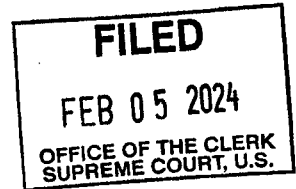


24-5153

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

JONATHAN GODWIN --PETITIONER



VS.

SECRETARY FLORIDA DEPARTMENT OF CORRECTIONS, ET AL. –

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 **not** previously been granted leave to proceed *in forma pauperis* in any other court.

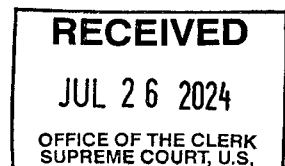
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

*Jonathan Godwin*  
(Signature)



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

I, Sonathan Godwin, 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>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Self-employment	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Gifts	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Alimony	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Child Support	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>Ø</u>	\$ <u>N/A</u>	\$ <u>Ø</u>	\$ <u>N/A</u>
Other (specify): <u>Mother</u>	\$ <u>120.00</u>	\$ <u>N/A</u>	\$ <u>100.00</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>120.00</u>	\$ <u>N/A</u>	\$ <u>100.00</u>	\$ <u>N/A</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	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

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

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
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A
INMATE TRUST FUND	\$ 44.00	\$ N/A

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

<input type="checkbox"/> Home Value <u>N/A</u>	<input type="checkbox"/> Other real estate Value <u>N/A</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>N/A</u> Value <u>N/A</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value <u>N/A</u>
<input type="checkbox"/> Other assets Description <u>N/A</u> Value <u>N/A</u>	

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>None</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>None</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>None</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>None</u>	<u>N/A</u>	<u>N/A</u>
<u>None</u>	<u>N/A</u>	<u>N/A</u>
<u>None</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>N/A</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>100.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/10.00</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	\$ <u>100.00</u>	\$ <u>N/A</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've been incarcerated in the State of Florida for the past 18 years.*

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

Executed on: July 15, 2024

Jonathan Dodwin  
(Signature)

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 211 - CROSS CITY C.I.  
FOR: 12/01/2023 - 12/31/2023

01/03/24  
07:16:57  
PAGE 806

ACCT NAME: GODWIN, JONATHAN L.  
BED: E3206L  
PO BOX:

ACCT#: M07545  
TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
							BEGINNING BALANCE 12/01/23	\$40.15
12/02/23	039	CANTEEN SALES	21120231201	000		-	\$29.75	\$10.40
12/03/23	039	CANTEEN SALES	21120231202	000		-	\$4.40	\$6.00
12/04/23	121	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.54	\$5.46
12/06/23	039	CANTEEN SALES	21120231205	000		-	\$5.46	\$0.00
12/08/23	291	JPAY DEPOSIT	163914101	000	JONES, MARY L.	+	\$80.00	\$80.00
12/10/23	039	CANTEEN SALES	21120231209	000		-	\$39.09	\$40.91
12/11/23	123	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.45	\$40.46
12/12/23	039	CANTEEN SALES	21120231211	000		-	\$4.24	\$36.22
12/13/23	037	CANTEEN SALES	21120231212	000		-	\$17.22	\$19.00
12/16/23	039	CANTEEN SALES	21120231215	000		-	\$18.99	\$0.01
12/18/23	122	LIEN PAYMENT	WEEKLY DRAW	000		-	\$0.01	\$0.00
		PROCESSING FEE	- 12/18/2023	20231218				
12/25/23	183	JPAY DEPOSIT	164502068	000	JONES, MARY L.	+	\$60.00	\$60.00
12/25/23	184	LIEN PAYMENT	122523183579	000		-	\$0.39	\$59.61
		PROCESSING FEE	- 12/18/2023	20231218				
12/27/23	039	CANTEEN SALES	21120231226	000		-	\$53.13	\$6.48
12/29/23	037	CANTEEN SALES	21120231228	000		-	\$6.47	\$0.01
							ENDING BALANCE 12/31/23	\$0.01

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 211 - CROSS CITY C.I.  
 FOR: 11/01/2023 - 11/30/2023

12/01/23  
 07:59:50  
 PAGE 789

ACCT NAME: GODWIN, JONATHAN L.  
 BED: E3206L  
 PO BOX:

