26-6026

ORIGINAL

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No. 26-6026

FILED
MAY 11 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

JASON E. DANIELS — PETITIONER
(Your Name)

VS.

CHESTER R. KWITOWSKI Sr. — 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):

Tenth Judicial Circuit, Polk County Florida, Second District Court of Appeal

☐ 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.

(Signature)

RECEIVED
NOV - 2 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Jason E Daniels, 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	$ X	$ 0
Interest and dividends	$ 0	$ 0	$ X	$ 0
Gifts	$ 0	$ 0	$ X	$ 0
Alimony	$ 0	$ 0	$ 0	$ 0
Child Support	$ 0	$ 0	$ 0	$ 0
Retirement (such as social security, pensions, annuities, insurance)	$ 0	$ 0	$ X	$ 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	$ X	$ 0
Other (specify): _____	$ 0	$ 0	$ 0	$ 0
Total monthly income:	$ 0	$ 0	$ 0	$ 0

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
NONE			$
			$
			$

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
NONE			$
			$
			$

4. How much cash do you and your spouse have? $_____
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
NONE	$	$
	$	$
	$	$

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

☐ Home
Value 0

☐ Other real estate
Value 0

☐ Motor Vehicle #1
Year, make & model _____
Value 0

☐ Motor Vehicle #2
Year, make & model _____
Value 0

☐ Other assets
Description _____
Value 0

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
UNKnown	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____

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	_____	_____
_____	_____	_____
_____	_____	_____

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) Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	$ 0	$_____
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0	$_____
Home maintenance (repairs and upkeep)	$ 0	$_____
Food	$ 0	$_____
Clothing	$ 0	$_____
Laundry and dry-cleaning	$ 0	$_____
Medical and dental expenses	$ 0	$_____

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 0	$
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 0	$
Life	$ 0	$
Health	$ 0	$
Motor Vehicle	$ 0	$
Other: _____	$ 0	$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ 0	$
Installment payments		
Motor Vehicle	$ 0	$
Credit card(s)	$ 0	$
Department store(s)	$ 0	$
Other: _____	$ 0	$
Alimony, maintenance, and support paid to others	$ 0	$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ 0	$
Other (specify): _____	$ 0	$
Total monthly expenses:	$ 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? _____

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 have no income or assets due to incarceration.

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

Executed on: July 26, 2024.

(Signature)

CERTIFICATE

(Prisoner Accounts Only)

I HEREBY CERTIFY THAT Daniels, Jason DC# #49365 has the sum of
(Name of Affiant)

$ 0.00 as of 6/13/2026 on account to his credit at the
(date)

Hardee Correctional Institution where he/she is confined. I further certify that the above-named prisoner affiant has the following securities to his credit according to the records of this institution:

N/A

W. Park CLO.
Authorized Officer of Institution

ACCT NAME: DANIELS, JASON E. ACCT#: H49355
BED: G3218U TYPE: INMATE TRUST
PO BOX:

BEGINNING BALANCE 05/01/26 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
05/11/26	198	LEGAL POSTAGE W	2026050501	000		-	$0.00	$0.00
		LIEN CREATED	- 05/11/2026	2026050501				
05/18/26	200	LEGAL POSTAGE W	2026051101	000		-	$0.00	$0.00
		LIEN CREATED	- 05/18/2026	2026051101				
05/22/26	149	LEGAL POSTAGE W	2026051801	000		-	$0.00	$0.00
		LIEN CREATED	- 05/22/2026	2026051801				

ENDING BALANCE 05/31/26 $0.00

HOLD DATE	TYPE OF HOLD	HOLD FACL	AMOUNT OF HOLD
SUMMARY	MEDICAL BILLS		$70.48
SUMMARY	TYLER		$915.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT		$60.00	$60.00
SUMMARY	LEGAL COPIES		$8.25	$8.25
SUMMARY	DESTRUCTION OF PROPERTY/FOOD		$8.95	$8.95
SUMMARY	LEGAL POSTAGE		$0.74	$0.74
SUMMARY	PROCESSING FEE		$0.48	$0.42
05/11/26	LEGAL POSTAGE	000	$0.74	$0.74
05/18/26	LEGAL POSTAGE	000	$22.10	$22.10
05/22/26	LEGAL POSTAGE	000	$0.74	$0.74

ACCT NAME: DANIELS, JASON E.
BED: G3218U
PO BOX:

ACCT#: H49355
TYPE: INMATE TRUST

BEGINNING BALANCE 04/01/26 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
04/08/26	115	LEGAL POSTAGE W	2026033101	000		-	$0.00	$0.00
		LIEN CREATED	- 04/08/2026	2026033101				

ENDING BALANCE 04/30/26 $0.00

HOLD DATE	TYPE OF HOLD	HOLD FACL	AMOUNT OF HOLD
SUMMARY	MEDICAL BILLS		$70.48
SUMMARY	TYLER		$915.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT		$60.00	$60.00
SUMMARY	LEGAL COPIES		$8.25	$8.25
SUMMARY	DESTRUCTION OF PROPERTY/FOOD		$8.95	$8.95
SUMMARY	PROCESSING FEE		$0.48	$0.42
04/08/26	LEGAL POSTAGE	000	$0.74	$0.74

