

IN THE UNITED STATES SUPREME COURT

SAMUEL LEE SMITH, JR.

Petitioner,

v.

**ANDREA LIPPMAN LOEB and
FLORIDA DEPARTMENT OF
HEALTH,**

Respondent.

**APPENDIX TO PETITION FOR WRIT OF CERTIORARI
Appeal from the United States Court of Appeal, 11th Circuit
Case No. 24-12758**

SAMUEL LEE SMITH, JR.

Petitioner Pro se

16614 SW 99 Court

Miami, Florida 33157

Tel. 305-975-1964

Email gymsam7@gmail.com

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Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

UNITED STATES DISTRICT COURT

for the

Southern District of Florida

Miami Division

Case No.

(to be filled in by the Clerk's Office)

SAMUEL LEE SMITH JR

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) Yes No

REC'D BY P D.C.

AUG 01 2024

ANGELA E. NOBLE
CLERK U.S. DIST. CT.
S. D. OF FLA. - MIAMI

Andrea Lippman Loeb Florida Department of Health

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

SAMUEL LEE SMITH JR

16614 SW 99 CT

Miami

FL

33157

City

State

Zip Code

County

Miami-Dade

Telephone Number

305-915-1818

E-Mail Address

GymSam7@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Andrea Lippman Loeb

Job or Title (if known)

psychologist

Address

10205 S Dixie Highway Suite 203

Pinecrest

FL

33156

City

State

Zip Code

County

Miami-Dade

Telephone Number

305-834-4286

E-Mail Address (if known)

 Individual capacity Official capacity

Defendant No. 2

Name

Florida Department of Health

Job or Title (if known)

4052 Bald Cypress Way

Address

FL

32399

City

State

Zip Code

County

Tallahassee

Telephone Number

FL

E-Mail Address (if known)

32399

950-245-4444

 Individual capacity Official capacity

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

Federal question Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) _____, is a citizen of the _____
State of (name) _____

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____
and has its principal place of business in the State of (name)

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) _____, is a citizen of
the State of (name) _____ Or is a citizen of
(foreign nation) _____

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.
 Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain): _____

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Fraudulent motions that violated Mr. Smith's Rights and Father's Rights which is Unconstitutional. Mr. Smith was discriminated against by this psychologist. She is apart of a criminal organization that used the judicial system for fraudulent activity and to violate Mr. Smith's right. The reference which was referred by Angelica Zayas disconnected Mr. Smith from his son. She was also subpoena to testify and she denied because Relief she wanted to get paid. Malicious prosecution and defamation of character & libel in her records

IV. Relief State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

justice to be served → PRISON
 emotional distress / psychological torment to
 a father and a child
 invaluable time lost to miss a child

V. Certification and Closing

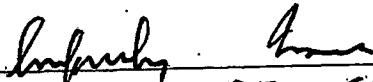
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7/26/24

Signature of Plaintiff



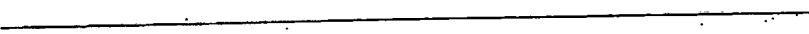
Printed Name of Plaintiff

SAMUEL LEE SMITH JR

B. For Attorneys

Date of signing: _____

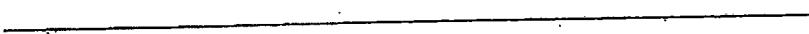
Signature of Attorney



Printed Name of Attorney



Bar Number



Name of Law Firm



Street Address



State and Zip Code



Telephone Number



E-mail Address



IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Emotional distress, pain and suffering, depression, helplessness.
The unconstitutional Act By Loeb Separated a Brown father from his child. Racial Discriminated by her.

Loeb Damaged Mr. Smith Mentally and Emotional
Complex trauma - affected development and sense of
safety, in the world

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Justice To Be Served JAIL she committed criminal acts
Racially Discriminated By Loeb that disrupt
a father and sons relationship.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

7/21/24

Signature of Plaintiff

Samuel Lee Smith

Printed Name of Plaintiff

SAMUEL LEE SMITH JR**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

Rev. 06/17 FLSD Revised 06/01/2017

CIVIL COVER SHEET

JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM) **NOTICE OF FEE PAYMENT IS NOT MADE ON THIS FORM - USE THE FORM FEE PAYMENT ATTACHED HERETO.**

I. (a) PLAINTIFFS

SAMUEL LEE SMITH JR.

