

25 - 6843

**Application No.:** 24-

ORIGAMI

IN THE  
SUPREME COURT OF THE UNITED STATES

**FILED**

FEB 16 2024

**OFFICE OF THE CLERK  
SUPREME COURT, U.S.**

JOSEPH CRENSHAW II – PETITIONER

V.

STATE OF FLORIDA

**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.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

**Fifth Judicial Circuit, Marion County Florida (Trial)**

**Fifth District Court of Appeal, State of Florida (Direct Appeal)**

## **Fifth District Court of Appeal, State of Florida (Postconviction)**

[ ] Petitioner has not previously been granted leave to pursue this appeal.

any court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

2116124

/s/   
Joseph Crenshaw, Pro Se  
D/C # V43177  
Marion Correctional Institution  
P.O. Box 158  
Lowell, FL 32663-0158

**Motion for Permission to  
Appeal In Forma Pauperis and Affidavit**

United States Court of Appeals for the Eleventh Circuit

Joseph A. Canshaw Jr.  
v.  
ST. OF Florida

Court of Appeals No. \_\_\_\_\_  
District Court No. \_\_\_\_\_

**Instructions:** Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number. You must include a Certificate of Interested Persons and Corporate Disclosure Statement (attached).

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: 1/29/24

Signed:

*1. My issues on appeal are:*

2. 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	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interests and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 50	\$ 0	\$ 50	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as Social Security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as Social Security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

3. List your 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>Incarcerated</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

4. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
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5. 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.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>Inmate Banking</u>	<u>Inmate trust</u>	\$ <u>.0</u>	\$ <u>N/A</u>
		\$ <u>          </u>	\$ <u>          </u>
		\$ <u>          </u>	\$ <u>          </u>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home (Value)  
N/A  
            
          

Other Real Estate (Value)  
N/A  
            
          

Motor Vehicle #1 (Value)  
Make & Year: N/A  
Model:             
Registration #:           

Other Assets (Value)  
N/A  
            
          

Other Assets (Value)  
N/A  
            
          

Motor Vehicle #2 (Value)  
Make & Year N/A  
Model:             
Registration #:           

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

Person owing you or your spouse money  
N/A  
            
          

Amount owed to you  
N/A  
            
          

Amount owed to your spouse  
N/A

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

Name [or, if under 18, initials only]

Relationship

Age

*n/a*  
/

*n/a*  
/

*n/a*  
/

9. 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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home)	\$ <i>8</i>	\$ <i>0</i>
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <i>8</i>	\$ <i>0</i>
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <i>8</i>	\$ <i>0</i>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <i>8</i>	\$ <i>0</i>
Home maintenance (repairs and upkeep)	\$ <i>8</i>	\$ <i>0</i>
Food	\$ <i>25</i>	\$ <i>0</i>
Clothing	\$ <i>25</i>	\$ <i>0</i>
Laundry and dry-cleaning	\$ <i>0</i>	\$ <i>0</i>
Medical and dental expenses	\$ <i>8</i>	\$ <i>0</i>
Transportation (not including motor vehicle payments)	\$ <i>8</i>	\$ <i>0</i>
Recreation, entertainment, newspapers, magazines, etc.	\$ <i>8</i>	\$ <i>0</i>
Insurance (not deducted from wages or included in mortgage payments)	\$ <i>8</i>	\$ <i>0</i>
Homeowner's or renter's	\$ <i>8</i>	\$ <i>0</i>
Life	\$ <i>8</i>	\$ <i>0</i>
Health	\$ <i>8</i>	\$ <i>0</i>
Motor Vehicle	\$ <i>8</i>	\$ <i>0</i>
Other: _____	\$ <i>8</i>	\$ <i>0</i>
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ <i>8</i>	\$ <i>0</i>
Installment payments	\$ <i>8</i>	\$ <i>0</i>
Motor Vehicle	\$ <i>8</i>	\$ <i>0</i>
Credit card (name): _____	\$ <i>8</i>	\$ <i>0</i>
Department store (name): _____	\$ <i>8</i>	\$ <i>0</i>
Other: _____	\$ <i>8</i>	\$ <i>0</i>

Alimony, maintenance, and support paid to others	\$ <u>8</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>1</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>1</u>
<b>Total monthly expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>

10. 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.

