

No.

23-7170

PROVIDED TO HARDEE CORRECTIONAL  
INSTITUTION ON DCF 3-25-24 FOR MAILING  
INMATE LEGAL MAIL

EB

IN THE

SUPREME COURT OF THE UNITED STATES

EDWARD R. BROWN — PETITIONER  
(Your Name)

VS.

THE STATE OF FLORIDA — RESPONDENT(S)

Supreme Court, U.S.  
FILED

MAR 25 2024

OFFICE OF THE CLERK

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):

THE TRIAL Sentencing court, THE DISTRICT Court of APPEALS, all  
in and for MiAMI-DADE County, Florida.

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.

  
EB.

(Signature)

RECEIVED

APR - 5 2024

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, Edward R. Brown, 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.

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

(a).

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

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
E B	Daughter	16
A B	Daughter	14
E B	Son	9

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)	\$ 0	\$ 0
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)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

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

I Cannot Pay the cost of this Petition Because I am A independant indigent inmate Serving A life Sentence in A Florida Department of Correctional Institution.

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

Executed on: March 25 th, 2024

  
(Signature)

(6).

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 501 - HARDEE C.I.  
 FOR: 06/01/2023 - 06/30/2023

07/05/23  
 08:21:13  
 PAGE 1052

IBSR140 (74)

ACCT NAME: BROWN, EDWARD R.  
 BED: F2104L  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

BEGINNING BALANCE 06/01/23 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
06/09/23	178	LEGAL POSTAGE W	2023053001	000		-	\$0.00	\$0.00
		LIEN CREATED	- 06/09/2023	2023053001		-	\$0.00	\$0.00
06/09/23	178	LEGAL POSTAGE W	2023053002	000		-	\$0.00	\$0.00
		LIEN CREATED	- 06/09/2023	2023053002		-	\$0.00	\$0.00
06/09/23	178	LEGAL POSTAGE W	2023060101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 06/09/2023	2023060101		-	\$0.00	\$0.00

ENDING BALANCE 06/30/23 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$101.95	\$101.89
SUMMARY	MEDICAL CO-PAYMENT		\$50.00	\$50.00
SUMMARY	FEDERAL PRISON LITIGATION		\$5.00	\$5.00
06/09/23	LEGAL POSTAGE	000	\$3.18	\$3.18
06/09/23	LEGAL POSTAGE	000	\$2.46	\$2.46
06/09/23	LEGAL POSTAGE	000	\$2.94	\$2.94

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 501 - HARDEE C.I.  
 FOR: 07/01/2023 - 07/31/2023

08/01/23  
 11:07:08  
 PAGE 1067

ACCT NAME: BROWN, EDWARD R.  
 BED: F2104L  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

BEGINNING BALANCE 07/01/23 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
07/11/23	192	LEGAL POSTAGE W	2023070501	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/11/2023		2023070501			
07/11/23	192	LEGAL POSTAGE W	2023070502	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/11/2023		2023070502			

ENDING BALANCE 07/31/23 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	FEDERAL PRISON LITIGATION		\$5.00	\$5.00
SUMMARY	LEGAL POSTAGE		\$110.53	\$110.47
SUMMARY	MEDICAL CO-PAYMENT		\$50.00	\$50.00
07/11/23	LEGAL POSTAGE	000	\$12.45	\$12.45
07/11/23	LEGAL POSTAGE	000	\$12.45	\$12.45

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 501 - HARDEE C.I.  
 FOR: 08/01/2023 - 08/31/2023

09/01/23  
 07:45:42  
 PAGE 1054

ACCT NAME: BROWN, EDWARD R.  
 BED: F2104L  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

BEGINNING BALANCE 08/01/23 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
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NO TRANSACTIONS FOUND

ENDING BALANCE 08/31/23 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$135.43	\$135.37
SUMMARY	MEDICAL CO-PAYMENT		\$50.00	\$50.00
SUMMARY	FEDERAL PRISON LITIGATION		\$5.00	\$5.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 501 - HARDEE C.I.  
 FOR: 09/01/2023 - 09/30/2023

10/03/23  
 09:09:48  
 PAGE 1112

ACCT NAME: BROWN, EDWARD R.  
 BED: G2108L  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