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

SAMUEL LEE SMITH JR.
16614 SW 99 CT MIAMI FL 33157
305-975-1968(d) Check County Where Action Arose: MIAMI-DADE MONROE BROWARD PALM BEACH MARTIN ST. LUCIE INDIAN RIVER OKEECHOBEE HIGHLANDS

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

 1 U.S. Government Plaintiff 3 Federal Question (U.S. Government Not a Party) 2 U.S. Government Defendant 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

	PTF	DEF	PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4 <input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5 <input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6 <input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

PERSONAL INJURY	
<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability
<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability
<input type="checkbox"/> 320 Aircraft, Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability
<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 340 Marine
<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 345 Marine Product Liability
<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 355 Motor Vehicle Product Liability
<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 360 Other Personal Injury
<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 365 Personal Injury - Product Liability
<input type="checkbox"/> 365 Personal Injury - Med. Malpractice	<input type="checkbox"/> 370 Other Fraud
<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 371 Truth in Lending
<input type="checkbox"/> 375 Other Fraud	<input type="checkbox"/> 380 Other Personal Property Damage
<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 385 Property Damage - Product Liability
<input type="checkbox"/> 390 Other Personal Property Damage	<input type="checkbox"/> 395 Product Liability

PERSONAL PROPERTY

<input type="checkbox"/> 710 Fair Labor Standards Act
<input type="checkbox"/> 720 Labor/Mgmt. Relations
<input type="checkbox"/> 740 Railway Labor Act
<input type="checkbox"/> 751 Family and Medical Leave Act
<input type="checkbox"/> 790 Other Labor Litigation
<input type="checkbox"/> 791 Empl. Ret. Inc. Security Act

PRISONER RELIEF ACTIONS

<input type="checkbox"/> 530 General
<input type="checkbox"/> 535 Death Penalty
<input type="checkbox"/> 540 Mandamus & Other
<input type="checkbox"/> 550 Civil Rights
<input type="checkbox"/> 555 Prison Condition
<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement

IMMIGRATION

<input type="checkbox"/> 462 Naturalization Application
<input type="checkbox"/> 465 Other Immigration Actions
<input type="checkbox"/> 500 Other
<input type="checkbox"/> 510 Motions to Vacate Sentence
<input type="checkbox"/> 520 Habeas Corpus
<input type="checkbox"/> 530 General
<input type="checkbox"/> 540 Mandamus & Other
<input type="checkbox"/> 550 Civil Rights
<input type="checkbox"/> 555 Prison Condition
<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement

V. ORIGIN
Original Proceeding

(Place an "X" in One Box Only)

 2 Removed from State Court 3 Re-filed (See VI below) 4 Reinstated or Reopened 5 Transferred from another district (specify) 6 Multidistrict Litigation Transfer 7 Appeal to District Judge from Magistrate Judgment 8 Multidistrict Litigation Direct File 9 Remanded from Appellate Court

VI. RELATED/ RE-FILED CASE(S)

(See instructions): a) Re-filed Case

 YES NO

b) Related Cases

 YES NO

Family Court (FC 207)

JUDGE:

DOCKET NUMBER: 2017-007498-FC-04

VII. CAUSE OF ACTION

LENGTH OF TRIAL via days estimated (for both sides to try entire case)

VIII. REQUESTED IN COMPLAINT:

 CHECK IF THIS IS A CLASS ACTION
UNDER F.R.C.P. 23

DEMAND \$

CHECK YES only if demanded in complaint

JURY DEMAND: Yes NoABOVE INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE
DATE SIGNATURE OF ATTORNEY OF RECORDFOR OFFICE USE ONLY
RECEIPT #

AMOUNT

IFP

JUDGE

MAG JUDGE

010

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the

SAMUEL LEE SMITH JR

Plaintiff(s)

v.

Civil Action No.

Andrea Lippman Loeb

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Andrea Lippman Loeb
1020 S Dixie Highway Suite 203
Pinecrest FL 33156

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

SAMUEL LEE SMITH JR
16614 SW 99 CT Miami FL 33157

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ **0.00**

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the

SAMUEL LEE SMITH JR

Plaintiff(s)

v.

Civil Action No.

