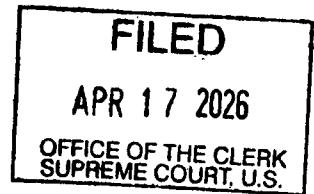


26-5470
No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



ANTHONY D. CARTER — PETITIONER
(Your Name)

VS.

RICHARD S. LAWSON — 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):

Fifth District Court of Appeal, State of Florida - Case No: 5D2024-2339

Fourth Judicial Circuit Court, Duval County, Florida - Case No: 16-2014-CA-3132

☐ 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: _____, or

☐ a copy of the order of appointment is appended.

RECIEVED
UNION CORRECTIONAL INSTITUTION

AUG 31 2026

BY: OK
FOR MAILING

Anthony D. Carter
(Signature)

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

I, Anthony D. Carter, 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	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

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
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<u>NONE</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

☐ Home <u>N/A</u> Value <u>0</u>	☐ Other real estate <u>N/A</u> Value <u>0</u>
☐ Motor Vehicle #1 <u>N/A</u> Year, make & model <u>0</u> Value <u>0</u>	☐ Motor Vehicle #2 <u>N/A</u> Year, make & model <u>N/A</u> Value <u>0</u>
☐ Other assets Description <u>NONE</u> Value <u>0</u>	

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
<u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____
_____	_____	_____

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)	\$ <u>N/A</u>	\$ <u>N/A</u>
Are real estate taxes included? ☐ Yes ☒ No		
Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>N/A</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>0</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>0</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>NONE</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>N/A</u>

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:

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:

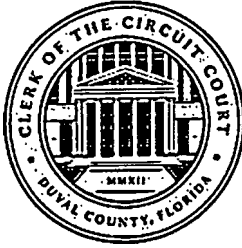
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am currently incarcerated and do not receive any financial support. I am completely indigent / insolvent.

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

Executed on: August 31st, 2026

Anthony D. Carter
(Signature)



Jody Phillips
Clerk of the Circuit Court

IN THE CIRCUIT COURT, FOURTH
JUDICIAL CIRCUIT, IN AND FOR
DUVAL COUNTY, FLORIDA

CASE NUMBER: 16-2014-CA-003132-XXXX-MA
DIVISION: CV-H (Circuit Court)

ANTHONY D. CARTER

Plaintiff(s)

vs.

RICHARD S LAWSON

Defendant(s)

CERTIFICATE OF INDIGENCY

I, Jody Phillips, Clerk of the Circuit and County Courts, Duval County, Florida, do hereby certify that petitioner Anthony D. Carter has filed an affidavit of indigency in this case in accordance with Section 57.081(1), Florida Statutes, and it appear that said affidavit is sufficient and that the petitioner, is entitled to receive the services of the courts, sheriffs, and clerks with respect to this proceeding. Witness my hand and seal at Jacksonville, Florida this 19th day of August, A.D. 2024.

Jody Phillips
CLERK OF THE CIRCUIT COURT

By: K. Espiritu
Deputy Clerk



District Court of Appeal
Fifth District
300 South Beach Street
Daytona Beach, Florida 32114
(386) 947-1500

ACKNOWLEDGMENT OF NEW CASE

DATE: August 22, 2024

STYLE: Anthony D. Carter v. Richard S. Lawson

5DCA#: 5D2024-2339

The Fifth District Court of Appeal has received a Notice of Appeal reflecting a filing date of August 21, 2024

The county of origin is Duval.

The lower tribunal case number provided is 16-2014-CA-3132

The filing fee of \$300.00 Fee Waived

Case Type: NOA Final - Circuit Civil - Other Final

*Filing fees may be paid via the Statewide Portal (myflcourtaccess.com). On the "Pleading on Existing Case" screen, enter your appellate court case number and click "Search." When the case populates, click "Next." On the next screen, choose "Add." On the next screen (the "Add/Edit Document" screen), search for "pay fee," then choose the appropriate fee box. Upload a copy of the Order to Pay issued by this Court, click "save" and then "next." You do not need to serve the other party with this filing; click "next." On the next screen, choose the appropriate payment option and enter the required credit card or banking information. If the payment information is correct, you may choose "Confirm and Submit All Now."

The Fifth District Court of Appeal's case number must be utilized on all pleadings and correspondence filed in this cause. Moreover, ALL PLEADINGS SIGNED BY AN ATTORNEY MUST INCLUDE THE ATTORNEY'S FLORIDA BAR NUMBER.

Pursuant to Administrative Order 5D18-02 (Amended), attorneys are required to: (1) provide their client(s) with a copy of every motion for extension of time or notice of agreed extension of time the attorney files and (2) include a statement in the certificate of service on that motion or notice certifying that a copy of the motion or notice was provided to the client and the manner in which the copy was provided (i.e. by U.S. Mail, e-mail, or hand delivery). The State of Florida and governmental agencies are excluded from the requirements of this Administrative Order.

Any party who may properly proceed in this Court pro se, i.e., unrepresented by counsel, may find useful "The Pro Se [Self-Represented] Appellate Handbook," which is provided by the Appellate Practice Section of The Florida Bar (available at www.flabarappellate.org).

Please review and comply with any handouts enclosed with this acknowledgment.

cc:

Anthony D. Carter
Duval Clerk
Richelle Marie Marsico