

24-5634 **ORIGINAL**
No. 24

SUPREME COURT OF THE UNITED STATES

Camille A Abboud,

Petitioner,

Vs.

State of Florida,

Respondent.

Supreme Court, U.S.
FILED

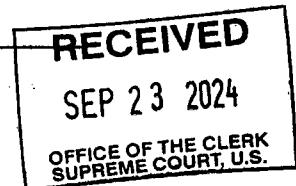
SEP 17 2024

OFFICE OF THE CLERK

*On Petition for a Writ of Certiorari
to the State of Florida DCF,
the Florida Supreme Court,
the U.S. Middle District of Florida,
Fifth District of Appeal, St. Johns
County AND the Seventh Judicial
Circuit for the State of Florida*

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Camille A. Abboud
Pro Se Petitioner
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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):

Florida Supreme Court - Cases: SC2024-0142, SC2024-0144, SC2024-0143, SC2024-0623 & SC2024-1213 (August 20th, 2024)

Florida 5th District Of Appeal - Cases: 5D23-3383, 5D23-3455, 5D23-3463, 5D23-3482, 5D24-0799 & 5D24-0831.

Florida 7th Judicial Circuit - Cases: CA22-1450, CA22-295 & CA23-1513

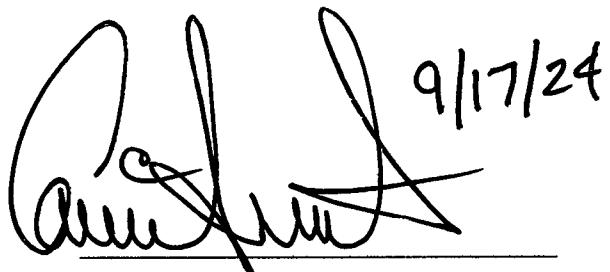
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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.



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

I, **CAMILLE A ABOUD**, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ 3358	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): <u>IRA</u>	\$ 3000	\$ _____	\$ _____	\$ _____
Total Monthly Income:	\$ 6358	\$ _____	\$ _____	\$ _____

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
			\$ _____
			\$ _____
			\$ _____

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>Wells Fargo - Checking</u>	\$2500	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

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

XX Home

Value: PENDING DIVORCE

Other real estate

Value _____

XX Motor Vehicle #1

Year, Make & Model: **2024 VW Tiguan**

Motor Vehicle #2

Year, make & model _____

Value: NEGATIVE

Value _____

XX Other Assets

Description: **Individual Retirement Account - IRA**

Value: \$720K

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
AMA	SON	16
GAA	SON	9
MNA	SON	6

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)	\$4800	\$ _____
Are real estate taxes included? <input checked="" type="checkbox"/> Yes	No	
Is property insurance included? <input checked="" type="checkbox"/> Yes	No	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$750	\$ _____
Home maintenance (repairs and upkeep)	\$350	\$ _____
Food	\$1200	\$ _____
Clothing	\$500	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$450	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$500 _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$350 _____	
Other: <u>Supervised Visits</u>	\$700 _____	
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment Payments		
Motor Vehicle	\$670 _____	
Credit Card(s)	\$850 _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and Child Support paid to others	\$2730 _____	
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>Legal Support for Divorce - Injunction</u>	\$ _____ \$2500 _____	\$ _____
Total Monthly Expenses:	\$16,350 _____	\$ _____

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 DEFENDANTS CONTINUE TO VIOLATE THE PETITIONER'S CIVIL, CONSTITUTIONAL & FATHERS' RIGHTS, AS SUCH THE LEGAL EXPENDITURES WILL CONTINUE UNABATED!

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? **OVER \$475,000 (Eleven (11) Attorneys so FAR)**

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? **UNKNOWN**

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

The Petitioner filed this Writ of Certiorari in GOOD FAITH as ALL Defendants continue TODAY Incessantly AND Aided by the U.S. Middle District Of Florida to “Terrorize” the Disabled-Elderly Petitioner, illegally “threatening” incarceration at Every Hearing, and/or Appeal for the Past THREE (3+) YEARS, Intentionally & Maliciously VIOLATING the Petitioner’s Civil, Constitutional and Fathers’ Rights by CRIMINALS Acting Under The Color Of Law!

The Petitioner, a Model US Citizen for over THIRTY (30) YEARS, after illegally losing his Federal Nuclear Security Clearance and subsequently became UNEMPLOYABLE, CONTINUE Today to Raid, Assault & “Pillage” his Individual Retirement Account (IRA) that started at over \$1.8 Mil, “obeying” Criminal Florida Court Orders in order to FIGHT THIS NIGHTMARE

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

Executed on September 17th, 2024.

9/17/24

Camille A Abboud (Pro Se Petitioner)

100 Audubon Place - Suite 1420

Saint Johns, FL 32259

Email: camilleabboud2013@gmail.com - Phone: 720.480.0090

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Terminal....: POS3927B Date.: 9/17/2024
Employee....: 323769 Time.: 10:39 AM
Cashier's Name Samy

ITEM NAME	QTY	PRICE	TOTAL
8.5x11 Copies			\$214.32
	893 0	\$0.24	
Tax			\$13.93
Subtotal			\$214.32
Shipping/Other Charges			\$0.00
Total tax			\$13.93
Total			\$228.25

Cards \$228.25

Items Designated NR are NOT eligible
for Returns, Refunds or Exchanges.

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