## 25-5426

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SUPREME COURT OF THE UNITED STATES

FILED
JUL 0 8 2025

OFFICE OF THE CLERK

Reginal Bertram Johnson - PETITIONER (Your Name)

SECRETARY, FLORIDA DEPARTMENT OF CORRECTIONS, ATTORNEY GENERAL STATE RESPONDENT(S) OF FLORIDA

## 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.

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

I Lettan Collect, 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 Aver	age monthly amo past 12 months	unt during	Amount expe next month	cted
	You	Spouse /	You	Spouse
Employment	\$	\$ <u>N/A</u>	\$	\$ <u>\U/A</u>
Self-employment	\$ <u> </u>	\$_ <i>N</i> A_	\$ <u> </u>	\$ <u>\\\\</u>
Income from real property (such as rental income)	\$	\$_ <i>H</i> /A	\$	\$_ <i>H/A</i> _
Interest and dividends	\$	\$ <u>NA</u>	\$	\$/\/ <u>/</u> A
Gifts	\$ <u> </u>	\$ <u>N/A</u>	\$ <u> </u>	\$ N/A
Alimony	\$ <u> </u>	\$ <del>\/A</del> _	\$ <u> </u>	\$_ <i>N</i> /A_
Child Support	\$	\$	\$	\$ <del>\//</del> A
Retirement (such as social security, pensions, annuities, insurance)	\$O	\$ <i>N</i> //A	\$ <u> </u>	\$_ <i>N/P</i>
Disability (such as social security, insurance paymer	\$	\$	\$O	\$ M/A
Unemployment payments	<u>\$O</u>	\$ N/A	\$ <i>O</i>	\$
Public-assistance (such as welfare)	<u>\$O</u>	\$ <del>\</del> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$	\$_ <i>MA</i> _
Other (specify):	<u> </u>	\$ <i>N</i> /A	\$_ <i>O</i>	\$ <u>N/A</u>
Total monthly incon	ne: \$O	s <i>H</i> /A	<u>\$O</u>	\$ N/A

Employer	Address NA	Dates of Employment	Gross monthly pay
			\$ \$
3. List your spou (Gross monthly	use's employment history pay is before taxes or	ry for the past two years other deductions.)	, most recent employer fi
Employer M/A	Address A	Dates of Employment	Gross monthly pay \$ \$
Below, state a institution.		spouse have in bank acco	unts or in any other finan
Type of account (	e.g., checking or saving	s) Amount you have	Amount your spouse has
Type of account (	e.g., checking or saving	s) Amount you have \$\$ \$\$	\$\$ \$\$
5. List the assets	N/A	\$\$ \$	Amount your spouse has \$ \$ \$ se owns. Do not list cloth
5. List the assets	s, and their values, whi	\$\$ \$	\$ \$ \$se owns. Do not list cloth
5. List the assets and ordinary h	s, and their values, whinousehold furnishings.	\$S \$s ich you own or your spous	\$s \$s se owns. Do not list cloth

Person owing you or	Amount owed to y	ou Amou	Amount owed to your spouse	
your spouse money	<u>\$</u>	. \$	0	
	\$	\$		
	\$	. \$		
7. State the persons who re instead of names (e.g. "J.	ly on you or your spouse S." instead of "John Smi	for support. For th").	minor children, list initial	
Name /	Relationshi	p 	Age	
KI/A				
<i>N/</i> A				
8. Estimate the average more paid by your spouse. A annually to show the more	Adjust any payments th	at are made week You	dy, biweekly, quarterly, o	
Rent or home-mortgage pa (include lot rented for mobi- Are real estate taxes included in the property insurance included)	le home) aded? □ Yes □ No	<u>\$</u>	\$_N/A	
Utilities (electricity, heating water, sewer, and telephon		\$ 0	\$ <u>O</u>	
Home maintenance (repairs	and upkeep)	\$	\$	
Food		\$	\$ <u>O</u>	
Clothing		\$	\$	
Laundry and dry-cleaning		\$	_ \$	
Medical and dental expense	ng.	<b>\$</b>	\$ <u>\</u>	

	You	Your spouse
	$\delta$	NA
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortg	gage payments)	
	. 0	
Homeowner's or renter's	\$	2
Life	\$ <u></u>	\$
Health	\$ O _	\$O
Heaton		. ()
Motor Vehicle	\$	\$
Other:	\$O	\$
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify):	\$	<u>\$</u>
Installment payments	$\wedge$	
Motor Vehicle	\$ <u>U</u>	\$
	•	s ()
Credit card(s)	•	Ô
Department store(s)	\$	\$
Other:	<b>s</b> O	<u>\$</u>
	·	$\sim$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession,	$\sim$	
or farm (attach detailed statement)	\$	\$
Other (specify):	\$	<u>\$</u>
	ه ک	
Total monthly expenses:	φ	φ

i	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:
	<ul> <li>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?</li> <li>Yes</li> <li>No</li> </ul>
	If yes, how much?
	If yes, state the person's name, address, and telephone number:
PET	12. Provide any other information that will help explain why you cannot pay the costs of this case.  PTTITIONER SENTENCED TO LIFE PLEASE ACCEPT THIS reed sheet.  PREPAY MENT OF COSTIONARY PROPERTS  I declare under penalty of perjury that the foregoing is true and correct.  Executed on: