

25-5057

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

ORIGINAL

FILED

JUN 30 2025

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

John Doe — PETITIONER  
(Your Name)

VS.

Marks Glass/FDLE — 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):

US District Ct for Northern Florida (attached)

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.

John Doe  
(Signature) 6-30-25

RECEIVED

JUL - 8 2025

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, John Doe, 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	\$ N/A	\$ 0	\$ _____
Self-employment	\$ 0	\$ _____	\$ 0	\$ _____
Income from real property (such as rental income)	\$ 0	\$ _____	\$ 0	\$ _____
Interest and dividends	\$ 0	\$ _____	\$ 0	\$ _____
Gifts	\$ 0	\$ _____	\$ 0	\$ _____
Alimony	\$ 0	\$ _____	\$ 0	\$ _____
Child Support	\$ 0	\$ _____	\$ 0	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ _____	\$ 0	\$ _____
Disability (such as social security, insurance payments)	\$ 13 00	\$ _____	\$ 13 00	\$ _____
Unemployment payments	\$ 0	\$ _____	\$ 0	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ _____	\$ 0	\$ _____
Other (specify): _____	\$ 0	\$ _____	\$ 0	\$ _____
<b>Total monthly income:</b>	<b>\$ 13 00</b>	<b>\$ N/A</b>	<b>\$ 13 00</b>	<b>\$ _____</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
<u>N/A</u>	<u>N/A</u>		\$ _____
			\$ _____
			\$ _____

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

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
<u>Checking</u>	\$ <u>2500.</u>	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

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 1987 FORD Mustang  
 Value \$ 4500.-

Motor Vehicle #2  
 Year, make & model 1993 Chevy Silverado  
 Value \$ 1500.-

Other assets  
 Description \_\_\_\_\_  
 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
<u>None</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>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>600. -</u>	\$ _____
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>875. -</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>350. -</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>450. -</u>	\$ _____

Transportation (not including motor vehicle payments)     \$ 0         \$ 0     You Your spouse

Recreation, entertainment, newspapers, magazines, etc.     \$ 0         \$ 0    

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

Life

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

Health

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

Motor Vehicle

    \$ 125.00    

    \$ 0    

    \$ 0    

    \$ 0    

Other:

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

Taxes (not deducted from wages or included in mortgage payments)

(specify):     \$ 0    

Installment payments

Motor Vehicle

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

Credit card(s)

    \$ 100.00    

    \$ 0    

    \$ 0    

    \$ 0    

Department store(s)

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

Other:

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

Alimony, maintenance, and support paid to others

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

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

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

Other (specify):

    \$ 0    

    \$ 0    

    \$ 0    

    \$ 0    

Total monthly expenses:

    \$ 13.00    

    \$ 0    

    \$ 0    

    \$ 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? \_\_\_\_\_

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: June 30, 2025

  
(Signature)

## DECLARATION FOR IN FORMA PAUPERIS

The petitioner declares under 28 U.S.C. 1746 that the attached 'Motion for Leave To Proceed In Forma Pauperis' is true to the best of his knowledge under penalty.

  
John Doe

6-30-25

Date

**IN THE UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF FLORIDA  
TALLAHASSEE DIVISION**

**JOHN DOE,**

**Plaintiff,**

**vs.**

**Case No. 4:23cv321-MW-MAF**

**MARK GLASS, COMMISSIONER,  
FLORIDA DEPARTMENT OF  
LAW ENFORCEMENT,**

**Defendant.**

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**ORDER**

This case has been initiated by the Plaintiff, proceeding pro se.

Plaintiff has submitted a complaint, supported by 20 attachments, and a request to proceed in this case under the pseudonym, John Doe. ECF No.

1. Filed simultaneously with that request is Plaintiff's motion for leave to proceed in forma pauperis, ECF No. 2.

Plaintiff's in forma pauperis motion has been reviewed, ECF No. 2, and sufficiently demonstrates that he is not incarcerated, not employed, and receives SSA disability. Because it appears that Plaintiff lacks the resources to pay the filing fee, the motion is granted.

Accordingly, it is

**ORDERED:**

1. Plaintiff's motion for leave to proceed in forma pauperis, ECF No. 2, is **GRANTED**. Plaintiff is not required to pay the filing fee for this case.
2. Plaintiff's request to proceed under a pseudonym as included within the complaint, ECF No. 1 at 1; *see also* ECF No. 1-1, is **DENIED**.
3. The Clerk of Court shall provide Plaintiff with a civil rights complaint for use by non-prisoners.
4. Plaintiff shall have until **August 31, 2023**, in which to file an amended complaint, on the court form, which must include Plaintiff's true legal name in the case caption and include his original signature in the signature block.
5. **Failure to comply with this Court Order may result in a recommendation of dismissal of this action.**
6. If Plaintiff no longer desires to pursue this litigation, he must file a notice of voluntary dismissal by the August 31, 2023, deadline.

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7. The Clerk of Court shall return this file upon receipt of Plaintiff's amended complaint, or no later than August 31, 2023.

**DONE AND ORDERED** on August 3, 2023.

S/ Martin A. Fitzpatrick  
**MARTIN A. FITZPATRICK**  
**UNITED STATES MAGISTRATE JUDGE**