Florida Department of Health

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Florida Department of Health
4052 Bald Cypress Way
Tallahassee FL 32399

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

SAMUEL LEE SMITH JR
1614 SW 99 CT
Miami FL 33157

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for (name of individual and title, if any) _____
was received by me on (date) _____ I personally served the summons on the individual at (place) _____
on (date) _____; or I left the summons at the individual's residence or usual place of abode with (name) _____
, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or I served the summons on (name of individual) _____
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or I returned the summons unexecuted because _____ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature _____

Printed name and title _____

Server's address _____

Additional information regarding attempted service, etc:

AO 239 (01/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the

SAMUEL LEE SMITH JR

Plaintiff/Petitioner

Andrea Lippman, Esq. v. Florida Department of Health

Defendant/Respondent

Civil Action No.

REC'D BY KD D.C.

AUG 01 2024

ANGELA E. NOBLE
CLERK U.S. DIST. CT.
S. D. OF FLA. - MIAMIAPPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: Sam

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 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.

Date: 7/21/24

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 income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>Unemployed</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Self-employment	\$ <u>Unemployed</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Interest and dividends	\$ <u>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Gifts	\$ <u>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Alimony	\$ <u>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>
Child support	\$ <u>0</u>	\$ <u>—</u>	\$ <u>0</u>	\$ <u>—</u>

AO 239 (01/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$ <u>unknown</u>	\$	\$	\$
Disability (such as social security, insurance payments)	\$ <u>—</u>	\$	\$	\$
Unemployment payments	\$ <u>—</u>	\$	\$	\$
Public-assistance (such as welfare)	\$ <u>—</u>	\$	\$	\$
Other (specify):	\$ <u>—</u>	\$	\$	\$
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

2. 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
	have not \$ 1.00 to maintain and gain income due to		\$
	the American government to fulfill my obligation and other agency order by Jason Domingo		\$

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
U. S. lottery	Checking	\$ <u>unknown</u>	\$
trust	Checking	\$ <u>unknown</u>	\$
		\$	\$

If you are a prisoner, 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.

AO 239 (01/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

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

Assets owned by you or your spouse	
Home (Value)	\$
Other real estate (Value)	\$
Motor vehicle #1 (Value)	\$
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$
Other assets (Value)	\$

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.

Name (or, if under 18, initials only)	Relationship	Age
SAMUEL LEE SMITH III	Brown Father	15

AO 239 (01/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

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, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$	\$
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)	\$ 45.00 - F water \$10.00	\$ 100.00 - C heat \$10.00
Home maintenance (repairs and upkeep)	\$	\$
Food	\$ 50.00 - F groceries \$20.00	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

AO 239 (01/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$ 0.00	\$ 0.00

Use Government having my life for your

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 NoIf yes, how much? \$ Unemployed

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 NoIf yes, how much? \$ Unemployed

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 these proceedings.
Unemployed not able to keep job. Mrs. Smith suffers from mental trauma caused by City of Miami / Miami Dade and other government agencies. Mrs. Smith constitutional rights have been violated by Dade City Police and Coral Gables Corporation.13. Identify the city and state of your legal residence.
United States of America

Your daytime phone number: _____

Bachelder 04581

Your age: _____ Your years of schooling: _____

Bachelder

Last four digits of your social-security number: _____

8472

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No.: 1:24-cv-22955-DPG

SAMUEL LEE SMITH, JR.,

Plaintiff,

v.

**ANDREA LIPPMAN LOELO
and FLORIDA DEPARTMENT
OF HEALTH,**

Defendants.

ORDER DISMISSING CASE

THIS CAUSE comes before the Court on a *sua sponte* review of the record. Plaintiff, Samuel Lee Smith, Jr., appearing *pro se*, filed this action on August 1, 2024. [ECF No. 1]. Plaintiff also filed a Motion for Leave to Proceed *In Forma Pauperis* the same day. [ECF No. 3]. Because Plaintiff has moved to proceed *in forma pauperis*, the screening provisions of the Prison Litigation Reform Act, 28 U.S.C. § 1915(e), are applicable. Pursuant to that statute, the court is permitted to dismiss a suit “any time [] the court determines that . . . (B) the action or appeal (i) is frivolous or malicious; (ii) fails to state a claim on which relief may be granted; or (iii) seeks monetary relief against a defendant who is immune from such relief.” *Id.* § 1915(e)(2).