ACCT NAME: DANIELS, JASON E. ACCT#: H49355
BED: E1204U TYPE: INMATE TRUST
PO BOX:

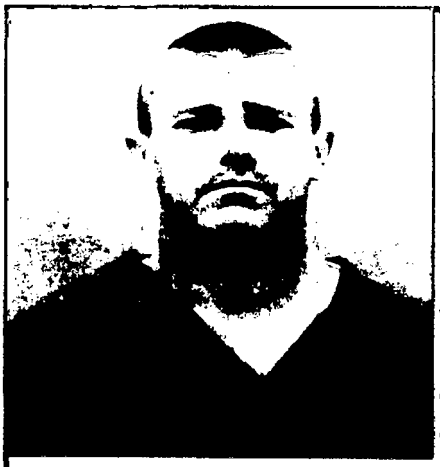
BEGINNING BALANCE 08/10/25 $0.00

POSTED DATE	NBR	TYPE	REFERENCE NUMBER	FAC	REMITTER/PAYEE	+/-	AMOUNT	BALANCE
08/12/25	215	MEDICAL CO-PAY	0811250914RR	000		-	$0.00	$0.00
		LIEN CREATED	- 08/12/2025	0811250914RR				
08/12/25	215	MEDICAL CO-PAY	0811250915RR	000		-	$0.00	$0.00
		LIEN CREATED	- 08/12/2025	0811250915RR				
08/18/25	219	LEGAL COPIES WD	50120250012	000		-	$0.00	$0.00
		LIEN CREATED	- 08/18/2025	50120250012				
09/16/25	559	MEDICAL CO-PAY	0915251406RR	000		-	$0.00	$0.00
		LIEN CREATED	- 09/16/2025	0915251406RR				
09/22/25	478	MEDICAL CO-PAY	0921250701RR	000		-	$0.00	$0.00
		LIEN CREATED	- 09/22/2025	0921250701RR				
10/25/25	178	MEDICAL CO-PAY	1024251050RR	000		-	$0.00	$0.00
		LIEN CREATED	- 10/25/2025	1024251050RR				
11/27/25	107	MEDICAL CO-PAY	1126250918RR	000		-	$0.00	$0.00
		LIEN CREATED	- 11/27/2025	1126250918RR				
12/08/25	202	MEDICAL CO-PAY	1207251300RR	000		-	$0.00	$0.00
		LIEN CREATED	- 12/08/2025	1207251300RR				
01/06/26	188	DESTRUCTION OF	501-253390	000		-	$0.00	$0.00
		LIEN CREATED	- 01/06/2026	501-253390				
01/08/26	174	MEDICAL CO-PAY	0107261228RR	000		-	$0.00	$0.00
		LIEN CREATED	- 01/08/2026	0107261228RR				
01/26/26	180	LEGAL COPIES WD	501202610024	000		-	$0.00	$0.00
		LIEN CREATED	- 01/26/2026	501202610024				
01/29/26	178	LEGAL COPIES WD	501202610032	000		-	$0.00	$0.00
		LIEN CREATED	- 01/29/2026	501202610032				

ENDING BALANCE 02/10/26 $0.00

HOLD DATE	TYPE OF HOLD	HOLD FACL	AMOUNT OF HOLD
SUMMARY	TYLER		$915.00
08/13/25	MEDICAL BILLS	501	$27.00
01/30/26	MEDICAL BILLS	501	$27.00

LIEN DATE	TYPE OF LIEN	LIEN FACL	AMOUNT OF LIEN	AMOUNT STILL OWED
SUMMARY	MEDICAL CO-PAYMENT		$20.00	$20.00



DC Number: H49355
Name: DANIELS, JASON E
Race: WHITE
Sex: MALE
Hair Color: BROWN
Eye Color: BROWN
Height: 6'01"
Weight: 197 lbs.
Birth Date: 5/30/1983
Current Classification Status: Confinement
Current Custody: CLOSE
Current Release Date: SENTENCED TO LIFE

B2-211L

~~E 11/09~~

Status
TC

Heightened Security:
N/A

Housing Restrictions:
N/A

Spit Shield:
N/A

Diet:
Regular

Security Magnet:
N/A

OIC / LAUNDRY SGT CHECKS:

1ST SHIFT:		2ND SHIFT	
	SUN		SUN
	MON		MON
	TUES		TUES
	WED		WED
	THURS		THURS
	FRI		FRI
	SAT		SAT

3rd Shift:		Laundry SGT:	
	SUN		SUN
	MON		MON
	TUES		TUES
	WED		WED
	THURS		THURS
	FRI		FRI
	SAT		SAT

To include:		
Blanket		
Sheets		
Whites		
Blue Pants		
Blue Shirt		
Socks		
Underwear		
Soap		
Toothpaste		
Toliet Paper		
Toothbrush		
Pillow		
Mattress		
Pillowcase		