ACCT#: M07545  
 TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
						BEGINNING BALANCE 11/01/23		\$0.00
11/01/23	152	MEDICAL CO-PAY	1027231008RR	000		-	\$0.00	\$0.00
		LIEN CREATED	- 11/01/2023	1027231008RR				
11/13/23	202	JPAY DEPOSIT	163058124	000	JONES, MARY L.	+	\$80.00	\$80.00
11/13/23	203	LIEN PAYMENT	111323202102	000		-	\$0.30	\$79.70
		PROCESSING FEE	- 10/30/2023	20231030				
11/13/23	203	LIEN PAYMENT	111323202102	000		-	\$5.00	\$74.70
		MEDICAL CO-PAY	- 11/01/2023	1027231008RR				
11/14/23	223	ACCESS CATALOG	2211	000		-	\$4.60	\$70.10
11/16/23	039	CANTEEN SALES	21120231115	000		-	\$46.72	\$23.38
11/20/23	123	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.47	\$22.91
11/23/23	039	CANTEEN SALES	21120231122	000		-	\$11.15	\$11.76
11/26/23	039	CANTEEN SALES	21120231125	000		-	\$11.73	\$0.03
11/26/23	114	JPAY DEPOSIT	163478252	000	JONES, MARY L.	+	\$60.00	\$60.03
11/27/23	121	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.23	\$59.80
11/28/23	039	CANTEEN SALES	21120231127	000		-	\$19.65	\$40.15
						ENDING BALANCE 11/30/23		\$40.15



IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 211 - CROSS CITY C.I.  
FOR: 10/01/2023 - 10/31/2023

11/01/23  
08:04:24  
PAGE 786

ACCT NAME: GODWIN, JONATHAN L.  
BED: E3206L  
PO BOX:

ACCT#: M07545  
TYPE: INMATE TRUST

BEGINNING BALANCE 10/01/23 \$54.91

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
10/02/23	039	CANTEEN SALES	21120231001	000		-	\$9.04	\$45.87
10/02/23	120	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.46	\$45.41
10/03/23	039	CANTEEN SALES	21120231002	000		-	\$8.74	\$36.67
10/04/23	183	JPAY DEPOSIT	161727547	000	JONES, MARY L.	+	\$80.00	\$116.67
10/06/23	039	CANTEEN SALES	21120231005	000		-	\$15.55	\$101.12
10/08/23	039	CANTEEN SALES	21120231007	000		-	\$22.58	\$78.54
10/09/23	039	CANTEEN SALES	21120231008	000		-	\$22.02	\$56.52
10/09/23	119	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.69	\$55.83
10/11/23	039	CANTEEN SALES	21120231010	000		-	\$8.32	\$47.51
10/12/23	039	CANTEEN SALES	21120231011	000		-	\$1.00	\$46.51
10/15/23	039	CANTEEN SALES	21120231014	000		-	\$24.31	\$22.20
10/16/23	037	CANTEEN SALES	21120231015	000		-	\$6.41	\$15.79
10/16/23	119	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.40	\$15.39
10/17/23	039	CANTEEN SALES	21120231016	000		-	\$5.18	\$10.21
10/21/23	039	CANTEEN SALES	21120231020	000		-	\$2.77	\$7.44
10/21/23	185	JPAY DEPOSIT	162285368	000	JONES, MARY L.	+	\$40.00	\$47.44
10/22/23	039	CANTEEN SALES	21120231021	000		-	\$7.37	\$40.07
10/23/23	039	CANTEEN SALES	21120231022	000		-	\$9.40	\$30.67
10/23/23	122	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.25	\$30.42
10/26/23	039	CANTEEN SALES	21120231025	000		-	\$21.44	\$8.98
10/27/23	039	CANTEEN SALES	21120231026	000		-	\$8.98	\$0.00
10/30/23	119	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.00	\$0.00
		LIEN CREATED	- 10/30/2023	20231030				

ENDING BALANCE 10/31/23 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
10/30/23	PROCESSING FEE	000	\$0.30	\$0.30

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 211 - CROSS CITY C.I.  
FOR: 09/01/2023 - 09/30/2023

