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UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
JACKSONVILLE DIVISION

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CLERK'S OFFICE  
MIDDLE DISTRICT OF FLORIDA  
JACKSONVILLE, FLORIDA

# C-027719 Freddie Lee Jackson,  
Affiant

v. The state of Florida,  
Uriel Blount Jr. Judge,  
John P. Poe, Judge,  
Johnny K. Dole, Sheriff  
Defendant(s)

CASE NUMBER: 3:01-CV-1067-J-25  
(To be supplied by  
Clerk's Office) TEM

Edward C. White, Sergeant  
Sheriff Deputy, Thomas A. Tree,  
Thomas T. Black, Ed Brown,  
Sheriff Deputies, Thee Volusia  
County Sheriff Dept.  
Michael W. Moore, and the  
FLA. State Dept. of Corr.

AFFIDAVIT OF INDIGENCY

(EACH PLAINTIFF MUST COMPLETE A SEPARATE AFFIDAVIT OF INDIGENCY)

I, Freddie Lee Jackson, being first duly sworn, depose and  
make under oath the following application and affidavit, pursuant to Title 28  
U.S.C. § 1915, to proceed in forma pauperis in the United States District Court  
for the Middle District of Florida. I am unable to make prepayment of fees and  
costs or to give security therefor, and it is my belief that I am entitled to  
redress, and that I have not, for the purpose of avoiding payment of said cost,  
divested myself of any property, monies, or any items of value.

I. BRIEF STATEMENT OF THE NATURE OF THE ACTION: A 42 U.S.C.  
§ 1983 CIVIL RIGHTS ACT LAW SUIT IN  
WITH THE § 1985 CIVIL RIGHTS ACT  
AND TITLE IV IN THE U.S. CON-  
STITUTION.

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II. RESIDENCE:

Affiant's address: CAROLINA STREET APT. 7E  
(Street)  
Daytona Beach FLA.  
(City) (State) (Zip Code)

III. MARITAL STATUS:

1. Single  Married  Separated  Divorced   
2. If married, spouse's full name: \_\_\_\_\_

IV. DEPENDENTS:

1. Number: NOT APPLICABLE  
2. Relationship to dependent(s): FATHER  
3. How much money do you contribute to your dependents' support on a monthly basis? \$ \_\_\_\_\_ NOT APPLICABLE.

V. EMPLOYMENT: (Information provided below applies to your present employment or last employment.)

1. Name of employer: NOT APPLICABLE  
a. Address of employer: Grocery Store.  
(Street)  
Daytona Beach FLA.  
(City) (State) (Zip Code)  
b. State how long affiant has been (was) employed by present (or last) employer?  
Years: \_\_\_\_\_ Months: Two weeks.  
c. Income: Monthly \$ \_\_\_\_\_ or Weekly \$ store convenience  
d. What is (was) affiant's job title? putting up Grocery  
2. If unemployed, date of last employment: 21 years ago in 1980.  
3. Is spouse employed? \_\_\_\_\_ If so, name of employer: \_\_\_\_\_  
DO NO-NOT APPLICABLE

- a. Income: Monthly \$ \_\_\_\_\_ or Weekly \$ \_\_\_\_\_
- b. What is spouse's job title? \_\_\_\_\_
4. Are you and/or your spouse receiving welfare aid? NO
- If so, amount: Monthly \$ \_\_\_\_\_ or Weekly \$ \_\_\_\_\_

**VI. FINANCIAL STATUS:**

1. Owner of real property (excluding ordinary household furnishings and clothing):
- a. Description: OWN A PATENT IN OCALA LUMBER COMPANY. LAND IN OCALA, FLA.
- b. Full address: OCALA LUMBER COMPANY  
(Street)
- OCALA FLA.  
(City) (State) (Zip Code)
- c. In whose name? Freddie Lee Jackson
- d. Estimated value: PATENT DONT KNOW \$ \_\_\_\_\_
- e. Total amount owed: LAND DONT KNOW \$ 2-000,000
- Owed to: \_\_\_\_\_ for \$ \_\_\_\_\_
- \_\_\_\_\_ for \$ \_\_\_\_\_
- f. Annual income from property: \$ NONE
2. Other assets/property:
- a. Automobile: Make NOT APPLICABLE Model \_\_\_\_\_
- In whose name registered? \_\_\_\_\_
- Present value of car: \$ \_\_\_\_\_
- Amount owed: \$ \_\_\_\_\_
- Owed to: \_\_\_\_\_
- b. Total cash in banks, savings and loan associations, prisoner accounts, financial institutions, other repositories, or anywhere else: DONT KNOW how much owed \$ DONT KNOW FROM MINE PATENT TO ME.
- c. List monies received during the last twelve (12) months into your hands, into banks, savings and loan associations, prisoner accounts, other financial institutions, or other sources as indicated below:
- Business, profession, or other forms of self employment: \$ \_\_\_\_\_
- Rent payments, interest, or dividends: \$ DONT KNOW