The standards governing dismissals for failure to state a claim under § 1915(e)(2)(B)(ii) are the same as those governing dismissals under Federal Rule of Civil Procedure 12(b)(6). *Alba v. Montford*, 517 F.3d 1249, 1252 (11th Cir. 2008). To state a claim for relief, a pleading must contain “(1) a short and plain statement of the grounds for the court’s jurisdiction . . . ; (2) a short and plain statement of the claim showing that the pleader is entitled to relief; and (3) a demand for the relief sought.” Fed. R. Civ. P. 8. Furthermore, “[a] party must state its claims or defenses

in numbered paragraphs, each limited as far as practicable to a single set of circumstances.” Fed. R. Civ. P. 10. To survive a motion to dismiss, a claim “must contain sufficient factual matter, accepted as true, to ‘state a claim to relief that is plausible on its face.’” *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009) (quoting *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007)). “[T]he pleadings are construed broadly,” *Levine v. World Fin. Network Nat'l Bank*, 437 F.3d 1118, 1120 (11th Cir. 2006), and the allegations in the complaint are viewed in the light most favorable to the plaintiff, *Hawthorne v. Mac Adjustment, Inc.*, 140 F.3d 1367, 1370 (11th Cir. 1998).

Plaintiff filed this action against Andrea Lippman Loelo and the Florida Department of Health alleging that Loelo, a psychologist, discriminated against him and that Loelo is a part of a criminal organization that seeks to use the judicial system to carry out fraudulent activity. [ECF No. 1 at 4]. Additionally, Plaintiff alleges that he was “disconnected” from his son. *Id.* In terms of relief, Plaintiff seeks the imposition of a prison sentence, presumably against Loelo. *Id.*

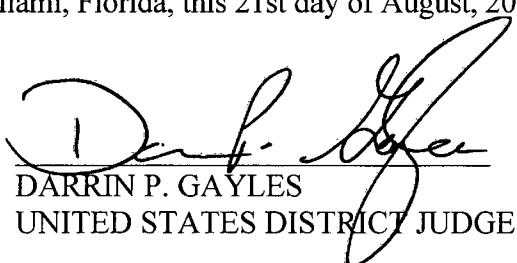
Even under the relaxed pleading standards for *pro se* litigants, the Complaint must be dismissed. First and foremost, the Court is unable to ascertain whether it has subject matter jurisdiction in this action. Fed. R. Civ. P. 8 (a)(1) (requiring that Plaintiff provide “a short and plain statement of the grounds for the court’s jurisdiction”). “A district court must have jurisdiction under at least one of the three types of subject-matter jurisdiction: (1) jurisdiction pursuant to a specific statutory grant; (2) federal question jurisdiction pursuant to 28 U.S.C. § 1331; or (3) diversity jurisdiction pursuant to 28 U.S.C. § 1332(a).” *Butler v. Morgan*, 562 F. App’x 832, 834 (11th Cir. 2014) (per curiam) (citation omitted). Here, Plaintiff does not allege a basis for federal subject matter jurisdiction. Page 3 of the standard complaint form, which directs a plaintiff to provide a basis for this Court’s subject matter jurisdiction, is blank. Plaintiff has not otherwise

explained how this Court has jurisdiction over a civil action seeking imposition of a prison sentence for an alleged act of discrimination.

Furthermore, the Complaint fails to provide a “statement of the claim showing that the pleader is entitled to relief.” Fed. R. Civ. P. 8(a)(2). The Complaint is bereft of any factual allegations and fails to state a specific cause of action. For example, Plaintiff does not clearly indicate how he was discriminated against, the basis of the discrimination (e.g., because of race or gender), how the alleged discrimination is causally connected to Plaintiff being disconnected from his son, what the alleged fraudulent activity is, how the judicial system is being used to carry out the fraudulent activity, or how the Court has the authority to impose a prison sentence in a civil case. As such, the Court is unable to determine whether Plaintiff has stated any claims upon which relief can be granted.

Therefore, it is **ORDERED AND ADJUDGED** that this action is **DISMISSED without prejudice** and **CLOSED** for administrative purposes. All pending motions are **DENIED** as **MOOT**.

DONE AND ORDERED in Chambers at Miami, Florida, this 21st day of August, 2024.



