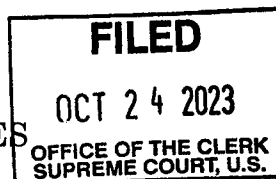


No. 23A295

ORIGINAL

23-6650

IN THE
SUPREME COURT OF THE UNITED STATES



PABLO GUZMAN — PETITIONER

VS.

STATE OF FLORIDA — RESPONDENT

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*.

[XX] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s) Eleventh Circuit court of Appeal re appeal of denial of 28 U S C §2254, Petition.

[] 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 with institutional bank statement.


(Signature)

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

I, **PABLO GUZMAN**, 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 therefore; and 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 biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes of otherwise.

Income source	Average monthly amount during expected the past 12 months		Amount next month	
	You	Spouse	You	Spouse
Employment	\$ NA	\$ NA	\$ NA	\$ NA
Self-employment	\$ NA	\$ NA	\$ NA	\$ NA
Income from real property (such as rental income)	\$ NA	\$ NA	\$ NA	\$ NA
Interest and dividends	\$ NA	\$ NA	\$ NA	\$ NA
Gifts	\$ 00	\$ 00	\$ 00	\$ 00
Alimony	\$ NA	\$ NA	\$ NA	\$ NA
Child Support	\$ NA	\$ NA	\$ NA	\$ NA
Retirement (such as social security, pensions, annuities, insurance)	\$ NA	\$ NA	\$ NA	\$ NA
Disability (such as social security, insurance payments)	\$ NA	\$ NA	\$ NA	\$ NA
Unemployment payments	\$ NA	\$ NA	\$ NA	\$ NA
Public-assistance (such as welfare)	\$ NA	\$ NA	\$ NA	\$ NA
Other (specify):	\$ NA	\$ NA	\$ NA	\$ NA

Total monthly income: \$ 0 \$ 0 \$ 0 \$ 0

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 Gross Monthly Pay	Employment
NA	NA	\$ NA	\$ NA
NA	NA	\$ NA	\$ NA
NA	NA	\$ NA	\$ NA

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 Gross Monthly Pay	Employment
NA _____	_____	\$ _____	\$ _____
NA _____	_____	\$ _____	\$ _____
NA _____	_____	\$ _____	\$ _____

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. \$0

Financial Institution	Type of account	Amount you have	Amount your spouse has
NA _____	_____	\$ _____	\$ _____
NA _____	_____	\$ _____	\$ _____

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

<input type="checkbox"/> Home NA	<input type="checkbox"/> Other real estate NA
Value _____	Value _____

<input type="checkbox"/> Motor Vehicle #1 NA	<input type="checkbox"/> Motor Vehicle #2 NA
Year, make & model _____	Year, make & model _____
Value _____	Value _____

☐ Other assets
Description NA

Value NA

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or	Amount owed to you	Amount owed to your spouse your spouse money
NA _____	\$ _____	\$ _____
NA _____	\$ _____	\$ _____
NA _____	\$ _____	\$ _____

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

Name	Relationship	Age
NA _____	_____	_____
NA _____	_____	_____
NA _____	_____	_____

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.

NA	You	NA	Your spouse
Rent of home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? NA <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? NA <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____	\$ _____
Utilities (electricity, heating fuel, water, sewer, and telephone)		\$ NA _____	\$ _____
Home maintenance (repairs and upkeep)		\$ NA _____	\$ _____
Food		\$ NA _____	\$ _____
Clothing		\$ NA _____	\$ _____

Laundry and dry-cleaning	\$\$ NA	\$ \$ NA
Medical and dental expenses	\$ \$ NA	\$ NA
	You	Your spouse

Transportation (not including motor vehicle payments)	\$ NA	\$ NA
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Recreation, entertainment, newspapers, magazines, etc.	\$\$ NA	\$ NA
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Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ \$ NA	\$ NA
Life	\$ NA	\$ NA
Health	\$ \$ NA	\$ NA
Motor Vehicle	\$ NA	\$ NA
Other: _____	\$ NA	\$ NA

Taxes (not deducted from wages or included in mortgage payments)
(specify) \$ NA

Installment payments

Motor Vehicle	\$ NA	\$ NA
Credit card(s)	\$ NA	\$ NA
Department store(s)	\$ NA	\$ NA
Other: _____	\$ NA	\$ NA

Alimony, maintenance, and support paid to others	\$ NA	\$ NA
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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ NA	\$ NA
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Other (specify): _____ \$ NA	\$ NA	\$ NA
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Total monthly expenses:	\$ NA	\$ NA
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9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? NA ☐ Yes XX 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? NA ☐ Yes XX No

If yes, how much? NA _____

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

NA _____

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 compensation of this form?

