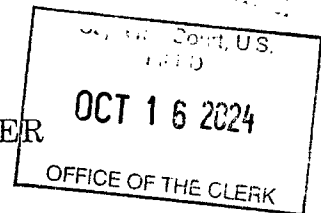


No. 24-5799

IN THE
SUPREME COURT OF THE UNITED STATES

MARIA NAVARRO MARTIN — PETITIONER
(Your Name)



VS.

STATE OF FLORIDA — 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):

- Sixth District Court of Appeals of the State of Florida.
- Ninth Judicial Circuit Court of the State of Florida, in Orange County.

☐ 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:

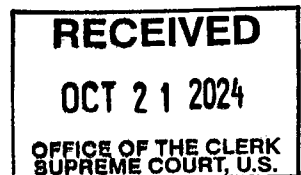
☐ The appointment was made under the following provision of law: _____, or

☐ a copy of the order of appointment is appended.



Cynthia D. Wallace
Notary Public
State of Florida
Comm# HH163751
Expires 9/3/2025

[Signature]
(Signature)



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

I, Maria Navarro Martin, 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	\$0	\$0	\$0	\$0
Self-employment	\$0	\$0	\$0	\$0
Income from real property (such as rental income)	\$0	\$0	\$0	\$0
Interest and dividends	\$0	\$0	\$0	\$0
Gifts	\$0	\$0	\$0	\$0
Alimony	\$0	\$0	\$0	\$0
Child Support	\$0	\$0	\$0	\$0
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$0	\$0	\$0
Disability (such as social security, insurance payments)	\$0	\$0	\$0	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$0	\$0	\$0	\$0
Other (specify): _____	\$0	\$0	\$0	\$0
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 Employment	Gross monthly pay
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
			\$
			\$

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

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
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
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>

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

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</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 or home-mortgage payment (include lot rented for mobile home)	\$ <u>N/A</u>	\$ <u>N/A</u>
Are real estate taxes included? ☒ Yes ☐ No		
Is property insurance included? ☒ Yes ☐ 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>N/A</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/A</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>
Total monthly expenses:	\$ <u>N/A</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 declare under penalty of perjury that the foregoing is true and correct.

Executed on: September 26, 2024

(Signature)

10/03/22
06:58:47
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FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 368 - FL.WOMENS RECPN.CTR
FOR: 09/01/2022 - 09/30/2022

IBSR140 (74)

ACCT NAME: NAVARRO-MARTIN, MARIA
BED: G2133S
PO BOX:

ACCT#: G30340
TYPE: INMATE TRUST

BEGINNING BALANCE 09/01/22 \$49.98

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
09/01/22	073	CANTEEN SALES	36820220831	000		-	\$49.35	\$0.63
09/05/22	112	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.49	\$0.14
09/10/22	266	JPAY DEPOSIT	147472072	000	RIVAS, SABASTAIN	+	\$50.00	\$50.14
09/12/22	071	CANTEEN SALES	36820220911	000		-	\$49.77	\$0.37
09/12/22	109	LIEN PAYMENT	WEEKLY DRAW	000		-	\$0.37	\$0.00
09/18/22	108	PROCESSING FEE	- 09/12/2022	20220912		+	\$50.00	\$50.00
09/18/22	109	JPAY DEPOSIT	147748969	000	RIVAS, SABASTAIN	-	\$0.13	\$49.87
09/23/22	073	CANTEEN SALES	36820220922	000		-	\$49.03	\$0.84
09/25/22	125	JPAY DEPOSIT	147996161	000	RIVAS, SABASTAIN	+	\$50.00	\$50.84
09/26/22	105	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.49	\$50.35
09/27/22	256	JPAY DEPOSIT	148041697	000	RIVAS, SABASTAIN	+	\$50.00	\$100.35
09/28/22	075	CANTEEN SALES	36820220927	000		-	\$49.26	\$51.09
09/30/22	103	LIEN PAYMENT	2023092601	000		-	\$6.82	\$44.27
09/30/22	103	LEGAL POSTAGE W	- 09/30/2022	2022092601		-	\$0.00	\$44.27
09/30/22	103	LEGAL POSTAGE W	2023092701	000		-	\$0.00	\$44.27
09/30/22	103	LEGAL POSTAGE W	- 09/30/2022	2022092701		-	\$0.00	\$44.27
09/30/22	103	LEGAL POSTAGE W	2023092702	000		-	\$0.00	\$44.27
09/30/22	103	LEGAL POSTAGE W	- 09/30/2022	2022092702		-	\$0.00	\$44.27

