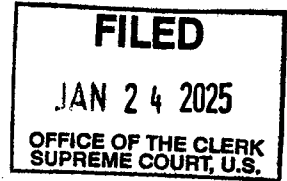


No. 24-6496

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



Maestro Matthew Faison — 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):

Court of Appeal State of California Second Appellate District:

☐ 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.

Maestro Faison 038624  
(Signature)

**Motion for Permission to  
Appeal In Forma Pauperis and Affidavit**

Maestro Matthew Faison,  
v.

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

State of Florida.

**Instructions:** Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: Jan. 15, 2025

Signed: Matthew Faison

1. My issues on appeal are: The United States Court of Appeals Eleventh Circuit,
2. Created "Certified Questions" that can be resolve by Supreme Court.
3. 28 U.S.C. 2244(b). Was appropriate pursuant to the New Rule of Constitutional Law inside "ERLINGER".
4. The petitioner is under Section 2254; Habeas Corpus Rule 9 Contrary to Section 2244, 28 U.S.C.
5. The 11th Circuit of Appeals, stated the Supreme Court didnot Say Whether "ERLINGER" was retroactive applicable to Cases on Collateral review.
6. The Teaching dilemma inside "TEAGE", the petitioner has learned, does not barr the petitioner of the New Rule of Constitutional Cycle now gives Leeway.

2. 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
Interests 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): <u>N/A</u>	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	\$ 0	\$ 0	\$ 0	\$ 0

3. List your 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>Been Incarcerated</u>	<u>WCI</u>	<u>N/A</u>	<u>0</u>
<u>N/A</u>	<u>110 Melaleuca Dr.</u>	<u>N/A</u>	<u>0</u>
<u>N/A</u>	<u>Crawfordville FL, 32327</u>	<u>N/A</u>	<u>0</u>

4. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

<u>she is Housewife</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>(SHW) ↑</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

5. How much cash do you and your spouse have? \$ Only what the (IRS) Provide's :

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
IRS	N/A	\$ 3200	\$ N/A
IRS	N/A	\$ 3200	\$ N/A
IRS	N/A	\$ 3200	\$ N/A

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home (Value)	Other Real Estate (Value)	Motor Vehicle #1 (Value)
0	0	Make & Year: 0
0	0	Model: 0
0	0	Registration #: 0
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
0	0	Make & Year N/A
0	0	Model: N/A
0	0	Registration #: N/A

7. 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
IRS	\$3200	N/A
IRS	\$3200	N/A
IRS	\$3200	N/A

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

Name [or, if under 18, initials only]	Relationship	Age
<u>We don't have children</u>	<u>N/A</u>	<u>N/A</u>
<u></u>	<u>N/A</u>	<u>N/A</u>
<u></u>	<u>N/A</u>	<u>N/A</u>

9. 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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <u>0</u>	\$ <u>0</u>
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <u>0</u>	\$ <u>0</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ <u>0</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card (name): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Department store (name): <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>

Alimony, maintenance, and support paid to others

\$ 0

\$ 0

Regular expenses for operation of business, profession, or farm (attach detailed statement)

\$ 0

\$ 0

Other (specify): N/A

\$ 0

\$ 0

Total monthly expenses

\$ 0

\$ 0

10. 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.

11. Have you spent – or will you be spending – any money for expenses or attorney fees in connection with this lawsuit?

☐ Yes ☒ No If yes, how much: \$ \_\_\_\_\_

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

(IRS) Taxpayer Identification Information document  
attached: EXHIBIT (A)

13. State the city and state of your legal residence. Wakulla CORR. INST. Crawfordville FL.

Your daytime phone number: (850) 410-1892

Your age: 70 Your years of schooling: College



Department of the Treasury  
Internal Revenue Service

FRESNO CA 93888-0025

In reply refer to: 1042000000  
June 21, 2024 LTR 2645C K0  
\*\*\*-\*\*-6231 202112 30  
Input Op: 0309930032 00030862  
BODC: WI

MATTHEW J FAISON  
038634  
110 MELALEUCA DR  
CRAWFORDVILLE FL 32327-4963

020286

Taxpayer identification number: \*\*\*-\*\*-6231  
Tax periods: Dec. 31, 2021

Form: 1040

Dear Taxpayer:

Thank you for your inquiry of Apr. 26, 2024.

We're working on your account. However, we need an additional 60 days to send you a complete response on what action we are taking on your account. We don't need any further information from you right now.

If you prefer, you can write to that office at the address we provided in this letter.

If you have questions, you can call 1-800-829-0922.

If you prefer, you can write to the address at the top of the first page of this letter.

Find tax forms or publications by visiting [www.irs.gov/forms](http://www.irs.gov/forms) or calling 800-TAX-FORM (800-829-3676).

Whenever you write, include a copy of this letter and your telephone numbers along with the hours we can reach you.

Keep a copy of this letter for your records.

Thank you for your cooperation.

EXHIBIT "A"

1042000000

June 21, 2024 LTR 2645C KO

\*\*\*-\*\*-6231 202112 30

Input Op: 0309930032 00030863

MATTHEW J FAISON

038634

110 MELALEUCA DR

CRAWFORDVILLE FL 32327-4963

Sincerely yours,

*Ursula L. Dean*

URSULA DEAN  
OPERATIONS MANAGER, OPERATIONS 2



IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS  
TRUST FUND ACCOUNT STATEMENT  
FACILITY: 105 - CALHOUN C.I.  
FOR: 12/01/2024 - 12/31/2024

01/06/25  
13:26:10  
PAGE 212

ACCT NAME: FAISON, MATTHEW L.  
BED: B2148S  
PO BOX:

ACCT#: 038634  
TYPE: INMATE TRUST

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
							BEGINNING BALANCE 12/01/24	\$0.00
12/05/24	165	LEGAL POSTAGE W	2024111801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/05/2024	2024111801				
12/05/24	165	LEGAL POSTAGE W	2024111901	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/05/2024	2024111901				
12/16/24	195	LEGAL POSTAGE W	2024121101	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/16/2024	2024121101				
12/16/24	195	LEGAL POSTAGE W	2024121301	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/16/2024	2024121301				
12/20/24	204	LEGAL POSTAGE W	2024121801	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/20/2024	2024121801				
12/20/24	204	LEGAL POSTAGE W	2024121802	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/20/2024	2024121802				
12/30/24	238	LEGAL POSTAGE W	2024122701	000		-	\$0.00	\$0.00
		LIEN CREATED	- 12/30/2024	2024122701				
							ENDING BALANCE 12/31/24	\$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	FEDERAL PRISON LITIGATION		\$2,585.00	\$1,366.33
SUMMARY	MEDICAL CO-PAYMENT		\$349.00	\$349.00
SUMMARY	LEGAL COPIES		\$720.54	\$720.54
SUMMARY	POSTAGE		\$4.40	\$4.40
SUMMARY	LEGAL POSTAGE		\$1,113.86	\$1,113.86
12/05/24	LEGAL POSTAGE	000	\$0.69	\$0.69
12/05/24	LEGAL POSTAGE	000	\$0.69	\$0.69
12/16/24	LEGAL POSTAGE	000	\$2.59	\$2.59
12/16/24	LEGAL POSTAGE	000	\$2.04	\$2.04
12/20/24	LEGAL POSTAGE	000	\$0.69	\$0.69
12/20/24	LEGAL POSTAGE	000	\$0.69	\$0.69
12/30/24	LEGAL POSTAGE	000	\$0.69	\$0.69