Court for leave to proceed in forma pauperis, in accordance with provisions of Title 28, United States Code, Section 1915, and Rule 39 of the Rules of his Court.

The affidavit of Ismael DeJesus-Flores in support of this motion is attached hereto. Ismael DeJesus-Flores did seek leave to proceed in forma pauperis in the court below.

Presented herewith is Ismael DeJesus-Flores petition for writ of certiorari
in the Court of Appeals for the Fifth Circuit.

Done this 22nd, day of December 2023.



Ismael DeJesus-Flores

62531-179

FCC Coleman Medium

P.O. Box 1032

Coleman, FL 33521

No:

**In The
Supreme Court of the United States**

Ismael DeJesus-Flores

Petitioner,

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UNITED STATES OF AMERICA,

Respondent.

ON PETITION FOR WRIT OF CERTIORARI
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**AFFIDAVIT IN SUPPORT OF
MOTION FOR LEAVE TO PROCEED
IN FORMA PAUPERIS**

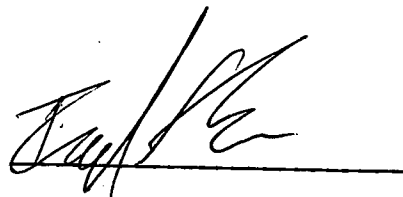
I, Ismael DeJesus-Flores being first duly sworn according to law, depose and say that I am the Petitioner in the above-entitled cause, and in support of my application for leave to proceed without being required I prepay costs or fees, state (A) because of my poverty I am unable to pay the cost of the cause; (B) I am unable to give security for the same; (C) I believe that I am entitled to the redress I seek in the case; (D) the review is sought in good faith; (E)

the nature of the cause is briefly stated as a Petition for Writ of Certiorari to the United States Court of Appeals for the Fifth Circuit; (F) the petition raises substantial questions of Constitutional law, as set forth more fully in my Petition filed herewith.

I further swear that the responses which I have made to the questions and instructions below relating to my ability to pay the costs of prosecuting the appeal are true.

- 1) I am presently unemployed.
- 2) I have not received within the last 12 months any income from a business, profession of other form self-employment, in the form of rent payments, interest, dividend, or other sources.
- 3) I do not own cash or a checking or savings account.
- 4) I do not own any real estate, stocks, bonds, notes, automobiles, or other valuable property.
- 5) I have no persons dependent on me for support.
- 6) I have read the foregoing and state that it is true and correct.

Done this 22, day of December 2023.



Ismael DeJesus-Flores

62531-179

FCC Coleman Medium

P.O. Box 1032

Coleman, FL 33521

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

I, Ismael Flores, 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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Self-employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Income from real property (such as rental income)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Gifts	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Alimony	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Child Support	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social security, insurance payments)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify): _____	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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
N/A			\$
			\$
			\$

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? \$
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$ N/A	\$
		\$	\$

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 N/A	<input type="checkbox"/> Other real estate Value N/A
<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 N/A 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
N/A	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
_____	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)	\$ 0.00	\$ 0.00
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)	\$ 0.00	\$ 0.00
Home maintenance (repairs and upkeep)	\$ 0.00	\$ 0.00
Food	\$ 0.00	\$ 0.00
Clothing	\$ 0.00	\$ 0.00
Laundry and dry-cleaning	\$ 0.00	\$ 0.00
Medical and dental expenses	\$ 0.00	\$ 0.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ 0.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 0.00
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ 0.00
Life	\$ 0.00	\$ 0.00
Health	\$ 0.00	\$ 0.00
Motor Vehicle	\$ 0.00	\$ 0.00
Other: _____	\$ 0.00	\$ 0.00
Taxes (not deducted from wages or included in mortgage payments)		
	0.00	0.00
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ 0.00	\$ 0.00
Credit card(s)	\$ 0.00	\$ 0.00
Department store(s)	\$ 0.00	\$ 0.00
Other: _____	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify): _____	\$ 0.00	\$ 0.00
Total monthly expenses:	\$ 0.00	\$ 0.00

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? _____

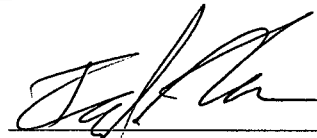
If yes, state the person's name, address, and telephone number:

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

Currently Incarcerated and I have no Income

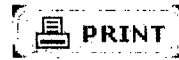
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: Dec. 22, 20____



(Signature)

Inmate Inquiry



Inmate Reg #: 62531179 Current Institution: Coleman FCC
 Inmate Name: FLORES, ISMAEL Housing Unit: COM-A-D
 Report Date: 11/22/2023 Living Quarters: A07-066U
 Report Time: 9:20:19 AM

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments
General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 0679
 PAC #: 367639303
 Revalidation Date: 4th
 FRP Participation Status: No Obligation
 Arrived From: OKL
 Transferred To:
 Account Creation Date: 7/26/2013
 Local Account Activation Date: 8/14/2021 4:17:48 AM
 Sort Codes:
 Last Account Update: 11/21/2023 5:46:41 PM
 Account Status: Active
 Phone Balance: \$0.00

Pre-Release Plan Information

Target Pre-Release Account Balance: \$1,000.00
 Pre-Release Deduction %: 0%
 Income Categories to Deduct From: Payroll Outside Source Funds

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance: \$81.95
 Pre-Release Balance: \$0.00
 Debt Encumbrance: \$58.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00
 Administrative Hold Balance: \$0.00
 Available Balance: \$23.95
 National 6 Months Deposits: \$1,897.00

National 6 Months Withdrawals: \$1,845.08
Available Funds to be considered for IFRP Payments: \$1,447.00
National 6 Months Avg Daily Balance: \$179.46
Local Max. Balance - Prev. 30 Days: \$192.80
Average Balance - Prev. 30 Days: \$89.40

Commissary History

Purchases

Validation Period Purchases: \$203.85
YTD Purchases: \$563.55
Last Sales Date: 11/15/2023 12:56:59 PM

SPO Information

SPO's this Month: 0
SPO \$ this Quarter: \$137.28

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: No
Bi-Weekly Revalidation: No
Spending Limit: \$360.00
Expended Spending Limit: \$203.85
Remaining Spending Limit: \$156.15

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
Restricted Expended Amount: \$0.00
Restricted Remaining Spending Limit: \$0.00
Restriction Start Date: N/A
Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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Comments

Comments:

