IN THE UNITED STATES ~~DISTRICT COURT~~ SUPREME COURT
~~FOR THE NORTHERN DISTRICT OF FLORIDA~~

KENNETH A. FRANK,
Inmate # I509162.
Plaintiff/Petitioner,

vs.

CASE NO: _____

MICHAEL J. SATZ, ET AL,
_____,
_____.
Defendant(s)/Respondent(s).

_____/

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SUPREME COURT, U.S.

MOTION TO PROCEED IN FORMA PAUPERIS

I, KENNETH A. FRANK, plaintiff/petitioner in the above-entitled action, move to proceed *in forma pauperis* pursuant to 28 U.S.C. § 1915 in the above-entitled action. I am unable to make full prepayment of fees or to give security therefore, and it is my belief that I am entitled to relief. I have not divested myself of any property, monies, or any items of value for the purpose of avoiding payment of said fees.

KF
Signature of Plaintiff/Petitioner

AFFIDAVIT IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS
(THIS AFFIDAVIT MUST BE COMPLETED IN ITS ENTIRETY)

In support of this motion, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes (X) No ( )

If yes, place of incarceration: EVERGLADES CORRECTIONAL FACILITY
1599 SW 187TH AVENUE
MIAMI, FLORIDA 33194-2801

If not incarcerated, skip to Question #5.

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2. Have you been incarcerated for *at least* six (6) months: Yes (X) No ( )

3. Have you been confined in the facility listed above (question #1) for the six months preceding the filing of this case? Yes (X) No ( )

4. If not, where else have you been held: N/A when: N/A - _____

5. Are you presently employed? Yes ( ) No ( )

   a. If yes, amount of salary or wages: No Employer: N/A

   b. If no, date of last employment: N/A Salary: N/A

6. Have you received any money from any of the following sources within the past 12 months:

   a. Business, profession, or self-employment? Yes ( ) No (X)

   b. Payments from rent, interest, or dividends? Yes ( ) No (X)

   c. Pensions, annuities, or life insurance payments? Yes ( ) No (X)

   d. Disability or worker's compensation payments? Yes ( ) No (X)

   e. Gifts, inheritances, or any other sources? Yes ( ) No (X)

7. Do you have any money in a checking or savings account? Yes ( ) No (X)

   If yes, state the total amount (including money in prison bank account): N/A

8. Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property (excluding ordinary household furnishings and clothing)? Yes ( ) No (X)

   If yes, describe the property and its approximate value: N/A

9. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: NONE

I hereby declare under penalty of perjury that the above information is true and correct.

[signature] 12/23/2025

SIGNATURE OF PLAINTIFF **DATE**

- Attach Inmate Bank Account Printouts to this Motion -

Revised 07/02

IN THE UNITED STATES ~~DISTRICT COURT~~ SUPREME COURT
~~FOR THE NORTHERN DISTRICT OF FLORIDA~~
_____ ~~DIVISION~~

KENNETH A. FRANK,

Inmate # I50962.
Plaintiff/Petitioner

vs.

CASE NO:

MICHAEL J. SATZ, et al,

_____,

_____.

Defendant(s)/Respondent(s).
_____/

PRISONER CONSENT FORM AND FINANCIAL CERTIFICATE

I, KENNETH A. FRANK, plaintiff/petitioner in the above-entitled action, understand that:

1. If I submit a petition for writ of habeas corpus in this court, the filing fee is $5.00. I must pay such fee if my current prison account balance is $25.00 or more. I must request an authorized official to complete the attached Financial Certificate and I must attach a print-out reflecting all transactions in my inmate bank account for the full six (6) month period of time preceding the filing of this petition. [See paragraph 2(a)].

2. If I submit a civil rights complaint or other civil action, the filing fee is $402.00. If my current account balance is more than $402.00, I will not qualify for *in forma pauperis* status and must pay the full $402.00. If I qualify for *in forma pauperis* status, the $52.00 administrative fee will be waived and I will only be liable for $350.00. I must request an authorized official to complete the attached Financial Certificate and I must attach a print-out reflecting all transactions in my inmate bank account for the full six (6) month period of time preceding the filing of this complaint.

3. If I submit an appeal in a civil case, the filing fee and docketing fees are $505.00. If my current account balance is more than $505.00, I will not qualify for *in forma pauperis* status and must pay the full $505.00 filing/docketing fee. I must request an authorized official to complete the attached Financial Certificate and I must attach a print-out reflecting all transactions in my inmate bank account for the full six (6) month period of time preceding the filing of this complaint.

(a) If I have not been incarcerated at my current institution for six months, I must obtain an account statement from each facility at which I have been confined during the relevant six month period of time. Failure to submit the required account statements may result in the denial of this *in forma pauperis* application.