ENDING BALANCE 09/30/22 \$44.27

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
09/30/22	LEGAL POSTAGE	000	\$0.80	\$0.80
09/30/22	LEGAL POSTAGE	000	\$0.80	\$0.80
09/30/22	LEGAL POSTAGE	000	\$9.15	\$2.33

09/03/24
06:24:12
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FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 368 - FL. WOMENS RECPN. CTR
FOR: 08/01/2024 - 09/30/2024

IBSR140 (74)

ACCT NAME: NAVARRO-MARTIN, MARIA
BED: G1121L
PO BOX:

ACCT#: G30340
TYPE: INMATE TRUST

BEGINNING BALANCE 08/01/24 \$0.24

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
08/01/24	207	TYLER DEPOSIT	113647122	000	Rivas, Sabastain	+	\$50.00	\$50.24
08/11/24	073	CANTEEN SALES	36820240810	000		-	\$50.08	\$0.16
08/12/24	109	LIEN PAYMENT	WEEKLY DRAW	000		-	\$0.16	\$0.00
08/18/24	114	PROCESSING FEE	- 08/12/2024	20240812		+	\$50.00	\$50.00
08/18/24	115	TYLER DEPOSIT	119715548	000	Rivas, Sabastain	-	\$0.34	\$49.66
08/19/24	210	PROCESSING FEE	- 08/12/2024	20240812		-	\$6.00	\$43.66
08/26/24	073	JPAY MEDIA W/D	000173890198	000		-	\$43.21	\$0.45
08/26/24	111	CANTEEN SALES	36820240825	000		-	\$0.43	\$0.02
08/26/24	111	PROCESSING FEE	WEEKLY DRAW	000		-		

ENDING BALANCE 09/30/24 \$0.02

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 368 - FL.WOMENS RECPN.CTR
FOR: 07/01/2024 - 07/31/2024

IBSR140 (74)

ACCT# : G30340
TYPE : INMATE TRUST

ACCT NAME: NAVARRO-MARTIN, MARIA

BED: G1121L

PO BOX:

BEGINNING BALANCE 07/01/24 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
07/17/24	225	TYLER DEPOSIT	106007534	000	Rivas, Sabastain	+	\$50.00	\$50.00
07/17/24	228	LIEN PAYMENT	071724225669	000		-	\$0.81	\$49.19
		PROCESSING FEE	- 06/24/2024	20240624				
07/22/24	212	JPAY MEDIA W/D	000172941649	000		-	\$6.00	\$43.19
07/25/24	073	CANTEEN SALES	36820240724	000		-	\$42.52	\$0.67
07/29/24	109	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.43	\$0.24
ENDING BALANCE 07/31/24								

ENDING BALANCE 07/31/24

\$0.24

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 368 - FL. WOMENS RECPN.CTR
FOR: 06/01/2024 - 06/30/2024

IBSR140 (74)

ACCT NAME: NAVARRO-MARTIN, MARIA
BED: G1121L
PO BOX:
ACCT#: G30340
TYPE: INNATE TRUST

BEGINNING BALANCE 06/01/24 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
06/17/24	211	JPAY DEPOSIT	170444821	000	RIVAS, SABASTAIN	+	\$100.00	\$100.00
06/17/24	214	LIEN PAYMENT	061724211859	000		-	\$0.39	\$99.61
		PROCESSING FEE	- 05/13/2024	20240513				
06/18/24	001	COUNTY JAIL	47884	368	ORANGE COUNTY	+	\$0.64	\$100.25
06/18/24	002	PROCESSING FEE	061824001010	368		-	\$0.50	\$99.75
06/18/24	295	JPAY MEDIA W/D	000171604182	000		-	\$6.00	\$93.75
06/20/24	073	CANTEEN SALES	36820240619	000		-	\$66.44	\$27.31
06/23/24	073	CANTEEN SALES	36820240622	000		-	\$27.18	\$0.13
06/24/24	111	LIEN PAYMENT	WEEKLY DRAW	000		-	\$0.13	\$0.00
		PROCESSING FEE	- 06/24/2024	20240624				