10/02/23  
11:22:41  
PAGE 771

ACCT NAME: GODWIN, JONATHAN L.  
BED: E3206L  
PO BOX:

ACCT#: M07545  
TYPE: INMATE TRUST

BEGINNING BALANCE 09/01/23 \$79.71

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
09/16/23	226	JPAY DEPOSIT	161118014	000	JONES, MARY L.	+	\$90.00	\$169.71
09/20/23	039	CANTEEN SALES	21120230919	000		-	\$30.15	\$139.56
09/22/23	039	CANTEEN SALES	21120230921	000		-	\$35.15	\$104.41
09/23/23	039	CANTEEN SALES	21120230922	000		-	\$12.07	\$92.34
09/25/23	119	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.77	\$91.57
09/29/23	039	CANTEEN SALES	21120230928	000		-	\$36.66	\$54.91

ENDING BALANCE 09/30/23 \$54.91

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 118 - WAKULLA C.I.  
FOR: 08/01/2023 - 08/31/2023

09/06/23  
07:53:44  
PAGE 1400

ACCT NAME: GODWIN, JONATHAN L.  
BED: H1103L  
PO BOX:

ACCT#: M07545  
TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
						BEGINNING BALANCE 08/01/23		\$0.49
08/02/23	184	MEDICAL CO-PAY	0801230924RR	000		-	\$0.00	\$0.49
		LIEN CREATED	- 08/02/2023	0801230924RR				
08/06/23	115	JPAY DEPOSIT	159718662	000	JONES, MARY L.	+	\$40.00	\$40.49
08/06/23	116	LIEN PAYMENT	080623115445	000		-	\$5.00	\$35.49
		MEDICAL CO-PAY	- 07/27/2023	0726230555RR				
08/06/23	116	LIEN PAYMENT	080623115445	000		-	\$5.00	\$30.49
		MEDICAL CO-PAY	- 08/02/2023	0801230924RR				
08/08/23	025	CANTEEN SALES	11820230807	000		-	\$30.48	\$0.01
08/14/23	121	LIEN PAYMENT	WEEKLY DRAW	000		-	\$0.01	\$0.00
		PROCESSING FEE	- 08/14/2023	20230814				
08/19/23	235	JPAY DEPOSIT	160155025	000	JONES, MARY L.	+	\$80.00	\$80.00
08/19/23	236	LIEN PAYMENT	081923235869	000		-	\$0.29	\$79.71
		PROCESSING FEE	- 08/14/2023	20230814				
						ENDING BALANCE 08/31/23		\$79.71

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 118 - WAKULLA C.I.  
FOR: 07/01/2023 - 07/31/2023

08/01/23  
12:47:14  
PAGE 287

ACCT NAME: GODWIN, JONATHAN L.  
BED: B1126L  
PO BOX:

ACCT#: M07545  
TYPE: INMATE TRUST

BEGINNING BALANCE 07/01/23 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
07/03/23	119	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.00	\$0.00
		LIEN CREATED	- 07/03/2023	20230703				
07/06/23	197	JPAY DEPOSIT	158605042	000	JONES, MARY L.	+	\$60.00	\$60.00
07/06/23	200	LIEN PAYMENT	070623197334	000		-	\$0.14	\$59.86
		PROCESSING FEE	- 07/03/2023	20230703				
07/09/23	025	CANTEEN SALES	11820230708	000		-	\$51.37	\$8.49
07/10/23	121	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.51	\$7.98
07/18/23	025	CANTEEN SALES	11820230717	000		-	\$7.95	\$0.03
07/19/23	193	JPAY DEPOSIT	159061516	000	JONES, MARY L.	+	\$40.00	\$40.03
07/24/23	119	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.08	\$39.95
07/26/23	025	CANTEEN SALES	11820230725	000		-	\$23.28	\$16.67
07/27/23	159	MEDICAL CO-PAY	0726230555RR	000		-	\$0.00	\$16.67
		LIEN CREATED	- 07/27/2023	0726230555RR				
07/29/23	025	CANTEEN SALES	11820230728	000		-	\$15.79	\$0.88
07/31/23	123	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.39	\$0.49

ENDING BALANCE 07/31/23 \$0.49

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
07/27/23	MEDICAL CO-PAYMENT	000	\$5.00	\$5.00