BEGINNING BALANCE 09/01/23 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
09/06/23	132	LEGAL POSTAGE W	2023082901	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/06/2023	2023082901				
09/08/23	508	LEGAL POSTAGE W	2023090501	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/08/2023	2023090501				
09/08/23	508	LEGAL POSTAGE W	2023090502	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/08/2023	2023090502				
09/08/23	508	LEGAL POSTAGE W	2023090503	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/08/2023	2023090503				
09/08/23	508	LEGAL POSTAGE W	2023090504	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/08/2023	2023090504				
09/18/23	184	LEGAL POSTAGE W	2023090801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/18/2023	2023090801				
09/22/23	130	LEGAL POSTAGE W	2023092001	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/22/2023	2023092001				
09/22/23	130	LEGAL POSTAGE W	2023092002	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/22/2023	2023092002				
09/22/23	165	MEDICAL CO-PAY	0921230859RR	000		-	\$0.00	\$0.00
		LIEN CREATED	- 09/22/2023	0921230859RR				
								ENDING BALANCE 09/30/23 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$135.43	\$135.37
SUMMARY	MEDICAL CO-PAYMENT		\$50.00	\$50.00
SUMMARY	FEDERAL PRISON LITIGATION		\$5.00	\$5.00
09/06/23	LEGAL POSTAGE	000	\$0.63	\$0.63
09/08/23	LEGAL POSTAGE	000	\$3.27	\$3.27
09/08/23	LEGAL POSTAGE	000	\$1.59	\$1.59
09/08/23	LEGAL POSTAGE	000	\$9.55	\$9.55
09/08/23	LEGAL POSTAGE	000	\$9.55	\$9.55
09/18/23	LEGAL POSTAGE	000	\$0.63	\$0.63
09/22/23	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00
09/22/23	LEGAL POSTAGE	000	\$1.59	\$1.59
09/22/23	LEGAL POSTAGE	000	\$1.59	\$1.59

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 501 - HARDEE C.I.  
 FOR: 10/01/2023 - 10/31/2023

11/01/23  
 08:32:13  
 PAGE 1153

ACCT NAME: BROWN, EDWARD R.  
 BED: G2108L  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

BEGINNING BALANCE 10/01/23 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
10/24/23	269	LEGAL POSTAGE W	2023101801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/24/2023	2023101801		-	\$0.00	\$0.00
10/30/23	197	LEGAL POSTAGE W	2023102701	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/30/2023	2023102701		-	\$0.00	\$0.00
10/30/23	197	LEGAL POSTAGE W	2023102702	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/30/2023	2023102702		-	\$0.00	\$0.00

ENDING BALANCE 10/31/23 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	LEGAL POSTAGE		\$163.83	\$163.77
SUMMARY	MEDICAL CO-PAYMENT		\$55.00	\$55.00
SUMMARY	FEDERAL PRISON LITIGATION		\$5.00	\$5.00
10/24/23	LEGAL POSTAGE	000	\$0.87	\$0.87
10/30/23	LEGAL POSTAGE	000	\$0.63	\$0.63
10/30/23	LEGAL POSTAGE	000	\$0.63	\$0.63

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 501 - HARDEE C.I.  
 FOR: 11/01/2023 - 11/30/2023

12/01/23  
 08:33:00  
 PAGE 1053

ACCT NAME: BROWN, EDWARD R.  
 BED: F3205U  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	BEGINNING BALANCE 11/01/23	\$0.00
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NO TRANSACTIONS FOUND								

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED	ENDING BALANCE 11/30/23	\$0.00
SUMMARY	LEGAL POSTAGE		\$165.96	\$165.90		
SUMMARY	MEDICAL CO-PAYMENT		\$55.00	\$55.00		
SUMMARY	FEDERAL PRISON LITIGATION		\$5.00	\$5.00		

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 501 - HARDEE C.I.  
 FOR: 11/01/2023 - 11/30/2023

12/01/23  
 08:33:00  
 PAGE 1053

ACCT NAME: BROWN, EDWARD R.  
 BED: F3205U  
 PO BOX:

ACCT#: M57932  
 TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	BEGINNING BALANCE 11/01/23	\$0.00
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NO TRANSACTIONS FOUND

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED	ENDING BALANCE 11/30/23	\$0.00
SUMMARY	LEGAL POSTAGE		\$165.96	\$165.90		
SUMMARY	MEDICAL CO-PAYMENT		\$55.00	\$55.00		
SUMMARY	FEDERAL PRISON LITIGATION		\$5.00	\$5.00		