

23-6903

GLENN ALBRIGHT  
Petitioner

v.

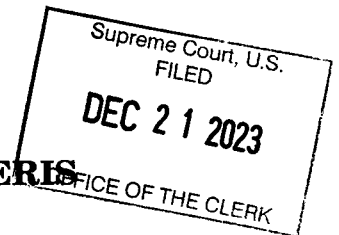
WILL ROBERTS, as VOLUSIA COUNTY  
TAX COLLECTOR  
ROBERT R. KYNOCH, as DIRECTOR of  
FLORIDA DEPARTMENT of HIGHWAY  
SAFETY AND MOTOR VEHICLES,  
DIVISION of MOTORIST SERVICES  
Respondents

IN THE SUPREME COURT  
OF THE UNITED STATES  
on petition for certiorari to  
Florida Fifth District Court of Appeal

case # 2023-  
Appeal 5D22-1909  
2022-10472-CODL

ORIGINAL

**PETITIONER GLENN ALBRIGHT  
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**



The petitioner seeks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

1. Petitioner has previously been granted leave to proceed *in forma pauperis* in the trial court and in the district court of appeal.

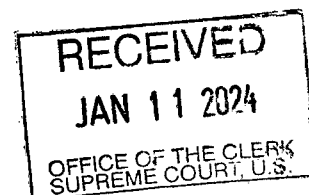
2. The trial court order granting leave to proceed is furnished in the appendix as item 'E'; it consists of the indigency affidavit and the clerk's approval.

3. The appeal court order granting leave to proceed, expressed as a waiver of filing fee, is embedded in the acknowledgement of new case, furnished in the appendix as item 'F'.

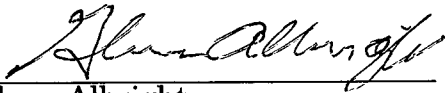
4. Petitioner is presently in the Volusia County Branch Jail. Mr. Andrews, attorney in the state courts, has been good enough to make the copies for the appendix. He has also greatly assisted in document preparation and assembly, including scanning the signature pages.

5. Mr. Andrews has said that he will furnish copies of all of the papers to opposing counsel in the state court action.

6. Petitioner requests that copies of all papers in this matter be furnished in care of Mr. Andrews, whose address I use below because I may be transferred between facilities. Mr. Andrews knows how to reach my wife who will be aware of my location and able to forward papers to me.



Respectfully submitted,



Glenn Albright

pro se

% Tanner Andrews, PA

112 W. New York Ave., #203

P.O. Box 1208

DeLand, FLA 32721

pho +1 386 734 2111

e-mail tanner+7355@sunshine-lawyer.com

### Certificate of Service

I certify that a copy hereof has been furnished to all parties listed below by the method indicated for each party.

**Will Roberts** (by e-mail)

J. Griffin Chumley, Esq., [V156-25722]

Fishback Dominick,

1947 Lee Rd.,

Winter Park, FLA 32789.

e-mail jgc@fishbacklaw.com [...]

**Robert Kynoch** (by e-mail)

Miguel A. Olivella, Jr., Esq.,

Office of the Attorney General,

The Capitol - PL 01,

Tallahassee, FLA 32399.

e-mail miguel.olivella@myfloridalegal.com

Done this 21 day of DECEMBER 2023



Glenn Albright

pro se

% Tanner Andrews, PA

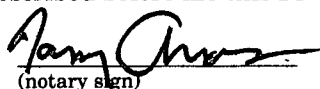
112 W. New York Ave., #203

P.O. Box 1208

DeLand, FLA 32721

State of Florida  
County of Volusia

Sworn and subscribed before me this 21-Dec-2023 by Glenn G. Albright, who is well known to me.

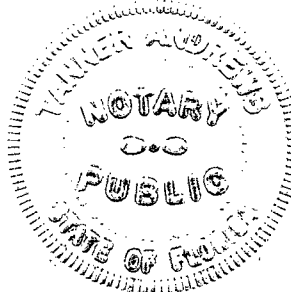
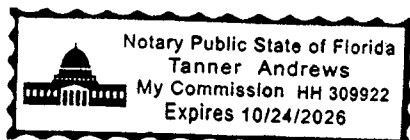
  
(notary sign)

Tanner Andrews

(notary print)

21-Dec-2023

(notary date)



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

I, GLENN ALBRECHT, 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	\$ <del>300</del>	\$ 0	\$ 0	\$ 0
Self-employment	\$ 300	\$ 0	\$ <del>30</del> 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 55 - 755	\$ 4000	\$ 755	\$ 4000
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): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ 1055	\$ 4000	\$ <del>755</del> 755	\$ 4000

SS = SOCIAL SECURITY

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
(SAF)		OCT 2022 .. DEC 2023	\$ 300
			\$
			\$

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
RETIRED / DISABLED			\$
			\$
			\$

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)	Amount you have	Amount your spouse has
SPOUSE CHECKING & SAVINGS	\$ 0	\$ 4000 FTHINK
NOT TYPE OF OTHER ACCT OF SPOUSE	\$	\$
	\$	\$

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

☒ Home Value 140 000

☐ Other real estate Value 0

☐ Motor Vehicle #1 SPOUSE OWNS  
Year, make & model 2010 FORD MUSTANG  
Value 5000

☐ Motor Vehicle #2 SPOUSE OWNS  
Year, make & model 2003 HARLEY - 3000  
Value 2006 HONDA and 12000

☐ Other assets  
Description NONE  
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
<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>
_____	_____	_____
_____	_____	_____

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)	\$ _____	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	850 / YR PROPTAXES - HOME IS PAID	
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<del>PROPERTY</del>	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>430</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	PAID FOR \$ ROOF & SEPTIC
Food	\$ <u>0</u>	\$ <u>900</u>
Clothing	\$ <u>0</u>	\$ <u>20 (VARIETY)</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>-</u>	IN HOSPITAL \$ NET SHARE OF COST

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>30</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>250</u> <i>EST PD YCRLY</i>
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>155</u> <i>FROM SS</i>	\$ <u>500</u> <i>EST</i>
Motor Vehicle	\$ <u>0</u>	\$ <u>100</u>
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>PROP TAXES</u>	\$ _____	\$ <u>850</u> <i>1YR</i>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>303</u>
Credit card(s)	\$ <u>0</u>	\$ <u>STAFF CURREN</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly expenses:</b>	\$ <u>155</u>	\$ <u>3266</u>

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? \_\_\_\_\_

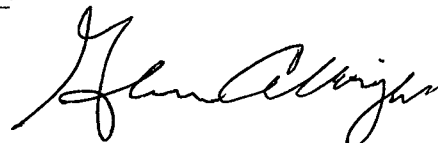
If yes, state the person's name, address, and telephone number:

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

HAVE ALREADY BEEN ADJUDICATED INDEBENT  
BY STATE COURT. COPY OF FORM DS INCLUDED  
IN THE FURN

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

Executed on: 08 Feb, 2024



(Signature)