26-5352

No. _____

ORIGINAL

FILED
AUG 15 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Harrius Johnson, Pro se — PETITIONER
(Your Name)

VS.

Miami-Dade County — RESPONDENT(S)

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):

N/A

☒ 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: N/A, or

☐ a copy of the order of appointment is appended.

Harrius Johnson/
(Signature)

No. _____

IN THE

SUPREME COURT OF THE UNITED STATES

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HARRIUS JOHNSON,

Petitioner,

v.

MIAMI-DADE COUNTY,

Respondent.

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On Petition for a Writ of Certiorari to the

United States Court of Appeals for the Eleventh Circuit

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MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Pursuant to Rule 39 of the Rules of this Court, Petitioner Harrius Johnson respectfully moves for leave to proceed in forma pauperis, and requests that he be permitted to file the accompanying Petition for a Writ of Certiorari without the prepayment of the standard docketing fees or costs.

In support of this motion, Petitioner states as follows:

1. Petitioner is an unrepresented, pro se litigant who lacks the financial resources to pay the required $300.00 docketing fee, or to bear the extraordinary costs associated with printing and binding forty (40) copies of a booklet-format petition under Rule 33.1.

2. In accordance with Rule 39.1, Petitioner has attached hereto a verified, itemized Financial Affidavit detailing his current income, assets, and necessary monthly expenses, which demonstrates his inability to pay the costs of this proceeding.

3. For the first nine years of this litigation, Petitioner was represented by counsel under a contingency fee agreement, and counsel advanced all required fees and costs. In the ninth year of the litigation, the District Court granted counsel's motion to withdraw. For the past three years, including the duration of the remaining appeal, Petitioner has proceeded pro se, is currently unemployed, and lacks the financial resources to absorb the costs of this proceeding. Due to my medical condition and

| | You | Your spouse |
|---|---|---|
| Transportation (not including motor vehicle payments) | $ N/A | $ N/A |
| Recreation, entertainment, newspapers, magazines, etc. | $ 0 | $ 0 |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | $ Included in rent | $ included in rent |
| Life | $ N/A Lost policy | $ N/A Lost policy |
| Health | $712.67 Monthly | $ N/A |
| Motor Vehicle | $ 252.19 Monthly | $ N/A |
| Other: XFINITY COMCAST INTERNET | $ 298.00 Monthly | $ N/A |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | $ 0 | $ 0 |
| Installment payments | | |
| Motor Vehicle | $ 985.85 Monthly | $ 0 |
| Credit card(s) | $ 100.00 Monthly | $ 0 |
| Department store(s) | $ N/A | $ N/A |
| Other: PERSONAL LOANS | $ 738.30 | $ 0 |
| Alimony, maintenance, and support paid to others | $ N/A | $ N/A |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | $ N/A | $ N/A |
| Other (specify): N/A | $ N/A | $ N/A |
| **Total monthly expenses:** | $ 7,977.01 | $ 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 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:

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, how much? _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Due to a medical condition and partial disability, I have been unemployed since 07/24/2025 - 06/20/2026. Cardiologist Dr. Leonard Pianko, 305-932-2441. I am now searching for a job, but I am presently unemployed. My previous job was security with Allied Universal, and I lost approximately 53,019.06 yearly income. For 9 years I was represented by an attorney, who covered case costs. However, that attorney has since withdrew from this case, therefore I bear all expenses, as a pro see litigant. Because of the substantial financial expenses of this case, I am requesting to file in forma pauparis.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: August 12, 2026.

Harrius Johnson

(Signature)

partial disability, Petitioner has been unemployed since 07/24/2025 - 06/20/2026. The Petitioner has been under the continued care of Cardiologist Dr. Leonard Pianko, 21097 NE 27 Court Suite 110 Aventura, FL 33180, at telephone number 305-932-2441. Petitioner is now searching for a job but is presently unemployed. Petitioner's previous job was security with Allied Universal for 9 years, and Petitioner has presently lost approximately 53,019.06 in additional yearly income, upon the medical disability and leaving that employment. For nine years Petitioner was represented by an attorney, who covered case costs. However, that attorney has since withdrew from this case, therefore Petitioner has had to bear all expenses, as a pro see litigant for these past two years. Because of the substantial financial expenses of this case Petitioner cannot afford to file this case without this leave being granted.

WHEREFORE, Petitioner respectfully prays that this Court grant leave to proceed in forma pauperis, and that the accompanying Petition for a Writ of Certiorari be accepted for docketing and review.

Dated: August 12, 2026

Respectfully submitted,

*s/Harrius Johnson*

Harrius Johnson, Petitioner Pro Se
17180 SW 94 Ave Unit 702
Palmetto Bay, FL 33156
239-537-6494
Harrysjustice2@comcast.net

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

I, Harrius Johnson, 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** | **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) | $ 4,684.37 | $ 0 | $ 4,684.37 | $ 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): Loan Insurance | $ 1,712.00 | $ 0 | $ 0 | $ |
| **Total monthly income:** | $ 6,446.37 | $ 0 | $ | $ |

During partial disability out of work status only. This benefit has expired as of June 2026.

This amount will reduce back to the $4,684.37 minus the loan insurance benefit, $1,712.00 used to pay car and personal loans from July 24, 2025, through June 20, 2026, while out of work, based on my medical disability at that time. As of this present date I no longer receive it.

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

| Employer | Address | Dates of Employment | Gross monthly pay |
|---|---|---|---|
| 07/24/2025 - 08/2026 UNEMPLOYED | | N/A | $ 0 |
| Allied Universal | 6161 Waterford District Dre Ste 200, Miami, FL 33126 | 03/20/2016 through 07/24/2025 | $ 6080.72 |
| | | | $ |

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 |
|---|---|---|---|
| unemployed | N/A | N/A | $ 0 |
| unemployed | N/A | N/A | $ 0 |
| | | | $ |

4. How much cash do you and your spouse have? $ 89.00
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|---|---|
| CHECKING | $ 50.00 | $ 0 |
| SAVING | $ 29.00 | $ 0 |
| | $ | $ |

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

☐ Home
Value We do not own a home

☐ Other real estate
Value None

☒ Motor Vehicle #1
Year, make & model 2022 Cadillac Xt6
Value 32,000 STILL OWED

☐ Motor Vehicle #2
Year, make & model No second vehicle
Value 0

☐ Other assets
Description NONE
Value 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 |
|---|---|---|
| N/A | $ | $ |
| N/A | $ | $ |
| N/A | $ | $ |

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

| Name | Relationship | Age |
|---|---|---|
| Kyra Johnson | Daughter | 26 |
| | | |
| | | |

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.

| | You | Your spouse |
|---|---|---|
| Rent or home-mortgage payment (include lot rented for mobile home)<br>Are real estate taxes included? ☒ Yes ☐ No<br>Is property insurance included? ☒ Yes ☐ No | $ 2,500.00 Monthly | $ N/A unemployed |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | $ 300.00 Monthly | $ N/A |
| Home maintenance (repairs and upkeep) | $ 350.00 annualy | $ N/A |
| Food | $ 400.00 biweely | $ N/A |
| Clothing | $ 200.00 Monthly | $ N/A |
| Laundry and dry-cleaning | $ N/A | $ N/A |
| Medical and dental expenses | $ 740.00 Monthly | $ N/A |