(b) Pursuant to the Prison Litigation Reform Act of 1995, 28 U.S.C. § 1915 (as amended), even if I am granted leave to proceed *in forma pauperis*, I must pay the entire $350.00 filing fee (district court) or $505.00 filing/docketing fee (U.S. Court of Appeals) in full. **I AM OBLIGATED TO PAY THE ENTIRE $350.00 or $505.00 FILING FEE REGARDLESS OF THE DISPOSITION OF THE DISTRICT COURT CASE OR APPEAL (including dismissal).**

(c) If I am allowed to proceed *in forma pauperis*, I may still be required to submit an initial partial filing fee. 28 U.S.C. § 1915(b)(1). My failure to submit an initial partial filing fee, if assessed, may result in the dismissal of this case and the inability to proceed *in forma pauperis* in the future.

(d) The officials at the institution at which I am presently confined or any institution to which I may be transferred are hereby authorized to make additional monthly payments from my account until the balance of the $350.00 filing fee is paid. These additional monthly payments will be up to 20% of all the preceding month's deposits in my account. Institution officials shall submit these monthly payments directly to the Court whenever the funds in my account exceed $10.00. I recognize my responsibility to alert officials at any institution to which I may be transferred in the future of my obligation to pay the full amount of the filing fee. I acknowledge that the Court may, from time to time, require me to provide additional financial records or account statements.

SIGNATURE OF PLAINTIFF	**DATE** 12/23/2025
PRINTED NAME OF PLAINTIFF Kenneth A. Frank	**INMATE NUMBER** I50962

** It is the inmate's responsibility to obtain the required print-out(s) from each institution at which he or she may have been confined during the preceding six months and provide them to the official completing this form.

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FINANCIAL CERTIFICATE

(To be completed by Authorized Penal Official)

A PRINTOUT OF ALL TRANSACTIONS IN THE INMATE'S
PRISON ACCOUNT FOR THE PRECEDING SIX (6) MONTHS **MUST** BE ATTACHED.

1. Current Account Balance:

2. Average Monthly Balance for preceding 6 months:

3. Average Monthly Deposits for preceding 6 months:

I hereby certify that, as of this date, the above information for the prison account of the inmate named above is correct.

SIGNATURE OF AUTHORIZED OFFICIAL	**DATE**

PLEASE COMPLETE THIS FORM IN INK, IN A COLOR OTHER THAN BLACK.

Notice of Electronic Availability of Civil and Criminal Case File Information
Effective Date: November 1st , 2004
Revised November 14th , 2006

The United States District Court for the Northern District of Florida accepts electronically filed pleadings and makes the content of these pleadings available on the court's Internet website via the Case Management/Electronic Case Files ("CM/ECF") system and/or PACER.[1] Any subscriber to CM/ECF and/or PACER will be able to read, download, store, and print the full content of electronically filed documents. The clerk's office will not make electronically available documents that have been sealed or otherwise restricted by court order.

You should not include sensitive information in any document filed with the court unless such inclusion is necessary and relevant to the case. You must remember that any personal information not otherwise protected will be made available over the Internet via CM/ECF and/or WebPACER. If sensitive information must be included, the following personal data identifiers must be partially redacted from the document, whether it is filed traditionally or electronically: Social Security numbers, financial account numbers, dates of birth, the names of minor children, and home addresses of parties. Disclosure of financial account and real property information in public electronic records, as is necessary to properly identify property in foreclosure and forfeiture proceedings, is an allowable exception.

In compliance with the E-Government Act of 2002, a party wishing to file a document containing the personal data identifiers specified above may
(a) file an unredacted document under seal, or
(b) file a reference list under seal.

The court may, however, still require the party to file a redacted copy for the public file.

In addition, exercise caution when filing documents that contain the following:

1. Personal identifying number, such as driver's license number;
2. Medical records, treatment and diagnosis;
3. Employment history;
4. Individual financial information; and
5. Proprietary or trade secret information.

Counsel are strongly urged to share this notice with all clients so that an informed decision about the inclusion of certain materials may be made. If a redacted document is filed, it is the **sole responsibility of counsel and the parties** to be sure that all pleadings comply with this notice requiring redaction of personal data identifiers. Likewise, counsel and the parties will be solely responsible for any unredacted documents filed. **The Clerk's Office will *not* review documents for compliance with this notice, seal on its own motion documents containing personal identifiers, or redact documents, whether filed electronically or on paper.**

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[1]Remote electronic access to pleadings filed in civil social security cases is limited to
of record and court staff. Non-parties have direct access to the pleadings on file at the
ffice

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FOR: 11/01/2024 - 05/21/2025

05/21/25
14:12:09
PAGE 1

ACCT NAME: FRANK, KENNETH A.
BED: E3212U
PO BOX:

ACCT#: I50962
TYPE: INMATE TRUST

BEGINNING BALANCE 11/01/24 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
12/17/24	141	MEDICAL CO-PAY	1216241126RR	000		-	$0.00	$0.00
		LIEN CREATED	- 12/17/2024	1216241126RR				
02/06/25	124	LEGAL COPIES WD	28220250072	000		-	$0.00	$0.00
		LIEN CREATED	- 02/06/2025	28220250072				
03/13/25	233	MEDICAL CO-PAY	0312250839RR	000		-	$0.00	$0.00
		LIEN CREATED	- 03/13/2025	0312250839RR				
04/10/25	212	MEDICAL CO-PAY	0409250625RR	000		-	$0.00	$0.00
		LIEN CREATED	- 04/10/2025	0409250625RR				

ENDING BALANCE 05/21/25 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT		$45.00	$45.00
SUMMARY	LEGAL COPIES		$342.00	$342.00
SUMMARY	LEGAL POSTAGE		$51.79	$51.78
12/17/24	MEDICAL CO-PAYMENT	000	$5.00	$5.00
02/06/25	LEGAL COPIES	000	$36.15	$36.15
03/13/25	MEDICAL CO-PAYMENT	000	$5.00	$5.00
04/10/25	MEDICAL CO-PAYMENT	000	$5.00	$5.00

IBSR140 (74)

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FOR: 01/01/2025 - 06/23/2025

06/23/25
11:27:57
PAGE 1

ACCT NAME: FRANK, KENNETH A.
BED: E3212U
PO BOX:

ACCT#: I50962
TYPE: INMATE TRUST

BEGINNING BALANCE 01/01/25 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
02/06/25	124	LEGAL COPIES WD	28220250072	000		-	$0.00	$0.00
		LIEN CREATED	- 02/06/2025	28220250072				
03/13/25	233	MEDICAL CO-PAY	0312250839RR	000		-	$0.00	$0.00
		LIEN CREATED	- 03/13/2025	0312250839RR				
04/10/25	212	MEDICAL CO-PAY	0409250625RR	000		-	$0.00	$0.00
		LIEN CREATED	- 04/10/2025	0409250625RR				

ENDING BALANCE 06/23/25 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT		$50.00	$50.00
SUMMARY	LEGAL COPIES		$342.00	$342.00
SUMMARY	LEGAL POSTAGE		$51.79	$51.78
02/06/25	LEGAL COPIES	000	$36.15	$36.15
03/13/25	MEDICAL CO-PAYMENT	000	$5.00	$5.00
04/10/25	MEDICAL CO-PAYMENT	000	$5.00	$5.00

ACCT NAME: FRANK, KENNETH A. ACCT#: I50962
BED: B1108U TYPE: INMATE TRUST
PO BOX:

BEGINNING BALANCE 12/01/25 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
12/05/25	121	LEGAL POSTAGE W	2025112401	000		-	$0.00	$0.00
		LIEN CREATED	- 12/05/2025	2025112401				
12/05/25	121	LEGAL POSTAGE W	2025112402	000		-	$0.00	$0.00
		LIEN CREATED	- 12/05/2025	2025112402				
12/08/25	168	LEGAL POSTAGE W	2025111701	000		-	$0.00	$0.00
		LIEN CREATED	- 12/08/2025	2025111701				
12/08/25	168	LEGAL POSTAGE W	2025112001	000		-	$0.00	$0.00
		LIEN CREATED	- 12/08/2025	2025112001				
12/15/25	189	LEGAL POSTAGE W	2025120501	000		-	$0.00	$0.00
		LIEN CREATED	- 12/15/2025	2025120501				
12/19/25	144	LEGAL POSTAGE W	2025120801	000		-	$0.00	$0.00
		LIEN CREATED	- 12/19/2025	2025120801				
12/19/25	144	LEGAL POSTAGE W	2025121001	000		-	$0.00	$0.00
		LIEN CREATED	- 12/19/2025	2025121001				
12/29/25	178	LEGAL POSTAGE W	2025121601	000		-	$0.00	$0.00
		LIEN CREATED	- 12/29/2025	2025121601				
12/31/25	141	LEGAL POSTAGE W	2025122201	000		-	$0.00	$0.00
		LIEN CREATED	- 12/31/2025	2025122201				

ENDING BALANCE 12/31/25 $0.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT		$85.00	$85.00
SUMMARY	LEGAL COPIES		$567.60	$567.60
SUMMARY	LEGAL POSTAGE		$78.23	$78.22
12/05/25	LEGAL POSTAGE	000	$0.74	$0.74
12/05/25	LEGAL POSTAGE	000	$0.74	$0.74
12/08/25	LEGAL POSTAGE	000	$0.74	$0.74
12/08/25	LEGAL POSTAGE	000	$1.03	$1.03
12/15/25	LEGAL POSTAGE	000	$0.74	$0.74
12/19/25	LEGAL POSTAGE	000	$5.04	$5.04
12/19/25	LEGAL POSTAGE	000	$13.00	$13.00
12/29/25	LEGAL POSTAGE	000	$0.74	$0.74
12/31/25	LEGAL POSTAGE	000	$11.30	$11.30