

23-7333

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

THOMAS ARNOLD
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 payment of cost 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):

Florida Second Judicial Circuit in for Leon County Florida Case No.: 1990-CF-2999 and United States District Court Northern Dist. Tallahassee Division Case No.: 4:21-cv-109-TKW/MJF

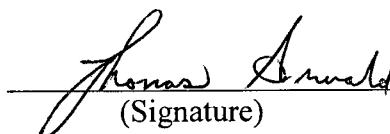
Petitioner has not previously been granted leave to proceed in forma pauperis in any other Court

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.


(Signature)

IN THE CIRCUIT COURT OF THE
SECOND JUDICIAL CIRCUIT, IN
AND FOR LEON COUNTY, FLORIDA

CASE NO. 90-2999, 90-3014

THOMAS JOSEPH ARNOLD,
Defendant/Appellant,
vs.
STATE OF FLORIDA,
Plaintiff/Appellee.

ORDER OF INSOLVENCY

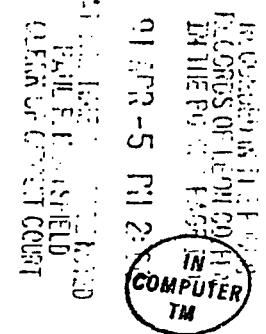
THIS CAUSE came on before me upon motion of the Defendant, THOMAS JOSEPH ARNOLD, for the appointment of counsel to represent him on appeal from the judgment and sentence of April 3, 1991, and this Court having been advised in the premises and having previously made inquiry of the Defendant and having found him so insolvent that she was incapable of hiring his own attorney, it is hereby

ORDERED AND ADJUDGED that the Public Defender, Second Judicial Circuit, in the State of Florida, be and is hereby appointed to represent the Defendant on his appeal in this cause.

It is further ORDERED AND ADJUDGED that the Defendant, THOMAS JOSEPH ARNOLD, is without funds to pay the costs of his appeal and that Leon County, Florida, shall bear any and all costs necessary and incident to the prosecution of this appeal for the Defendant.

DONE AND ORDERED this 3rd day of April, 1991.


CIRCUIT COURT JUDGE



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

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

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
<u>N/A</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 N/A

Other real estate
 Value N/A

Motor Vehicle #1
 Year, make & model _____
 Value N/A

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

Other assets
 Description N/A
 Value _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
Total monthly expenses:	\$ <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.

The Person sending me canteen money passed away

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 have no paying job and family are gone
and I will not be receiving any more canteen money*

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

Executed on: 8 April 17, 2024

Howard Arnold
(Signature)