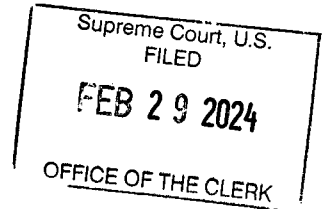


No. 23-7329

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



AIRICK BROWN — PETITIONER

VS.

STATE OF FLORIDA — RESPONDENT

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

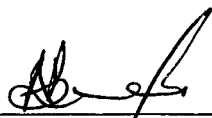
The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

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

State Circuit Court Seventeenth Judicial, State Appellate Court Fourth District
Court of appeal, Federal Circuit District Court Southern District.

☐ 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.



(Signature)

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

I, AIRICK 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 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 or otherwise.

Income source	Average monthly amount during expected the past 12 months		Amount 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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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
<u>0</u>	<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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
<u>—</u>	<u>—</u>	\$ <u>—</u>	\$ <u>—</u>
<u>—</u>	<u>—</u>	\$ <u>—</u>	\$ <u>—</u>
<u>—</u>	<u>—</u>	\$ <u>—</u>	\$ <u>—</u>

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.

Financial Institution	Type of account	Amount you have	Amount your spouse has
<u>—</u>	<u>—</u>	\$ <u>—</u>	\$ <u>—</u>
<u>—</u>	<u>—</u>	\$ <u>—</u>	\$ <u>—</u>

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

☐ Home
Value —

☐ Other real estate
Value —

☐ Motor Vehicle #1
Year, make & model —
Value —

☐ Motor Vehicle #2
Year, make & model —
Value —

☐ Other assets
Description —

Value _____

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
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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

Name	Relationship	Age
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</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 of 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)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u> — </u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): <u> — </u>		
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u> — </u>	\$ <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> — </u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</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 compensation of this form?

☐ Yes ☒ No

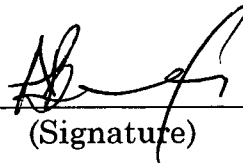
If yes, how much? _____

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

Executed on: April 8, 2024.



(Signature)

INMATE REQUEST

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

Mail Number: _____

Team Number: _____

Institution: _____

TO:
(Check One)Warden
Asst. WardenClassification
SecurityMedical
Mental HealthDental
Other

Inmate banking

FROM:	Inmate Name ALRICK BROWN	DC Number 152026	Quarters A2-102	Job Assignment Academy	Date 2-11-24
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REQUEST

Check here if this is an informal grievance ☐

REQUESTING FOR PRINT OUT UP TO A YEAR
SENDING TO THE COURTS.
THE COURTS REQUESTING FOR IT, TO PROVE THAT I AM
INDIGENT.

Thank you
ALRICK BROWN

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): 

DC#: 152026

DO NOT WRITE BELOW THIS LINE

RESPONSE

RECEIVED FEB 13 2024


DATE RECEIVED: _____

See attachment your account transactions
starts in April 2023.

[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): Fordh

Official (Signature): 

Date: 2/20/24

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 DCI-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.

DC6-236 (Effective 11/18)

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GEO-South Bay Correctional Facility , FL

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Resident Account Summary

Tuesday, February 20, 2024 @11:43

For DC#: I52026 BROWN, ALRICK

Date	Transaction Description	Amount	Balance	Owed	Held	Reference
12/22/2023	LEGAL POSTA LEGAL POSTAGE NOVEMBER 20:	2.07	0.00	6.60	0.00	12/22/2023
11/15/2023	<MED COPAY> MED COPAY OCTOBER 2023	-0.47	0.00	4.53	0.00	11/15/2023
11/15/2023	MED COPAY MED COPAY OCTOBER 2023	5.00	0.47	5.00	0.00	11/15/2023
06/26/2023	EPR OID:101234415-ComisaryPur	-5.50	0.47	0.00	0.00	06/26/2023
06/26/2023	<LEGAL POST. LEGAL POSTAGE MAY 2023	-0.60	5.97	0.00	0.00	06/26/2023
06/26/2023	LEGAL POSTA LEGAL POSTAGE MAY 2023	0.60	6.57	0.60	0.00	06/26/2023
06/26/2023	<LEGAL POST. LEGAL POSTAGE MAY 2023	-0.60	6.57	0.00	0.00	06/26/2023
06/26/2023	LEGAL POSTA LEGAL POSTAGE MAY 2023	0.60	7.17	0.60	0.00	06/26/2023
06/26/2023	<LEGAL POST. LEGAL POSTAGE MAY 2023	-1.98	7.17	0.00	0.00	06/26/2023
06/26/2023	LEGAL POSTA LEGAL POSTAGE MAY 2023	1.98	9.15	1.98	0.00	06/26/2023
06/26/2023	<LEGAL POST. LEGAL POSTAGE MAY 2023	-1.98	9.15	0.00	0.00	06/26/2023
06/26/2023	LEGAL POSTA LEGAL POSTAGE MAY 2023	1.98	11.13	1.98	0.00	06/26/2023
06/26/2023	<LEGAL POST. LEGAL POSTAGE MAY 2023	-0.84	11.13	0.00	0.00	06/26/2023
06/26/2023	LEGAL POSTA LEGAL POSTAGE MAY 2023	0.84	11.97	0.84	0.00	06/26/2023
06/26/2023	<LEGAL POST. LEGAL POSTAGE MAY 2023	-0.84	11.97	0.00	0.00	06/26/2023
06/26/2023	LEGAL POSTA LEGAL POSTAGE MAY 2023	0.84	12.81	0.84	0.00	06/26/2023
06/26/2023	<LEGAL POST. LEGAL POSTAGE MAY 2023	-0.60	12.81	0.00	0.00	06/26/2023
06/26/2023	LEGAL POSTA LEGAL POSTAGE MAY 2023	0.60	13.41	0.60	0.00	06/26/2023
05/21/2023	EPR OID:101230556-ComisaryPur	-45.04	13.41	0.00	0.00	05/21/2023
05/15/2023	<LEGAL POST. LEGAL POSTAGE APRIL 2023	-0.84	58.45	0.00	0.00	05/15/2023
05/15/2023	LEGAL POSTA LEGAL POSTAGE APRIL 2023	0.84	59.29	0.84	0.00	05/15/2023
05/15/2023	<LEGAL POST. LEGAL POSTAGE APRIL 2023	-0.84	59.29	0.00	0.00	05/15/2023
05/15/2023	LEGAL POSTA LEGAL POSTAGE APRIL 2023	0.84	60.13	0.84	0.00	05/15/2023
05/08/2023	ERF OID:101228069-ComisaryRef	9.00	60.13	0.00	0.00	05/08/2023
04/30/2023	EPR OID:101228069-ComisaryPur	-9.00	51.13	0.00	0.00	04/30/2023
04/16/2023	EPR OID:101226497-ComisaryPur	-40.99	60.13	0.00	0.00	04/16/2023
04/12/2023	SECUREDEPOS 102251271 Brown Okeeno Al:	100.00	101.12	0.00	0.00	04/12/2023