DARRIN P. GAYLES
UNITED STATES DISTRICT JUDGE

FORM 1. Notice of Appeal from a United States Federal Court (District Court, Court of Appeals for Veterans Claims, Court of Federal Claims (non-vaccine appeals), and Court of International Trade)

Form 1
March 2023

UNITED STATES
SELECT COURT

FILED BY JB D.C.

AUG 23 2024

ANGELA E. NOBLE
CLERK U.S. DIST. CT.
S. D. OF FLA. - MIAMI

NOTICE OF APPEAL

Notice is hereby given that the appellant(s) listed below hereby appeal(s) the below-noted case to the United States Court of Appeals for the Eleventh Circuit.

Case number being appealed: 1:24-cv-22955-DPG

Case title being appealed: SAMUEL LEE SMITH JR v. Andrea Lippman Loeb/ Florida Department of Health

Date of final judgment or order being appealed: 8/21/24

List all Appellants (List each party filing this appeal. Do not use "et al." or other abbreviations. Attach continuation pages if necessary.)

SAMUEL LEE SMITH JR

Date: 8/21/24

Signature: Samuel Lee

Name: SAMUEL LEE SMITH JR

Address: 16614 SW 99 ct

Miami, FL 33157

Phone Number: _____

Email Address: Gymsan7@gmail.com

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No.: 1:24-cv-22955-DPG

SAMUEL LEE SMITH, JR.,

Plaintiff,

v.

**ANDREA LIPPMAN LOELO
and FLORIDA DEPARTMENT
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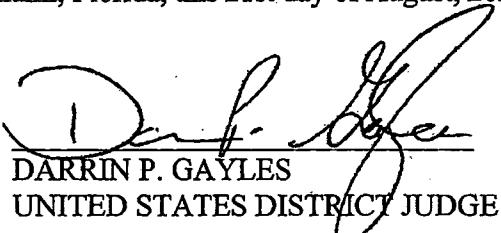
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Therefore, it is **ORDERED AND ADJUDGED** that this action is **DISMISSED** without prejudice and **CLOSED** for administrative purposes. All pending motions are **DENIED** as **MOOT**.

DONE AND ORDERED in Chambers at Miami, Florida, this 21st day of August, 2024.



DARRIN P. GAYLES
UNITED STATES DISTRICT JUDGE

**UNITED STATES COURT OF APPEALS
FOR THE ELEVENTH CIRCUIT**

ELBERT PARR TUTTLE COURT OF APPEALS BUILDING
56 Forsyth Street, N.W.
Atlanta, Georgia 30303

David J. Smith
Clerk of Court

For rules and forms visit
www.ca11.uscourts.gov

February 14, 2025

Clerk - Southern District of Florida
U.S. District Court
400 N MIAMI AVE
MIAMI, FL 33128-1810

Appeal Number: 24-12758-J
Case Style: Samuel Smith, Jr. v. Andrea Loelo, et al
District Court Docket No: 1:24-cv-22955-DPG

The enclosed copy of the Clerk's Order of Dismissal for failure to prosecute in the above referenced appeal is issued as the mandate of this court. See 11th Cir. R. 41-4.

Any pending motions are now rendered moot in light of the attached order.

Clerk's Office Phone Numbers

General Information: 404-335-6100	Attorney Admissions: 404-335-6122
Case Administration: 404-335-6135	Capital Cases: 404-335-6200
CM/ECF Help Desk: 404-335-6125	Cases Set for Oral Argument: 404-335-6141

Enclosure(s)

DIS-2 Letter and Entry of Dismissal

IN THE UNITED STATES COURT OF APPEALS
FOR THE ELEVENTH CIRCUIT

No. 24-12758-J

SAMUEL LEE SMITH, JR.,

Plaintiff - Appellant,

versus

ANDREA LIPPMAN LOELO,
Psychologist,
FLORIDA DEPARTMENT OF HEALTH,

Defendants - Appellees.

Appeal from the United States District Court
for the Southern District of Florida

ORDER: Pursuant to the 11th Cir. R. 42-1(b), this appeal is DISMISSED for want of prosecution because the appellant Samuel Lee Smith, Jr. has failed to pay the filing and docketing fees to the district court within the time fixed by the rules.

Effective February 14, 2025.

DAVID J. SMITH
Clerk of Court of the United States Court
of Appeals for the Eleventh Circuit

FOR THE COURT - BY DIRECTION