

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
FT PIERCE DIVISION

FILED  
JUN 29 2001  
MARCELLUS MASON

Marcellus M. Mason, Jr., )  
Plaintiff, ) Case No.: 99-14027-CIV-GRAHAM  
vs. )  
HEARTLAND LIBRARY COOPERATIVE, ) **MOTION TO PROCEED IN FORMA PAUPERIS**  
HIGHLANDS COUNTY BOARD OF COUNTY ) **AND SUPPORTING AFFIDAVIT [FORM 4]**  
COMMISSIONERS, et. al., )  
Defendants )

COMES NOW the Plaintiff/Appellant, Marcellus M. Mason, Jr., pursuant to FEDERAL RULES OF APPELLATE PROCEDURE 24 and 28 U.S.C. § 1915(a) hereby submits his MOTION TO PROCEED IN FORMA PAUPERIS AND SUPPORTING AFFIDAVIT [FORM 4].

In support of this motion plaintiff states the following:

1. I am unable to pay the filing fees or any other fee associated with the filing of an appeal in this matter.
2. I am currently unemployed and have been unemployed since September of 1999. I received unemployment compensation from October 1999 until May 5, 2000. I have no income of any kind.
3. Eleventh Circuit Form 4 is attached hereto as Exhibit 1.
4. My car has been recently re-possessed even though I am still financially responsible for it.
5. My wife's work hours have cut and as a result she now makes less money.

WHEREFORE, and based upon the foregoing, I, Marcellus M. Mason, Jr. hereby requests that I be allowed to proceed in forma pauperis and that all fees associated with the appeal be waived.

Dated this 23<sup>rd</sup> day of June, 2001  
Marcellus Mason

796  
Mason

## Motion for Permission to Appeal In Forma Pauperis and Affidavit

United States Court of Appeals for the Eleventh Circuit

Marcellus Mason

Highlands Co. Bd. of Comm. Members,  
Hearland Library COOP.

Court of Appeals No. \_\_\_\_\_  
District Court No. 99-14027 Civ Graham

**Instructions:** Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

**Affidavit in Support of Motion**  
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: June 23, 2001      Signed: Marcellus Mason

My issues on appeal are:

- 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, semi-annually, 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	\$ _____
Self-employment	\$ 0	\$ 0	\$ 0	\$ _____
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ _____
Interests and dividends	\$ 0	\$ 0	\$ 0	\$ _____
Gifts	\$ 0	\$ 0	\$ 0	\$ _____
Alimony	\$ 0	\$ 0	\$ 0	\$ _____
Child support	\$ 0	\$ 0	\$ 0	\$ _____
Retirement (such as Social Security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ _____
Disability (such as Social Security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ _____
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ _____
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ _____
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ _____
<b>Total monthly income:</b>	\$ 0	\$ 0	\$ 0	\$ _____

Employer	Address	Dates of Employment	Gross Monthly Pay
IBM	Lake Mary, FL	03-99 - 09/99	4168
Hearland Library Coop.	Sebring, FL	11/96 - 11/98	3690
Orange Co. Fire & Rescue	Winter Park, FL	5/96 - 11/96	2833

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Taco Bell	Sebring, FL	09/2000 - pres	618 <sup>00</sup>
Leby's	Sebring, FL	1996 - 1977	600 <sup>00</sup>

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.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Huntington Natl Bk	less 7100.00 checking	\$ less than \$10000	\$ 0
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home (Value) 50,000	Other Real Estate (Value) NA	Motor Vehicle #1 (Value) Make & Year: 1995 Nissan Model: Altima Registration #: PBK 53D
Other Assets (Value) NA	Other Assets (Value) NA	Motor Vehicle #2 (Value) Make & Year: _____ Model: _____ Registration #: _____

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
NA	NA	NA
_____	_____	_____
_____	_____	_____

7. State the persons who rely on your or your spouse for support.

Name	Relationship	Age
Cassandra Mason	child	12
Kyra Mason	child	7

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home)	\$ 458.15	\$ 0
Are real-estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ _____	\$ _____
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 210	\$ 0
Home maintenance (repairs and upkeep)	\$ 30	\$ 0
Food	\$ 0	\$ 300.00
Clothing	\$ 0	\$ 50.00
Laundry and dry-cleaning	\$ 20.00	\$ 30.00
Medical and dental expenses	\$ 30.00	\$ 50.00
Transportation (not including motor vehicle payments)	\$ 30.00	\$ 30.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 15.00	\$ 15.00
Insurance (not deducted from wages or included in mortgage payments)	\$ _____	\$ _____
Homeowner's or renter's	\$ 34.00	\$ 0
Life	\$ 32.00	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 90.00	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ 0	\$ 0
Installment payments	\$ _____	\$ _____
Motor Vehicle	\$ 320	\$ 0
Credit card (name): _____	\$ 0	\$ 0
Department store (name): _____	\$ 0	\$ 0
Other: Contractor Mortgage loan	\$ 41.00	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): US Student Loan	\$ 100.00	\$ 0
<b>Total monthly expenses</b>	\$ _____	\$ _____

monthly income or expenses or in your assets or liabilities during the next 12 months.  
It depends on whether I am able to find em- in my field.  
 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 docket fees for your appeal.

I have been without income or employment since May, 2000. Recently my wife's income has decreased due to a cut in her work hours. Moreover, my car has been repossessed even though I still have the obligation to pay for it. I am dangerously close to losing my home.

13. State the address of your legal residence.

218 Florida Drive  
Sebring, FL

Your daytime phone number: (813) 385-8501

Your age: 44 Your years of schooling: 16

Your Social Security number: 264-17-3999