☐ Yes xxx No

If yes, how much? NA _____

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. NA

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

Executed on: January 23, 2024.

/s/ P. Guzman
Pablo Guzman DC# M85632
South Bay Corr. Facility
P.O. Box 7171 South Bay, Florida 33493
(Signature)

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GEO-South Bay Correctional Facility , FL

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Resident Account Summary
Friday, October 06, 2023 @15:37

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For DC#: M85632 GUZMAN, PABLO

Date	Transaction Description	Amount	Balance	Owed	Held	Reference
09/13/2023	LEG LIBRARY LEGAL COPIES/AUG 2023	0.90	0.00	31.90	0.00	09/13/2023
09/13/2023	MED COPAY MEDICAL COPAY/AUG 2023	5.00	0.00	31.00	0.00	09/13/2023
07/06/2023	MED COPAY MED COPAY/JUNE 2023	5.00	0.00	26.00	0.00	07/06/2023
06/26/2023	LEG LIBRARY LEGAL COPIES MAY 2023	3.30	0.00	21.00	0.00	06/26/2023
06/21/2023	MED COPAY MED COPAY APRIL 2023	5.00	0.00	17.70	0.00	06/21/2023
03/06/2023	MED COPAY MED COPAY/FEBRUARY 2023	5.00	0.00	12.70	0.00	03/06/2023
02/17/2023	MED COPAY MED COPAY JANUARY 2023	5.00	0.00	7.70	0.00	02/17/2023
10/03/2022	<MED COPAY> MED COPAY SEPTEMBER 2022	-2.30	0.00	2.70	0.00	10/03/2022
10/03/2022	MED COPAY MED COPAY SEPTEMBER 2022	5.00	2.30	5.00	0.00	10/03/2022
09/30/2022	ERF OID:101201299-ComisaryRefi	2.29	2.30	0.00	0.00	09/30/2022
09/28/2022	EPR OID:101201299-ComisaryPurc	-2.29	0.01	0.00	0.00	09/28/2022

Inmate Statment for 12/1/2023 - 12/31/2023

ID#: M85632
Name: GUZMAN, PABLO
Date of birth: 1975-03-10
Location: B - 3 - 206

Available + Encumbered = Account Balance
Beginning Balance on 12/1/2023: 0.00 0.00 0.00
Ending Balance on 12/31/2023: 0.00 0.00 0.00

Account activity:

Date	Transaction Type	Transaction Description	Amount	Resulting Balances		
No activity this period.				Available	Debt	Encumbered

Due to computer posting the 'Balances as of 12/31/2023 may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

Inmate Statment for 10/1/2022 - 10/6/2023

ID#: M85632

Name: GUZMAN, PABLO

Date of birth: 1975-03-10

Location: B - 3 - 206

Available + Encumbered = Account Balance
 Beginning Balance on 10/1/2022: 2.30 0.00 2.30
 Ending Balance on 10/6/2023: 0.00 0.00 0.00

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
10/3/2022	MED COPAY	MED COPAY SEPTEMBER 2022	5.00	2.30	5.00	0.00
10/3/2022	<MED COPAY>	MED COPAY SEPTEMBER 2022	(2.30)	0.00	2.70	0.00
2/17/2023	MED COPAY	MED COPAY JANUARY 2023	5.00	0.00	7.70	0.00
3/6/2023	MED COPAY	MED COPAY/FEBRUARY 2023	5.00	0.00	12.70	0.00
6/21/2023	MED COPAY	MED COPAY APRIL 2023	5.00	0.00	17.70	0.00
6/26/2023	LEG LIBRARY COI	LEGAL COPIES MAY 2023	3.30	0.00	21.00	0.00
7/6/2023	MED COPAY	MED COPAY/JUNE 2023	5.00	0.00	26.00	0.00
9/13/2023	MED COPAY	MEDICAL COPAY/AUG 2023	5.00	0.00	31.00	0.00
9/13/2023	LEG LIBRARY COI	LEGAL COPIES/AUG 2023	0.90	0.00	31.90	0.00

Due to computer posting the 'Balances as of 10/6/2023 may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.