

No. _____

~~24-7280~~

IN THE

SUPREME COURT OF THE UNITED STATES

ORIGINAL

FILED

FEB 03 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Tristan Michael Nyoe — PETITIONER

(Your Name)

VS.

Florida Department of Legal Affairs — 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):

First Judicial Circuit Ct. Walton Co., Florida, First District

Court of Appeal, Tallahassee, Florida, Florida Supreme Court

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.

J. m. m.
(Signature) RECEIVED

MAY 22 2025

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, TRISTAN MICHAEL NYDE, 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	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Total monthly income:	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____

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
TRUSTED MICHAEL JOE 880 VINTAGE TAN 2001ES DERNIAK SPRINGS, FL (OWNER & FOUNDER)	3289 STATE HWY 19 N 32493	JULY 2003 TO PRESENT	\$ 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			\$ \$ \$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
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 _____

Other real estate

Value _____

Motor Vehicle #1

Year, make & model _____

Value _____

Motor Vehicle #2

Year, make & model 2001 CHEVY SILVERADO

Value 3,000.00

Other assets

Description 16' TRAILER

Value 3,000.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
Total monthly expenses:	\$ <u>0</u>	\$ _____

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
_____	\$ 0	\$ _____
_____	\$ 0	\$ _____
_____	\$ 0	\$ _____

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
R/1	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ 0	\$ _____
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)	\$ 0	\$ _____
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 0	\$ _____
Clothing	\$ 0	\$ _____
Laundry and dry-cleaning	\$ 0	\$ _____
Medical and dental expenses	\$ 0	\$ _____

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? 0

If yes, state the attorney's name, address, and telephone number:

n/a

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? 0

If yes, state the person's name, address, and telephone number:

n/a

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

*I AM INCARCERATED AT SANTA ROSA COUNTY JAIL, FLORIDA
AND HAVE BEEN INCARCERATED SINCE DEC 5, 2023 WITH NO
MONEY EXPENSES/RAVES.*

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

Executed on: APRIL 9, 2025



(Signature)

Inmate Balance History Report - Simple

Created: 4/7/2025 3:16:11PM

Between: 10/30/2024 12:00:00AM - 4/6/2025 11:59:59PM

Number: 21014528 Secondary: Location: DS D2 1 076

Name: HYDE, TRISTAN MICHAEL

<u>Transaction</u>	<u>Date</u>	<u>Transaction Amount</u>	<u>Running Balance</u>	<u>Running Owed</u>	<u>Running Other</u>
Beginning Totals:	10/30/2024 12:00:00AM		0.00	(215.00)	0.00
MEDICATION	11/13/2024 03:56:57PM	(5.00)	0.00	(220.00)	0.00
IN-HOUSE EMERGENCY	11/13/2024 03:57:21PM	(10.00)	0.00	(230.00)	0.00
MEDICATION	11/15/2024 03:03:59PM	(5.00)	0.00	(235.00)	0.00
NURSE SICK CALL	11/15/2024 03:05:26PM	(5.00)	0.00	(240.00)	0.00
BARBER	11/25/2024 11:54:41AM	(7.00)	0.00	(247.00)	0.00
IN-HOUSE DENTIST	01/13/2025 10:49:18AM	(10.00)	0.00	(257.00)	0.00
TOUCHPAY WEB DEPOSIT	02/11/2025 06:57:29PM	10.00	5.00	(252.00)	0.00
GTL TABLET TIME	02/11/2025 11:33:11PM	(5.00)	0.00	(252.00)	0.00
MEDICATION	02/12/2025 01:24:23PM	(15.00)	0.00	(267.00)	0.00
NURSE SICK CALL	02/12/2025 01:29:34PM	(5.00)	0.00	(272.00)	0.00
NURSE SICK CALL	03/31/2025 05:55:33PM	(5.00)	0.00	(277.00)	0.00
Ending Totals:		0.00	(277.00)	0.00	