

No. \_\_\_\_\_

24-5895  
IN THE

ORIGINAL

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.

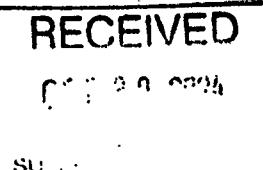
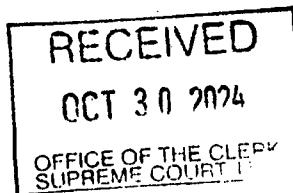
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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.

*Mr. Jonathan Godwin*  
(Signature)



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

I, Jonathan 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>Mother</u>	\$ <u>100.00</u>	\$ <u>N/A</u>	\$ <u>100.00</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	<b>\$ <u>100.00</u></b>	<b>\$ <u>N/A</u></b>	<b>\$ <u>100.00</u></b>	<b>\$ <u>N/A</u></b>

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
Inmate Trust Fund	\$ 53.23	\$ N/A
N/A	\$ N/A	\$ 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.

<input type="checkbox"/> Home Value _____ N/A	<input type="checkbox"/> Other real estate Value _____ N/A
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ N/A Value _____ N/A	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ N/A Value _____ N/A
<input type="checkbox"/> Other assets Description _____ N/A 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>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
<u>N/A</u>	\$ <u>0</u>	\$ <u>0</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/A</u>	\$ <u>N/A</u>

	<b>You</b>	<b>Your spouse</b>
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 1/2 years. see Inmate Trust Fund Statements attached.*

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

Executed on: October 21, 2024

Mr. Jonathan Dodson  
(Signature)

IBSR140 (74)

ACCT NAME: GODWIN, JONATHAN L.  
BED: C12061  
PO BOX:

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 211 - CROSS CITY C.I.  
FOR: 09/01/2024 - 09/30/2024

ACCT#: M07545  
TYPE: INMATE TRUST

BEGINNING BALANCE 09/01/24 \$15.12

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
09/02/24	119	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.35	\$14.77
09/13/24	195	TYLER DEPOSIT	129702310	000	Jones, Mary	+	\$75.00	\$89.77
09/14/24	037	CANTEEN SALES	21120240913	000		-	\$14.54	\$75.23
09/16/24	119	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.15	\$75.08
09/16/24	227	TYLER DEPOSIT	130698428	000	Godwin, Jason	+	\$50.00	\$125.08
09/19/24	039	CANTEEN SALES	21120240918	000		-	\$27.87	\$97.21
09/21/24	039	CANTEEN SALES	21120240920	000		-	\$12.01	\$85.20
09/23/24	119	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.40	\$84.80
09/23/24	235	JPAY MEDIA W/D	000175352377	000		-	\$0.50	\$84.30
09/25/24	174	JPAY MEDIA W/D	000175435153	000		-	\$0.50	\$83.80
09/26/24	037	CANTEEN SALES	21120240925	000		-	\$29.68	\$54.12
09/30/24	033	CANTEEN SALES	21120240929	000		-	\$8.17	\$45.95
09/30/24	111	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.38	\$45.57

ENDING BALANCE 09/30/24 \$45.57

10/01/24  
07:51:49  
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IBSR140 (74)

ACCT NAME: GODWIN, JONATHAN L.  
BED: B3108L  
PO BOX:

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 211 - CROSS CITY C.I.  
FOR: 08/01/2024 - 08/31/2024

ACCT#: M07545  
TYPE: INMATE TRUST

BEGINNING BALANCE 08/01/24

\$42.95

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
08/01/24	039	CANTEEN SALES	21120240731	000		-	\$11.69	\$31.26
08/03/24	039	CANTEEN SALES	21120240802	000	Jones, Mary	-	\$15.59	\$15.67
08/03/24	200	TYLER DEPOSIT	114468708	000		+	\$75.00	\$90.67
08/05/24	039	CANTEEN SALES	21120240804	000		-	\$17.47	\$73.20
08/05/24	121	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.54	\$72.66
08/15/24	039	CANTEEN SALES	21120240814	000		-	\$23.73	\$48.93
08/19/24	121	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.24	\$48.69
08/19/24	218	ACCESS CATALOG	2211	000		-	\$48.15	\$0.54
08/25/24	121	TYLER DEPOSIT	122288784	000		+	\$50.00	\$50.54
08/28/24	039	CANTEEN SALES	21120240827	000	Jones, Mary	-	\$35.42	\$15.12

ENDING BALANCE 08/31/24

\$15.12

09/04/24  
12:13:16  
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FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 211 - CROSS CITY C.I.  
 FOR: 07/01/2024 - 07/31/2024

ACCT NAME: GODWIN, JONATHAN L.  
 BED: E3108L  
 PO BOX:

ACCT#: M07545  
 TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
07/01/24	123	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.33	\$15.05
07/04/24	039	CANTEEN SALES	21120240703	000		+	\$15.03	\$0.02
07/06/24	166	TYLER DEPOSIT	101356210	000		+	\$80.00	\$80.02
07/08/24	037	CANTEEN SALES	21120240707	000		-	\$29.43	\$50.59
07/08/24	117	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.44	\$50.15
07/10/24	039	CANTEEN SALES	21120240709	000		-	\$5.30	\$44.85
07/14/24	037	CANTEEN SALES	21120240713	000		-	\$25.79	\$19.06
07/15/24	121	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.31	\$18.75
07/19/24	039	CANTEEN SALES	21120240718	000		-	\$18.61	\$0.14
07/22/24	121	LIEN PAYMENT	WEEKLY DRAW	000		-	\$0.14	\$0.00
07/23/24	282	TYLER DEPOSIT	109189208	000	Jones, Mary	+	\$100.00	\$100.00
07/23/24	283	LIEN PAYMENT	072324282467	000		-	\$0.05	\$99.95
		PROCESSING FEE	- 07/22/2024	20240722				
07/25/24	039	CANTEEN SALES	21120240724	000		-	\$39.81	\$60.14
07/27/24	039	CANTEEN SALES	21120240726	000		-	\$7.27	\$52.87
07/29/24	121	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.47	\$52.40
07/30/24	037	CANTEEN SALES	21120240729	000		-	\$9.45	\$42.95

BEGINNING BALANCE 07/01/24

\$15.38

ENDING BALANCE 07/31/24

\$42.95

08/01/24  
 10:55:44  
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IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 211 - CROSS CITY C.I.  
FOR: 06/01/2024 - 06/30/2024

ACCT NAME: GODWIN, JONATHAN L.  
BED: E3108L  
PO BOX:

ACCT#: M07545  
TYPE: INMATE TRUST

BEGINNING BALANCE 06/01/24

\$70.24

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
06/01/24	037	CANTEEN SALES	21120240531	000			\$17.97	\$52.27
06/03/24	123	PROCESSING FEE	WEEKLY DRAW	000			\$0.48	\$51.79
06/05/24	039	CANTEEN SALES	21120240604	000			\$20.71	\$31.08
06/09/24	110	JPAY DEPOSIT	170185265	000	JONES, MARY L.	+	\$60.00	\$91.08
06/10/24	039	CANTEEN SALES	21120240609	000			\$19.47	\$71.61
06/10/24	123	PROCESSING FEE	WEEKLY DRAW	000			\$0.40	\$71.21
06/12/24	039	CANTEEN SALES	21120240611	000			\$18.08	\$53.13
06/14/24	039	CANTEEN SALES	21120240613	000			\$15.47	\$37.66
06/15/24	039	CANTEEN SALES	21120240614	000			\$0.95	\$36.71
06/17/24	123	PROCESSING FEE	WEEKLY DRAW	000			\$0.35	\$36.36
06/19/24	039	CANTEEN SALES	21120240618	000			\$27.57	\$8.79
06/23/24	111	JPAY DEPOSIT	170604408	000	JONES, MARY L.	+	\$40.00	\$48.79
06/24/24	123	PROCESSING FEE	WEEKLY DRAW	000			\$0.28	\$48.51
06/25/24	039	CANTEEN SALES	21120240624	000			\$26.72	\$21.79
06/28/24	039	CANTEEN SALES	21120240627	000			\$6.41	\$15.38

ENDING BALANCE 06/30/24

\$15.38

07/01/24  
07:34:17  
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FLORIDA DEPARTMENT OF CORRECTIONS  
 TRUST FUND ACCOUNT STATEMENT  
 FACILITY: 211 - CROSS CITY C.I.  
 FOR: 05/01/2024 - 05/31/2024

ACCT NAME: GODWIN, JONATHAN L.  
 BED: E3108L  
 PO BOX:

ACCT#: M07545  
 TYPE: INMATE TRUST

BEGINNING BALANCE 05/01/24

\$20.25

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
05/04/24	201	JPAY DEPOSIT	169002586	000	JONES, MARY L.	+	\$60.00	\$80.25
05/07/24	039	CANTEEN SALES	21120240506	000			\$3.12	\$77.13
05/08/24	039	CANTEEN SALES	21120240507	000			\$26.94	\$50.19
05/10/24	039	CANTEEN SALES	21120240509	000			\$5.27	\$44.92
05/13/24	123	PROCESSING FEE	21120240510	000			\$0.35	\$44.57
05/14/24	037	CANTEEN SALES	21120240513	000			\$24.50	\$20.07
05/18/24	039	CANTEEN SALES	21120240517	000			\$14.95	\$5.12
05/20/24	123	PROCESSING FEE	21120240518	000			\$0.39	\$4.73
05/25/24	039	CANTEEN SALES	21120240524	000			\$4.53	\$0.20
05/26/24	119	JPAY DEPOSIT	169705747	000	JONES, MARY L.	+	\$100.00	\$100.20
05/27/24	125	PROCESSING FEE	21120240526	000			\$0.05	\$100.15
05/30/24	039	CANTEEN SALES	21120240528	000			\$29.91	\$70.24

ENDING BALANCE 05/31/24

\$70.24