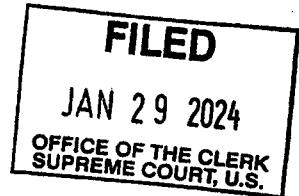


ORIGINAL

No. 23-6942

IN THE  
SUPREME COURT OF THE UNITED STATES



PAULINO GRANDA — PETITIONER  
(Your Name)

VS.

UNITED STATES OF AMERICA — RESPONDENT(S)

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*.

Please check the appropriate boxes:

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

PETITIONER HAS BEEN PREVIOUSLY GRANTED LEAVE TO PROCEED IN FORMA PAUPERIS, BEFORE THIS HONORABLE COURT, BEFORE THE DISTRICT AND UNITED STATES COURTS OF APPEAL FOR THE 11TH CIRCUIT, AND 9TH CIR

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: \_\_\_\_\_

, or

a copy of the order of appointment is appended.

Paulino Granda

(Signature)

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

I, Paulino Granda, 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	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly income:</b>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0
N/A	\$ 0	\$ 0

5. 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  
Year, make & model N/A  
Value N/A

Motor Vehicle #2  
Year, make & model N/A  
Value N/A

Other assets  
Description N/A  
Value N/A

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>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</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>0</u>	\$ <u>0</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

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

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? it is unknown to me.

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

My daughter Giselle Florer works in Silva & Silva PA. in Coral Gables FLA. Attorney Jorge Silva help me, providing that Attorney Mr. Richard Klugh Represent me in the Dist. Court with my 2255 Motion, And in the Court of Appeals with Motion Requesting a (CDA). After the denial he withdraw from my case and I Continue Pro Se with rest of litigation. It's UNKNOWN to me, if Mr. Klugh got pay.

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? My daughter Giselle Florer help me with the typing and completion of this Court of Certiorari Brief.

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

Giselle Florer Phone Nr: (305)-807-5578  
236 Valencia Avenue  
Coral Gables, FLA, 33134

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

I had been incarcerated on this case since Feb/22/2007  
I have a Job in the Facility as a orderly cleaning the Unit and  
BOP only pay me 20 dollars a month. I'm a indigent Person and  
Respectfully Request this Honorable Court allow me to proceed in forma pauperis.  
I declare under penalty of perjury that the foregoing is true and correct. Thank You!

Executed on: February 21<sup>st</sup>, 2004 Respectfully Submitted.

Paulino Gómez

(Signature)

# Inmate Inquiry



Inmate Reg #: 07620045 Current Institution: Hazelton USP  
Inmate Name: GRANDA, PAULINO Housing Unit: HAZ-A-B  
Report Date: 02/22/2024 Living Quarters: A03-104U  
Report Time: 11:58:51 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: 1856

PAC #: 185736955

Revalidation Date: 1st

FRP Participation Status: Participating

Arrived From: OKL

Transferred To:

Account Creation Date: 3/2/2007

Local Account Activation Date: 10/25/2022 4:14:53 AM



Sort Codes:

Last Account Update: 2/13/2024 12:20:06 PM

Account Status: Active

Phone Balance: \$0.00

## Pre-Release Plan Information

Target Pre-Release Account Balance: \$10,000.00

Pre-Release Deduction %: 100%

Income Categories to Deduct From:  Payroll  Outside Source Funds

## FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
Quarterly	\$40.00	0%

## Account Balances

Account Balance:	\$0.14
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$0.14

National 6 Months Deposits: \$1,688.15  
National 6 Months Withdrawals: \$1,715.15  
Available Funds to be considered for IFRP Payments: \$1,158.15  
National 6 Months Avg Daily Balance: \$96.99  
Local Max. Balance - Prev. 30 Days: \$202.14  
Average Balance - Prev. 30 Days: \$85.41

---

## Commissary History

### Purchases

---

Validation Period Purchases: \$178.00  
YTD Purchases: \$1,124.90  
Last Sales Date: 2/12/2024 10:49:44 AM

### SPO Information

---

SPO's this Month: 0  
SPO \$ this Quarter: \$0.00

### Spending Limit Info

---

Spending Limit Override: No  
Weekly Revalidation: No  
Bi-Weekly Revalidation: No  
Spending Limit: \$360.00  
Expended Spending Limit: \$178.00  
Remaining Spending Limit: \$182.00

---

## 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
-----------	-----------	------------	----------	--------

---

## Comments

Comments: