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No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

ROBERT R. TAYLOR — PETITIONER
(Your Name)

JULIE L. JONES, VS.
State of Florida, — RESPONDENT(S)
Et. Al.,

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):

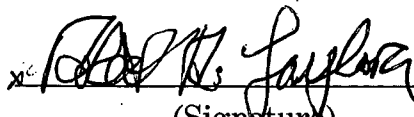
☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ 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.


(Signature)

ROBERT R. TAYLOR #P34566

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

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

4. How much cash do you and your spouse have? \$ 0 - None
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
NONE	None	\$ 0	\$ 0
	None	\$ 0	\$ 0
	None	\$ 0	\$ 0

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

☐ Home
Value N/A, 0 - None

☒ Other real estate
Value see attached 2 pages

☐ Motor Vehicle #1
Year, make & model None
Value none

☐ Motor Vehicle #2
Year, make & model None
Value none

☐ Other assets
Description None
Value 0

Robert R. Taylor
Question - 5.

Value Unknown

The Petitioner is a $\frac{1}{3}$ owner of property that was left to him in an inheritance.

The asset is not "liquid" and as only a partial owner the Petitioner does not have the authority to sell the property.

The Petitioner receives "No income" by way of rent or lease on this property.

See following page for legal description.

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FOR LEGAL USE ONLY

Any other use of this paper will result in disciplinary action per FAC 33-601.314 (7-4)

4720 Minnetonka St

Robert R. Taylor,
Question - 5

WARNING

THERE ARE UNPAID TAXES ON PROPERTY WHICH YOU OWN OR IN WHICH YOU HAVE A LEGAL INTEREST. THE PROPERTY WILL BE SOLD AT PUBLIC AUCTION ON July 11, 2016, UNLESS THE TAXES ARE PAID. SHOULD YOU NEED FURTHER INFORMATION CONTACT THE CLERK OF THE CIRCUIT COURT IMMEDIATELY AT THE COUNTY COURTHOUSE IN PENSACOLA, FLORIDA, OR CALL 850-595-3793.

NOTICE OF APPLICATION FOR TAX DEED

NOTICE IS HEREBY GIVEN, That GARNET ROCK LLC - 439 US BANK % GARNET ROCK LLC-439 holder of Tax Certificate No. 04716, issued the 1st day of June, A.D., 2014 has filed same in my office and has made application for a tax deed to be issued thereon. Said certificate embraces the following described property in the County of Escambia, State of Florida, to wit:

ELY 330 FT OF BEG AT NW COR OF SEC SLY ALG W LI OF SD SEC 420 FT ELY PARL TO N LI OF SEC AT INTERIOR ANG 89 DEG 15 MIN 1080 FT SLY AT INTERIOR ANG 89 DEG 15 MIN 240 FT FOR POB ELY AT INTERIOR ANG 89 DEG 15 MIN 480 FT SLY AT INTERIOR ANG 89 DEG 15 MIN 660 FT WLY AT INTERIOR ANG 90 DEG 45 MIN 480 FT NLY AT INTERIOR ANG 89 DEG 15 MIN 660 FT TO POB OR 1038 P 757

SECTION 23, TOWNSHIP 1 S, RANGE 31 W

TAX ACCOUNT NUMBER 090950200 (16-127)

The assessment of the said property under the said certificate issued was in the name of

JOHN A TAYLOR 1/3 INT and RICHARD J TAYLOR 1/3 INT and ROBERT R TAYLOR 1/3 INT

Unless said certificate shall be redeemed according to law, the property described therein will be sold to the highest bidder at public auction at 9:00 A.M. on the second Monday in the month of July, which is the 11th day of July 2016.

Dated this 8th day of June 2016.

In accordance with the AMERICANS WITH DISABILITIES ACT, if you are a person with a disability who needs special accommodation in order to participate in this proceeding you are entitled to the provision of certain assistance. Please contact Emily Hogg not later than seven days prior to the proceeding at Escambia County Government Complex, 221 Palafox Place Ste 110, Pensacola FL 32502. Telephone: 850-595-3793.



PAM CHILDERS
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY, FLORIDA

By:
Emily Hogg
Deputy Clerk

Emily Hogg
(20)

*Sent to
11th CIR
&
D. Covert*

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

NONE

\$ 0, N/A

\$ 0, N/A

NONE

\$ 0, N/A

\$ 0, N/A

NONE

\$ 0, N/A

\$ 0, N/A

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

Name

Relationship

Age

NONE

NONE

N/A

NONE

NONE

N/A

NONE

NONE

N/A

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

\$ 0, N/A

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

N/A

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 0

\$ 0, N/A

Home maintenance (repairs and upkeep)

\$ 0

\$ 0, N/A

Food

\$ 0

\$ 0, N/A

Clothing

\$ 0

\$ 0, N/A

Laundry and dry-cleaning

\$ 0

\$ 0, N/A

Medical and dental expenses

\$ 0

\$ 0, N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A, 0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0, N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0, N/A</u>
Life	\$ <u>0</u>	\$ <u>0, N/A</u>
Health	\$ <u>0</u>	\$ <u>0, N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0, N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>0, N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0</u>	\$ <u>0, N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0, N/A</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0, N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>0, N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>0, N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0, N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0, N/A</u>
Other (specify): <u>NONE</u>	\$ <u>0</u>	\$ <u>0, N/A</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0, 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.

N/A

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? N/A

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? N/A

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

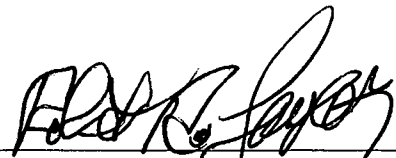
N/A

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

I was sentenced to a natural life sentence for which I am actually and factually innocent a true fundamental constitutional miscarriage of justice.

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

Executed on: May 14th, 2018


(Signature)
ROBERT R. TAYLOR # P34566