

No. _____

In The
Supreme Court of the United States

JUAN FRANCISCO VEGA,
Resident of Florida Civil Commitment Center,
13619 S.E. Hwy 70, Arcadia, FL 34266,

Petitioner

v.

ROBERT W. GERMAINE,
Clerk of the Courts - Highlands County Florida,
590 South Commerce Ave, Sebring, FL 33870.

Respondent

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):

Florida Second District Court of Appeal

☐ 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.

OATH

I declare under penalty of perjury that the foregoing is true and correct. Executed on 5/20/18.

 _____

(Signature of Petitioner)

No. _____

In The
Supreme Court of the United States

JUAN FRANCISCO VEGA,

Resident of Florida Civil Commitment Center,

13619 S.E. Hwy 70, Arcadia, FL 34266,

Petitioner,

v.

ROBERT W. GERMAINE,

Clerk of the Courts - Highlands County Florida,

590 South Commerce Ave, Sebring, FL 33870,

Respondent.

ON PETITION FOR WRIT OF CERTIORARI TO THE
SECOND DISTRICT COURT OF APPEAL OF FLORIDA

AFFIDAVIT OR DECLARATION

IN SUPPORT OF MOTION FOR LEAVE TO PROCEED

IN FORMA PAUPERIS

I, JUAN FRANCISCO VEGA, 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 therefore; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money 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.

<i>Income source</i>	<i>Average monthly amount during past 12 months</i>	<i>Amount expected next month</i>
	<i>You Spouse</i>	<i>You Spouse</i>

Employment

	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
--	----------------	---------------	----------------	---------------

Self-employment

	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
--	----------------	---------------	----------------	---------------

Income from real property (such as rental income)

	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
--	----------------	---------------	----------------	---------------

Interest and dividends

	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
--	----------------	---------------	----------------	---------------

Gifts

	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
--	----------------	---------------	----------------	---------------

Alimony

	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
--	----------------	---------------	----------------	---------------

Child Support

\$ 0.00 \$ N/A \$ 0.00 \$ N/A

Retirement (such as social security, pensions, annuities,
insurance)

\$ 0.00 \$ N/A \$ 0.00 \$ N/A

Disability (such as social security, insurance payments)

\$ 0.00 \$ N/A \$ 0.00 \$ N/A

Unemployment payments

\$ 0.00 \$ N/A \$ 0.00 \$ N/A

Public-assistance (such as welfare)

\$ 0.00 \$ N/A \$ 0.00 \$ N/A

Other (specify): _____

\$ 0.00 \$ N/A \$ 0.00 \$ N/A

Total monthly income:

\$ 0.00 \$ N/A \$ 0.00 \$ N/A

2. List your employment history for the past two years,
most recent amount first. (Gross monthly pay is before
taxes or other deductions.)

<i>Employer</i>	<i>Address</i>	<i>Dates of employment</i>	<i>Gross monthly pay</i>
-----------------	----------------	--------------------------------	------------------------------

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0.00</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.)

<i>Employer</i>	<i>Address</i>	<i>Dates of employment</i>	<i>Gross monthly pay</i>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>

4. How much cash do you and your spouse have? \$ 0.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

<i>Financial institution</i>	<i>Type of account</i>	<i>Amount you have</i>	<i>Amount your spouse has</i>
<u>None</u>	<u>None</u>	\$ <u>0.00</u>	\$ <u>N/A</u>

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

☐ <i>Home</i>	☐ <i>Other</i>
Value <u>N/A</u>	Value <u>N/A</u>

☐ <i>Motor Vehicle #1</i>	☐ <i>Motor Vehicle #2</i>
Year, make & model	Year, make & model
<u>N/A</u>	<u>N/A</u>
Value <u>N/A</u>	Value <u>N/A</u>

[] *Other assets*

Description None

Value N/A

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

<i>Person owing you your spouse money</i>	<i>Amount owed to you</i>	<i>Amount owed to or your spouse</i>
	<u>None</u>	<u>None</u>

	<i>You</i>	<i>Your Spouse</i>
	<u>None</u>	<u>\$ N/A</u>

7. State the person who relies on you or your spouse for support.

<i>Name</i>	<i>Relationship</i>	<i>Age</i>
<u>None</u>	<u>None</u>	<u>None</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.

	<i>You</i>	<i>Your Spouse</i>
	<u>None</u>	<u>\$ N/A</u>

Rent or home mortgage payment (including lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

None \$ N/A

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

None \$ N/A

Home maintenance (repair and upkeep)

None \$ N/A

Food

None \$ N/A

Clothing

None \$ N/A

Laundry and dry-cleaning

None \$ N/A

Medical and dental expenses

None \$ N/A

Transportation (not including motor vehicle payments)

None \$ N/A

Recreation, entertainment, newspapers, magazines, etc.

None \$ N/A

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

None \$ N/A

Homeowner's or renter's

None \$ N/A

Life

None \$ N/A

Health

None \$ N/A

Motor Vehicle

None \$ N/A

Other: _____

None \$ N/A

Taxes (not included from wages or included in mortgage payments) (specify): _____

None \$ N/A

Installment payments

None \$ N/A

Motor Vehicle

None \$ N/A

Credit card(s)

None \$ N/A

Department store(s)

None \$ N/A

Other: _____

None \$ N/A

Alimony, maintenance, and support paid to others

None \$ N/A

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

None \$ N/A

Other (specify): _____

None \$ N/A

Total monthly expenses:

None \$ N/A

9. Do you expect any major changes to your monthly
income 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? 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?

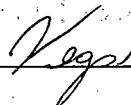
☐ Yes ☒ No

If yes, 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 cost of this case. I'm currently involuntarily civilly committed and I'm financially destitute.

OATH

I declare under penalty of perjury that the foregoing is true and correct. Executed on 04-20-18.



(Signature of Petitioner)