

23-6490  
No. \_\_\_\_\_

In The  
SUPREME COURT OF THE UNITED STATES

JOHNNY PATTERSON,  
*Petitioner,*

vs.

SECRETARY, FLORIDA DEPARTMENT OF CORRECTIONS,  
Ricky D. Dixon, and  
ATTORNEY GENERAL OF FLORIDA, Ashley Moody,  
*Respondent(s).*

MOTION FOR LEAVE TO PROCEED IN *FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for 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):

A section 2254 petition filed in 1995 and USCA 11 Case: 22-10170-F

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:

The appointment was made under the following provision of law:

—, or

a copy of the order of appointment is appended.

ment is appended.

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*John P. H.*  
(Signature)

PROVIDED TO DESOTO C. I.  
ON 17/6/23 FOR MAILING  
INMATE INITIALS J  
OFFICER INITIALS J

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

I, Johnny Patterson, 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, bi-weekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	<b>\$ <u>N/A</u></b>	<b>\$ <u>N/A</u></b>	<b>\$ <u>N/A</u></b>	<b>\$<u>N/A</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
<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.)

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? \$ \_\_\_\_\_  
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) spouse has	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.

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

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>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>

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

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

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? N/A

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

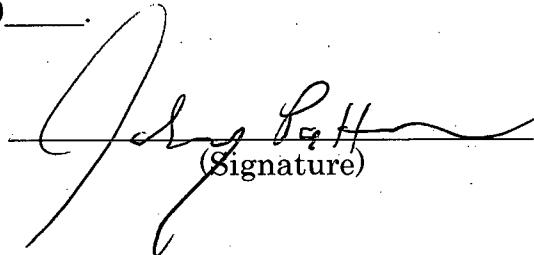
If yes, how much?

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. **NO MONEY AND NO ASSETS**

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

Executed on: DECEMBER, 20      .



(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 564 - DESOTO ANNEX  
 FOR: 04/01/2023 - 10/31/2023

11/13/23  
 16:13:32  
 PAGE 1

ACCT NAME: PATTERSON, JOHNNY  
 BED: G2201L  
 PO BOX:

ACCT#: 474091  
 TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	BEGINNING BALANCE 04/01/23	BALANCE
04/03/23	157	PROCESSING FEE	WEEKLY DRAW	000		-	\$129.44	\$128.74
04/05/23	093	CANTEEN SALES	56420230404	000		-	\$26.43	\$102.31
04/07/23	093	CANTEEN SALES	56420230406	000		-	\$24.72	\$77.59
04/08/23	093	CANTEEN SALES	56420230407	000		-	\$5.05	\$72.54
04/10/23	093	CANTEEN SALES	56420230409	000		-	\$20.43	\$52.11
04/10/23	159	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.77	\$51.34
04/11/23	091	CANTEEN SALES	56420230410	000		-	\$13.66	\$37.68
04/12/23	093	CANTEEN SALES	56420230411	000		-	\$8.39	\$29.29
04/14/23	093	CANTEEN SALES	56420230413	000		-	\$6.66	\$22.63
04/16/23	093	CANTEEN SALES	56420230415	000		-	\$22.62	\$0.01
04/17/23	157	LIEN PAYMENT	WEEKLY DRAW	000		-	\$0.01	\$0.00
		PROCESSING FEE	- 04/17/2023	20230417				
04/20/23	175	JPAY DEPOSIT	155725130	000	LOWMAN, NATHANIEL	+	\$300.00	\$300.00
04/20/23	176	LIEN PAYMENT	042023175168	000		-	\$0.50	\$299.50
		PROCESSING FEE	- 04/17/2023	20230417				
04/21/23	242	JPAY MEDIA W/D	000151555840	000		-	\$10.00	\$289.50
04/23/23	093	CANTEEN SALES	56420230422	000		-	\$57.05	\$232.45
04/24/23	093	CANTEEN SALES	56420230423	000		-	\$10.75	\$221.70
04/24/23	157	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.68	\$221.02
04/29/23	093	CANTEEN SALES	56420230428	000		-	\$40.58	\$180.44
05/01/23	093	CANTEEN SALES	56420230430	000		-	\$36.33	\$144.11
05/01/23	157	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.77	\$143.34
05/04/23	093	CANTEEN SALES	56420230503	000		-	\$21.18	\$122.16
05/05/23	093	CANTEEN SALES	56420230504	000		-	\$8.12	\$114.04
05/05/23	111	INDIVIDUAL CHEC	0785075	000	UNIVERSAL LIFE CHURCH	-	\$20.00	\$94.04
05/08/23	161	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.29	\$93.75
05/10/23	093	CANTEEN SALES	56420230509	000		-	\$45.77	\$47.98
05/11/23	093	CANTEEN SALES	56420230510	000		-	\$2.48	\$45.50
05/14/23	119	JPAY MEDIA W/D	000152825258	000		-	\$10.00	\$35.50
05/15/23	093	CANTEEN SALES	56420230514	000		-	\$29.47	\$6.03
05/15/23	159	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.78	\$5.25
05/21/23	093	CANTEEN SALES	56420230520	000		-	\$5.16	\$0.09
05/22/23	156	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.05	\$0.04
06/21/23	185	LIEN PAYMENT	2023061301	000		-	\$0.04	\$0.00
		LEGAL POSTAGE W	- 06/21/2023	2023061301				
06/21/23	185	LEGAL POSTAGE W	2023061302	000		-	\$0.00	\$0.00
		LIEN CREATED	- 06/21/2023	2023061302				
09/07/23	142	LEGAL POSTAGE W	2023082901	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/07/2023	2023082901				
09/12/23	201	LEGAL POSTAGE W	2023090801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/12/2023	2023090801				
10/30/23	210	JPAY DEPOSIT	162540041	000	LOWMAN, NATHANIEL	+	\$287.05	\$287.05

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
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FOR: 04/01/2023 - 10/31/202311/13/23  
16:13:32  
PAGE 2ACCT NAME: PATTERSON, JOHNNY  
BED: G2201L  
PO BOX:ACCT#: 474091  
TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
10/30/23	211	LIEN PAYMENT	103023210127	000		-	\$0.07	\$286.98
		LEGAL POSTAGE L - 06/21/2023		2023061301				
10/30/23	211	LIEN PAYMENT	103023210127	000		-	\$0.11	\$286.87
		LEGAL POSTAGE L - 06/21/2023		2023061302				
10/30/23	211	LIEN PAYMENT	103023210127	000		-	\$0.63	\$286.24
		LEGAL POSTAGE L - 09/07/2023		2023082901				
10/30/23	211	LIEN PAYMENT	103023210127	000		-	\$0.87	\$285.37
		LEGAL POSTAGE L - 09/12/2023		2023090801				

ENDING BALANCE 10/31/23 \$285.37