11. Have you spent – or will you be spending – any money for expenses or attorney fees in connection with this lawsuit?

Yes  No If yes, how much: \$ Whatever the Court Requires for down payment

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

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13. State the city and state of your legal residence. Lowell Florida

Your daytime phone number: (\_\_\_\_) 814

Your age: 39 Your years of schooling: 10

**INMATE REQUEST****STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS**

Mail Number: 71  
 Team Number: Maxon  
 Institution: Maxon

TO: (Check One)	<input type="checkbox"/> Warden <input type="checkbox"/> Asst. Warden	<input checked="" type="checkbox"/> Classification <input type="checkbox"/> Security	<input type="checkbox"/> Medical <input type="checkbox"/> Mental Health	<input type="checkbox"/> Dental <input type="checkbox"/> <del>Other</del>
FROM:	Inmate Name <i>Joseph Cresshaw</i>	DC Number <i>V43177</i>	Quarters <i>A1-116</i>	Job Assignment <i>DC-Orderly</i>
				Date <i>1/29/24</i>

**REQUEST** Check here if this is an informal grievance

*# 6 month Inmate trust activity statement Request*

*Per FAC 33-203.201 please provide me with a copy  
 of a print out of my trust fund activity for the previous  
 6 months. Attached is my application for indulgence for  
 U.S Supreme Court Regarding my FED Habeas petition Appeal*

All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing.

Inmate (Signature): *Joseph Cresshaw*

DC#: *V43177*

**DO NOT WRITE BELOW THIS LINE**

*JAN 31 2024*

**RESPONSE**

**DATE RECEIVED:**

*Attached.*

[The following pertains to informal grievances only:

Based on the above information, your grievance is \_\_\_\_\_ (Returned, Denied, or Approved). If your informal grievance is denied, you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.]

Official (Print Name): *Relmo W.S.* Official (Signature): *[Signature]* Date:

Original: Inmate (plus one copy)

CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 15 days, following receipt by staff.

You may obtain further administrative review of your complaint by obtaining form DC1-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.006, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.

IBSS042

## Inmate Trust Fund Account

2/14/24 8:47:08 AM

## Account Summary

<b>Account Type:</b> INMATE TRUST FUND	<b>Account ID:</b> V43177	<b>Account Name:</b> CRENSHAW, JOSEPH A.
<b>Current Facility:</b> MARION C.I.		<b>Housing:</b> A1111U
<b>AKA:</b> CRENSHAW, JOSEPH A. II.	<b>Date of Birth:</b> 04/18/1984	<b>Dependents:</b> NO
<b>Account Status:</b> ACTIVE	<b>As of Date:</b> 07/07/2021	<b>EOS Release Date:</b> <input type="checkbox"/> <b>Cash Draw Card:</b> <input type="checkbox"/> LIFE NO
<b>Current Balance:</b> \$0.00	<b>Hold Balance:</b> \$0.00	<b>Verified Veteran:</b> NO <b>Release Card:</b> <input type="checkbox"/> YES
<b>Unposted Deposits:</b> \$0.00	<b>Lien Balance:</b> \$0.10	<b>Withdrawals in Suspense:</b> \$0.00 <b>Spendable Balance:</b> \$0.00
<b>Eligible for Release Payment:</b> <input type="checkbox"/> <b>Current COP Balance:</b> <input type="checkbox"/> \$0.00		<b>Canteen Limit:</b> \$0.00 <b>Savings Balance:</b> \$0.00
		<b>Dependent Balance:</b> \$0.00
		<b>Submit</b> <input type="checkbox"/> <b>Rebuild Balances</b> <input type="checkbox"/> <b>Satisfy Liens</b> <input type="checkbox"/>

