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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

Supreme Court, U.S.
REIL
JUL 05 2023
OFFICE OF THE CLERK

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
throughout 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 hereto

RECEIVED
SEP 15 2023

OFFICE OF THE CLERK
SUPREME COURT U.S.

IS/Esteban Merchan

Date 9-11-2023

SUPREME COURT OF THE UNITED STATES

ESTEBAN MERCCHAN,
Petitioner, Pro se

Case No.: FLAD2#2D22-3509

VS.

THE STATE OF FLORIDA
et al Respondents

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO PROCEED IN
FORMA PAUPERIS

I, Affidavit in Support of Motion: I swear
or affirm under penalty of perjury that,
I Esteban Mercchan am a female
Confined in an institution in the State
of Florida and that I have No fixed
home or Job that pays any income
and because of my poverty, I cannot
Prepay the dockets 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. §1623)

Esteban Mercchan

Date 9-11-2023



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

Notary
9/11/23 Esteban Mercchan

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.

Roxford, Florida

Your daytime phone number: () N/A

Your age: 33 Your years of schooling: 8

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: D118S
PO BOX:

ACCT# : X69023
TYPE : INMATE TRUST

BEGINNING BALANCE 03/01/23