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No. 26-5546

PROVIDED TO TOMOKA
CORRECTIONAL INSTITUTION
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IN THE

ORIGINAL

SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.
FILED

JUN 15 2026

OFFICE OF THE CLERK

GEORGE WESLEY SMITH JR., – PETITIONER

v.

STATE OF FLORIDA – RESPONDENT

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): United State Middle District, Eleventh Circuit Court of Appeals, United States Supreme Court

☐ Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court.

George W. Smith Jr.
(Signature)

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AUG 25 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

RECEIVED

JUN 30 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, GEORGE W. SMITH, 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>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Gifts	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Alimony	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Child Support	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</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>None</u>	<u>None</u>	\$ <u>None</u>
<u>None</u>	<u>None</u>	<u>None</u>	\$ <u>None</u>
<u>None</u>	<u>None</u>	<u>None</u>	\$ <u>None</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>None Available</u>	<u>None Available</u>	<u>None Available</u>	\$ <u>None Available</u>
<u>None Available</u>	<u>None Available</u>	<u>None Available</u>	\$ <u>None Available</u>
<u>None Available</u>	<u>None Available</u>	<u>None Available</u>	\$ <u>None Available</u>

4. How much cash do you and your spouse have? \$ 0.00
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
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

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

☐ Home
Value NONE

☐ Other real estate
Value NONE

☐ Motor Vehicle #1
Year, make & model NONE
Value NONE

☐ Motor Vehicle #2
Year, make & model NONE
Value NONE

☐ Other assets
Description NONE
Value NONE

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

\$ NONE

\$ NONE

NONE

\$ NONE

\$ NONE

NONE

\$ NONE

\$ NONE

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

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

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)

\$ 0.00

\$ 0.00

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 0.00

\$ 0.00

Home maintenance (repairs and upkeep)

\$ 0.00

\$ 0.00

Food

\$ 0.00

\$ 0.00

Clothing

\$ 0.00

\$ 0.00

Laundry and dry-cleaning

\$ 0.00

\$ 0.00

Medical and dental expenses

\$ 0.00

\$ 0.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0.00</u>	\$ <u>0.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ <u>0.00</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0.00</u>	\$ <u>0.00</u>
Life	\$ <u>0.00</u>	\$ <u>0.00</u>
Health	\$ <u>0.00</u>	\$ <u>0.00</u>
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: <u>NONE</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Credit card(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Department store(s)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: <u>NONE</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ <u>0.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>NONE</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total monthly expenses: <u>NONE</u>	\$ <u>0.00</u>	\$ <u>0.00</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. *None Applicable*

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? *None*

If yes, state the attorney's name, address, and telephone number: *None Applicable*

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? *None Applicable*

If yes, state the person's name, address, and telephone number: *None*

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

I am incarcerated in the State of Florida, and Florida Department of Corrections do not pay inmates for, Food Service Work, Houseman, Inside grounds, or any vocational programs.

I declare under penalty of perjury that the foregoing is true and correct. *This form is submitted in pursuance of corrections, and compliance of Rule 39.*

Executed on: *Aug 13*, 20*16*

George W. Smith Jr.

(Signature)

INMATE REQUEST

STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

Ms. Williams / Ms Perez

Mail Number: _____
Team Number: 06 06
Institution: Tamuka Men Unit

TO: (Check One) ☐ Warden ☒ Classification ☐ Medical ☐ Dental
☐ Asst. Warden ☐ Security ☐ Mental Health ☐ Other _____

FROM:	Inmate Name <u>GEORGE SMITH</u>	DC Number <u>X00293</u>	Quarters <u>A2134S</u>	Job Assignment <u>Food Service</u>	Date <u>07/31/26</u>
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REQUEST

Check here if this is an informal grievance ☐

I need a 6 month banking statement, to provide or prepare court papers to the court in Smith v. STATE also need officer to fill out this necessary form see attached

All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing.

Inmate (Signature): GEORGE SMITH

DC#: X00293

RECEIVED

DO NOT WRITE BELOW THIS LINE

AUG 04 2026

RESPONSE

DATE RECEIVED:

CLASSIFICATION-TOMOKA

See Attached.

[The following pertains to informal grievances only:

Based on the above information, your grievance is _____ (Returned, Denied, or Approved). If your informal grievance is denied, you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.]

Official (Print Name): G Plumley

Official (Signature): [Signature]

Date: 8/4/26

Original: Inmate (plus one copy)

CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 15 days, following receipt by staff.

You may obtain further administrative review of your complaint by obtaining form DC1-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.006, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.

DC6-236 (Effective 11/18)

Incorporated by Reference in Rule 33-103.005, F.A.C.

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
Orlando DIVISION

George Wesley Smith
PLAINTIFF

v.