 Transaction Date: 08/14/2023 

Transaction Date	Transaction Type	Status	Facility	Reference Number	+ / -	Amount	Balance
08/21/2023	JPAY DEPOSIT	PROCESSED	CENTRAL OFFICE	160221654	+	\$50.00	\$50.01
08/21/2023	MEDICAL CO-PAY BILL LIEN PAY	PROCESSED	CENTRAL OFFICE	0725230552RR	-	\$5.00	\$45.01
08/22/2023	JPAY MEDIA W/D	PROCESSED	CENTRAL OFFICE	000157609171	-	\$8.00	\$37.01
08/23/2023	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	30420230822	-	\$26.75	\$10.26
08/24/2023	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	30420230823	-	\$10.11	\$0.15
08/26/2023	MEDICAL CO-PAY WD	PROCESSED	CENTRAL OFFICE	0825230801RR	-	\$0.00	\$0.15
08/28/2023	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	20230828	-	\$0.15	\$0.00
09/25/2023	JPAY DEPOSIT	PROCESSED	CENTRAL OFFICE	161403015	+	\$50.00	\$50.00

<u>09/25/2023</u>	PROCESSING FEE LIEN PAY	PROCESSED	CENTRAL OFFICE	20230828	-	\$0.22	\$49.78
<u>09/25/2023</u>	MEDICAL CO-PAY BILL LIEN PAY	PROCESSED	CENTRAL OFFICE	0825230801RR	-	\$5.00	\$44.78
<u>09/26/2023</u>	JPAY MEDIA W/D	PROCESSED	CENTRAL OFFICE	000159183759	-	\$8.00	\$36.78
<u>09/27/2023</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	30420230926	-	\$34.10	\$2.68
<u>10/02/2023</u>	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	WEEKLY DRAW	-	\$0.34	\$2.34
<u>10/09/2023</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	30420231008	-	\$2.21	\$0.13
<u>10/09/2023</u>	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	WEEKLY DRAW	-	\$0.02	\$0.11
<u>10/16/2023</u>	JPAY DEPOSIT	PROCESSED	CENTRAL OFFICE	162136935	+	\$30.00	\$30.11
<u>10/16/2023</u>	JPAY MEDIA W/D	PROCESSED	CENTRAL OFFICE	000160078267	-	\$16.00	\$14.11
<u>10/19/2023</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	30420231018	-	\$1.76	\$12.35
<u>10/20/2023</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	30420231019	-	\$12.33	\$0.02
<u>10/23/2023</u>	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	20231023	-	\$0.02	\$0.00
<u>11/15/2023</u>	JPAY DEPOSIT	PROCESSED	CENTRAL OFFICE	163144377	+	\$100.00	\$100.00
<u>11/15/2023</u>	PROCESSING FEE LIEN PAY	PROCESSED	CENTRAL OFFICE	20231023	-	\$0.12	\$99.88
<u>11/17/2023</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	30420231116	-	\$68.95	\$30.93
<u>11/18/2023</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	30420231117	-	\$4.05	\$26.88
<u>11/20/2023</u>	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	WEEKLY DRAW	-	\$0.73	\$26.15
<u>11/22/2023</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	30420231121	-	\$10.93	\$15.22
<u>11/23/2023</u>	JPAY MEDIA W/D	PROCESSED	CENTRAL OFFICE	000161783329	-	\$5.00	\$10.22
<u>11/27/2023</u>	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	WEEKLY DRAW	-	\$0.11	\$10.11
<u>12/01/2023</u>	CANTEEN SALES	PROCESSED	CENTRAL OFFICE	30420231130	-	\$10.11	\$0.00

12/04/2023	PROCESSING FEE W/D	PROCESSED	CENTRAL OFFICE	20231204	-	\$0.00	\$0.00
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[Next 50 Transactions](#)[Prior 50 Transactions](#)