Pensions, annuities, or life insurance payments: \$ \_\_\_\_\_  
 Gifts or inheritances: \$ \_\_\_\_\_  
 Stocks, bonds, or notes: \$ \_\_\_\_\_  
 Other sources: \$ \_\_\_\_\_

3. Obligations:

a. Monthly rental on house or apartment: \$ paid for land  
 b. Monthly mortgage payments on house: \$ \_\_\_\_\_

4. Other information pertinent to affiant's financial debts and obligations:

<u>OCALA Lumber company</u>	_____	_____
(Creditor)	(Total Debt)	(Monthly Payment)
<u>ocala Fla. court House</u>	_____	_____
(Creditor)	(Total Debt)	(Monthly Payment)
_____	_____	_____
(Creditor)	(Total Debt)	(Monthly Payment)

Other (explain): OCALA court House - was and is the last and present creditor to my 2,000,000 land in ocala, FLA. And ocala Lumber company creditor to me mine patent in their company in presence.

VII. FOR PRISONER AFFIANTS ONLY:

1. Date(s) of incarceration: 1969, 1974, 1980, 1980  
 2. Estimated release or parole date: 2, 2010

3. A copy of the prisoner's account statement containing all transactions in affiant's prisoner account for the six (6) months immediately preceding the filing of the Complaint or Petition must accompany this Affidavit. The account statement must be obtained from an authorized official of each prison at which the prisoner is or was confined during this period of time. The account statement must be in the form of a computer printout or bank ledger card prepared by the institution or an account statement prepared by an authorized officer of the institution. Failure to provide this account statement may result in the dismissal of this action.

The requirement to submit the account statement does not negate the prisoner affiant's responsibility to ensure that the Affidavit Certificate found on page 6 of this Affidavit of Indigency is also properly executed and filed.

VIII. ALL AFFIANTS MUST READ AND SIGN:

I UNDERSTAND that any false statement(s) of a material fact contained herein may serve as the basis of prosecution and conviction for perjury or making false statements. FURTHER, I CERTIFY that all questions contained herein have been answered and are true and correct to the best of my knowledge and belief.

FREDDIE LEE JACKSON  
Signature of Affiant

STATE OF FLORIDA  
COUNTY OF Dade

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 12 DAY OF September, 2001, BY Freddie Lee Jackson  
(Insert Name of Person Acknowledged)

WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED Fl. Dep of Corrections inmate ID, AS IDENTIFICATION AND WHO (DID) TAKE  
(State Type of Identification)

AN OATH.

Herman R. Cook 009  
0441  
NOTARY PUBLIC



MY COMMISSION EXPIRES:  
8/22/2003

\* \* \* \* \*

**AFFIDAVIT CERTIFICATE**  
(Prisoner Accounts Only)

I HEREBY CERTIFY THAT \_\_\_\_\_, has the sum of  
(Name of Affiant)  
\$ \_\_\_\_\_ as of \_\_\_\_\_ on account to his credit at the  
(date)

\_\_\_\_\_ institution where he 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Officer of Institution

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#C-027719 Freddie Lee Jackson  
PLAINTIFF

v. The STATE OF Florida, Case  
URILE BLOUNT-JR., Judge,  
JOHN P. POE, Judge,  
John X. Dole, Sheriff, and Volusia county Sheriff Dept.  
DEFENDANT

PRISONER CONSENT FORM  
AND FINANCIAL CERTIFICATE

I, Freddie Lee Jackson, 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 \$150.00 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 \$150.00 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 \$150.00 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

Edward C. White, Sergeant  
Sheriff Deputy, Thomas T. Black  
Ed Brown, Thomas A. Tree, Sheriff Deputy  
Michael W. Moore, Sec-  
retary of State Dept. of  
Corr. ETC.

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.

FREDDIE LEE JACKSON      12-2-001  
Signature of Prisoner      Date

Freddie Lee Jackson      #G-027719  
Prisoner's Name (print)      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 \_\_\_\_\_
- 2. AVERAGE MONTHLY BALANCE FOR PRECEDING SIX MONTHS \_\_\_\_\_
- 3. AVERAGE MONTHLY DEPOSITS FOR PRECEDING SIX MONTHS \_\_\_\_\_
- 4. INITIAL FILING FEE: 20% of the greater of #2 or #3 \_\_\_\_\_  
(Subject to verification by the Court.)

\* 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 of Authorized Official

\_\_\_\_\_  
Date