Case No. 1

State of Florida
DEFENDANT

PRISONER CONSENT FORM
AND FINANCIAL CERTIFICATE

I, George W Smith, Plaintiff in the above-entitled action,
understand that:

1. If I submit a civil complaint (for example, a civil rights action under 42:U.S.C. § 1983 or 28 U.S.C. § 1331), pursuant to the Prison Litigation Reform Act of 1995, 28 U.S.C. § 1915 (as amended), I must pay the \$350.00 filing fee in full. This means that, regardless of the Court's disposition of my case (which may include dismissal), I AM STILL OBLIGATED TO PAY THE ENTIRE \$350.00 FILING FEE; and
2. I must request that an authorized official at my present place of confinement complete the Financial Certificate below and attach a computer printout reflecting all transactions in my prison account for the six month period preceding the filing of my complaint. If I have not been incarcerated at this institution for six months, I must also obtain account printout(s) from each penal facility at which I may have been confined during the relevant six month period and provide the printout(s) to the authorized official completing my Financial Certificate. If I fail to provide printouts for the entire six month period or do not satisfactorily explain my inability to do so to the Court, my motion to proceed *in forma pauperis* may be denied and/or my case may be dismissed without further notice; and
3. The officials at the institution at which I am presently confined or any institution to which I may be transferred are hereby authorized to forward to the Court an initial partial filing fee, which shall be 20% of my average monthly balance (line #2 of the Financial Certificate, below) or the average monthly deposits to my account (line #3 of the Financial Certificate, below), whichever is greater; and
4. 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 required \$350.00 filing fee is paid. These additional monthly payments will be equal to 20% of all of the preceding month's deposits to my account. Institution officials shall submit these monthly payments directly to the Court whenever the funds in my account exceed \$10.00 until the full filing fee is paid.

GEORGE W SMITH

Signature of Prisoner.

7/30/2026

Date

George W Smith

Prisoner's Name (print)

X00293

Prisoner Number

FINANCIAL CERTIFICATE

(To Be Completed by Authorized Penal Official)

COMPUTER PRINTOUT(S) REFLECTING ALL TRANSACTIONS IN THE INMATE'S PRISON ACCOUNT(S) FOR THE PRECEDING SIX MONTHS MUST BE ATTACHED

1. CURRENT ACCOUNT BALANCE

\$ 0.00

2. AVERAGE MONTHLY BALANCE FOR PRECEDING SIX MONTHS

\$ 50.00

3. AVERAGE MONTHLY DEPOSITS FOR PRECEDING SIX MONTHS

\$ 80.00

4. INITIAL FILING FEE: 20% of the greater of #2 or #3
(Subject to verification by the Court.)

~~\$ 10.00~~

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

If printouts or the above calculations do not represent the preceding six month period in its entirety, the official completing this form should explain here:

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

[Signature]
Signature of Authorized Official

8/4/2026
Date

FLORIDA DEPARTMENT OF CORRECTIONS
TRUST FUND ACCOUNT STATEMENT
FACILITY: 282 - TOMOKA C.I.
FOR: 02/01/2026 - 08/01/202608/04/26
09:03:18
PAGE 1ACCT NAME: SMITH, GEORGE W.
BED: A2134S
PO BOX:ACCT#: X00293
TYPE: INMATE TRUST

BEGINNING BALANCE 02/01/26 \$0.21

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
02/28/26	191	TYLER DEPOSIT	259006118	000	Rasheed-Khan, Shazeeda	+	\$100.00	\$100.21
02/28/26	192	LIEN PAYMENT	022826191908	000		-	\$20.00	\$80.21
		FED PRISON LITI	- 02/27/2025	625CV00071GA				
03/01/26	137	JPAY MEDIA W/D	000191951907	000		-	\$14.00	\$66.21
03/02/26	061	CANTEEN SALES	28220260301	000		-	\$51.86	\$14.35
03/02/26	145	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.52	\$13.83
03/08/26	061	CANTEEN SALES	28220260307	000		-	\$13.48	\$0.35
03/09/26	145	PROCESSING FEE	WEEKLY DRAW	000		-	\$0.13	\$0.22
06/21/26	061	CANTEEN SALES	28220260620	000		-	\$0.22	\$0.00
06/25/26	175	TYLER DEPOSIT	283282436	000	Rasheed-Khan, Shazeeda	+	\$100.00	\$100.00
06/25/26	176	LIEN PAYMENT	062526175982	000		-	\$20.00	\$80.00
		FED PRISON LITI	- 02/27/2025	625CV00071GA				
06/28/26	061	CANTEEN SALES	28220260627	000		-	\$70.68	\$9.32
06/29/26	059	CANTEEN SALES	28220260628	000		-	\$9.04	\$0.28
06/29/26	141	LIEN PAYMENT	WEEKLY DRAW	000		-	\$0.28	\$0.00
		PROCESSING FEE	- 06/29/2026	20260629				

ENDING BALANCE 08/01/26 \$0.00

LIEN DATE	TYPE OF LIEN	LIEN FACI	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY 06/29/26	FEDERAL PRISON LITIGATION	000	\$350.00	\$237.00
	PROCESSING FEE		\$0.80	\$0.52