ENDING BALANCE 06/30/24 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
06/24/24	PROCESSING FEE	000	\$0.94	\$0.81

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 368 - FL WOMENS RECPN.CTR
FOR: 04/01/2024 - 04/30/2024

IBSR140 (74)

ACCT NAME: NAVARRO-MARTIN, MARIA
BED: G1151S
PO BOX:
ACCT#: G30340
TYPE: INMATE TRUST

BEGINNING BALANCE 04/01/24 \$87.10

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
04/01/24	073	CANTEEN SALES	36820240331	000		-	\$73.43	\$13.67
04/01/24	111	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.73	\$12.94
04/11/24	226	JPAY DEPOSIT	168245341	000	RIVAS, SABASTAIN	+	\$50.00	\$62.94
04/17/24	073	CANTEEN SALES	36820240416	000		-	\$57.78	\$5.16
04/22/24	111	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.58	\$4.58
04/26/24	225	JPAY DEPOSIT	168719136	000	RIVAS, SABASTAIN	+	\$50.00	\$54.58
04/27/24	202	JPAY MEDIA W/D	000169100717	000		-	\$6.00	\$48.58

ENDING BALANCE 04/30/24 \$48.58

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 368 - FL.WOMENS RECPN.CTR
FOR: 03/01/2024 - 03/31/2024

IBSR140 (74)

ACCT NAME: NAVARRO-MARTIN, MARIA
BED: G2106L
PO BOX:

ACCT#: G30340
TYPE: INMATE TRUST

BEGINNING BALANCE 03/01/24 \$17.72

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
03/01/24	259	JPAY DEPOSIT	166758995	000	RIVAS, SABASTAIN	+	\$50.00	\$67.72
03/03/24	073	CANTEEN SALES	36820240302	000		-	\$67.28	\$0.44
03/04/24	111	LIEN PAYMENT	WEEKLY DRAW	000		-	\$0.44	\$0.00
03/09/24	238	PROCESSING FEE	- 03/04/2024	20240304		+	\$20.00	\$20.00
03/09/24	239	JPAY DEPOSIT	167097694	000	RIVAS, SABASTAIN	-	\$0.23	\$19.77
03/11/24	073	LIEN PAYMENT	030924238171	000		-	\$19.75	\$0.02
03/11/24	111	PROCESSING FEE	- 03/04/2024	20240304		-	\$0.02	\$0.00
03/15/24	193	CANTEEN SALES	36820240310	000		+	\$50.00	\$50.00
03/15/24	194	LIEN PAYMENT	WEEKLY DRAW	000		-	\$0.18	\$49.82
03/17/24	073	PROCESSING FEE	- 03/11/2024	20240311		-	\$48.04	\$1.78
03/18/24	111	JPAY DEPOSIT	031524193252	000	RIVAS, SABASTAIN	-	\$0.48	\$1.30
03/23/24	189	CANTEEN SALES	36820240316	000		+	\$50.00	\$51.30
03/24/24	118	JPAY DEPOSIT	WEEKLY DRAW	000		-	\$4.20	\$47.10
03/29/24	241	JPAY MEDIA W/D	167543481	000	RIVAS, SABASTAIN	+	\$40.00	\$87.10

ENDING BALANCE 03/31/24 \$87.10

03/01/24
12:10:57
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FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 368 - FL. WOMENS RECPN. CTR
FOR: 02/01/2024 - 02/29/2024

ACCT NAME: NAVARRO-MARTIN, MARIA
BED: G2106L
PO BOX:

ACCT#: G30340
TYPE: INMATE TRUST

BEGINNING BALANCE	02/01/24	\$0.00
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POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
02/29/24	001	COUNTY JAIL	46887	368	ORANGE COUNTY	+	\$18.60	\$18.60
02/29/24	002	PROCESSING FEE	022924001010	368		-	\$0.50	\$18.10
02/29/24	003	LIEN PAYMENT	022924001010	368		-	\$0.38	\$17.72
		PROCESSING FEE	- 10/10/2022	20221010				

ENDING BALANCE 02/29/24 \$17.72