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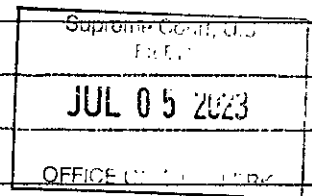
IN THE SUPREME COURT OF THE UNITED STATES

ESTEBAN MERCHAN;
Petitioner, Pro-se

Case No.: FLAD2#2D22-3509

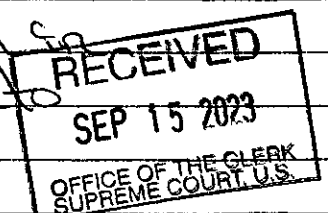
VS.

THE STATE OF FLORIDA
et, al Respondent



MOTION ASKING PERMISSION TO PROCEED IN
FORMA PAUPERIS

COMES NOW the Petitioner, Esteban Merchan asking this Honorable Court to grant the Petitioner permission 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. As the Petitioner is an inmate confined in a state institution for the State of Florida. Every motion the Petitioner has file through out the state appeal has been file Pro-se by Petitioner. Petitioner did not have to file any motion to proceed Pro-se in the state. Petitioner affidavit and declaration in support of this motion is attached here to



1
IS/ Esteban Merchan

Date 9-11-2023

SUPREME COURT OF THE UNITED STATES

ESTEBAN MERCHANT,
Petitioner, Rose

Case NO.: FLAD2#2D22-3509

VS.

THE STATE OF FLORIDA
et al Respondents

AFFIDAVIT ACCOMPANYING MOTIONS
FOR PERMISSION TO PROCEED IN
FORMA PAUPERIS

Affidavit in support of Motion: I swear
or affirm under penalty of perjury that,
I Esteban Merchant am a inmate
confined in an institution in the State
of Florida and that I have No lively
hood or Job that pays any income
and because of my poverty, I cannot
Prepay the docket fees for my writ of
Certiorari or post a bond for them
I swear under the Penalty of perjury
under the United State laws that
my answers on this form are true
and correct (28 U.S.C. §1746; 18
U.S.C. §1621)

S/Esteban Merchant

Date 9-11-2023



RYAN JEROME
Notary Public
State of Florida
Comm# HH424994
Expires 7/24/2027

9/11/23 Esteban Merchant

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 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	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

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.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, 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.

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

Home	Other real estate	Motor vehicle #1
(Value) \$ 0	(Value) \$ 0	(Value) \$ 0
N/A	N/A	Make and year: N/A
		Model: N/A
		Registration #: N/A

Motor vehicle #2	Other assets	Other assets
(Value) \$ 0	(Value) \$ 0	(Value) \$ 0
Make and year: N/A	N/A	N/A
Model: N/A	N/A	N/A
Registration #: N/A	N/A	N/A

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	\$ 0
None	\$ 0	\$ 0
None	\$ 0	\$ 0
None	\$ 0	\$ 0

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

Name [or, if under 18, initials only]	Relationship	Age
None	N/A	N/A
None	N/A	N/A
None	N/A	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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ 0
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)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$ 0
Life:	\$ 0	\$ 0
Health:	\$ 0	\$ 0
Motor vehicle:	\$ 0	\$ 0
Other:	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ 0
Installment payments		
Motor Vehicle:	\$ 0	\$ 0
Credit card (name):	\$ 0	\$ 0
Department store (name):	\$ 0	\$ 0
Other:	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0
Total monthly expenses:	\$ 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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ 0

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I am an inmate confined in a State Institution

12. State the city and state of your legal residence.

Raiford, Florida

Your daytime phone number: () N/A

Your age: 33 Your years of schooling: 8

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 205 - FLORIDA STATE PRISON
FOR: 03/01/2023 - 09/06/2023

09/06/23
16:36:02
PAGE 1

ACCT NAME: MERCHANT, ESTEBAN
BED: D11185
PO BOX:

ACCT#: X69023
TYPE: INMATE TRUST

BEGINNING BALANCE 03/01/23 \$0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
03/31/23	172	MEDICAL BILLS W	3/16/23	000		-	\$0.00	\$0.00
04/17/23	246	LIEN CREATED	- 03/31/2023	000		-		
04/17/23	249	JPAY DEPOSIT	155627560	000	VELASCO, ALEX	+	\$212.00	\$212.00
04/17/23	249	LIEN PAYMENT	041723246986	000		-	\$0.73	\$211.27
04/17/23	249	PROCESSING FEE	- 01/09/2023	20230109		-		
04/17/23	249	LIEN PAYMENT	041723246986	000		-	\$0.15	\$211.12
05/03/23	013	MEDICAL BILLS L	- 03/31/2023	3/16/23		-		
05/08/23	145	CANTEEN SALES	10720230502	000		-	\$46.27	\$164.85
05/16/23	270	ACCESS CATALOG	1107	000		-	\$0.46	\$164.39
05/17/23	013	CANTEEN SALES	10720230516	000		-	\$109.89	\$54.50
05/22/23	142	PROCESSING FEE	10720230530	000		-	\$44.77	\$9.73
05/31/23	013	CANTEEN SALES	10720230530	000		-	\$0.45	\$9.28
06/05/23	135	PROCESSING FEE	157646746	000		-	\$9.19	\$0.09
06/10/23	164	JPAY DEPOSIT	10720230613	000	VELASCO, NANCY	+	\$60.00	\$60.00
06/14/23	011	CANTEEN SALES	10720230629	000		-	\$45.14	\$14.86
06/19/23	143	PROCESSING FEE	10720230711	000		-	\$0.45	\$14.41
06/30/23	013	CANTEEN SALES	10720230711	000		-	\$10.98	\$3.43
07/03/23	141	PROCESSING FEE	159527573	000		-	\$0.11	\$3.32
07/12/23	013	CANTEEN SALES	20520230802	000	VELASCO, ALEX	+	\$2.80	\$0.52
07/17/23	139	PROCESSING FEE	20520230807	000		-	\$0.03	\$0.49
08/01/23	230	JPAY DEPOSIT	0807230855RR	000		-	\$100.00	\$100.49
08/03/23	035	CANTEEN SALES	- 08/08/2023	0807230855RR		-	\$28.45	\$72.04
08/07/23	146	PROCESSING FEE	0807230855RR	000		-	\$0.28	\$71.76
08/08/23	035	CANTEEN SALES	0807230855RR	000		-	\$25.02	\$46.74
08/08/23	215	MEDICAL CO-PAY	- 08/08/2023	0807230855RR		-	\$0.00	\$46.74
08/14/23	143	PROCESSING FEE	20520230814	000		-	\$0.25	\$46.49
08/15/23	035	CANTEEN SALES	20520230821	000		-	\$9.96	\$36.53
08/21/23	143	PROCESSING FEE	20520230821	000		-	\$0.10	\$36.43
08/22/23	035	CANTEEN SALES	20520230829	000		-	\$7.89	\$28.54
08/28/23	141	PROCESSING FEE	20520230829	000		-	\$0.08	\$28.46
08/30/23	035	CANTEEN SALES	20520230829	000		-	\$25.90	\$2.56
09/04/23	139	PROCESSING FEE	20520230829	000		-	\$0.26	\$2.30

ENDING BALANCE 09/06/23 \$2.30

LIEN DATE 08/08/23
TYPE OF LIEN MEDICAL CO-PAYMENT
LIEN FACL 000
AMOUNT OF LIEN \$5.00
AMOUNT STILL OWED \$5.00