

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
FORT MYERS DIVISION

ROGELIO BOLUFE IZQUIERDO,
Plaintiff,

v. Case No.: 2:26-cv-00035-KCD-NPM

WARDEN, ALLIGATOR ALCATRAZ,
Defendant.

MOTION FOR LEAVE TO PROCEED AS NEXT FRIEND
AND FOR LIMITED ELECTRONIC FILING ACCESS

COMES NOW Haymel De La Vega and respectfully moves this Court for leave to proceed in a limited capacity as Next Friend to assist Plaintiff Rogelio Bolufe Izquierdo, and states as follows:

1. Plaintiff is currently detained at Torrance County Detention Center in Estancia, New Mexico.
2. Due to detention-related restrictions, including limited access to legal materials, mail delays, and communication barriers, Plaintiff faces practical difficulties in meeting procedural requirements and deadlines.

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3. Plaintiff has executed a written Power of Attorney authorizing Ms. De La Vega to assist him with case-related matters. A true and correct copy of the Power of Attorney is attached hereto as Exhibit A.

4. Ms. De La Vega is not an attorney and does not seek to appear as counsel or engage in the unauthorized practice of law.

5. Ms. De La Vega respectfully seeks leave to proceed as Next Friend for Plaintiff for the limited purpose of assisting with filings, submitting responses and objections at Plaintiff's direction, transmitting documents, and receiving court communications necessary to ensure timely compliance with deadlines.

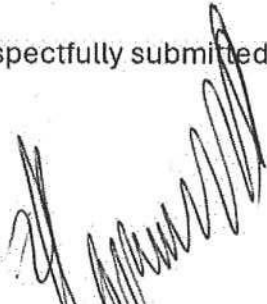
6. Plaintiff remains the real party in interest and retains full authority over the substance and direction of his claims.

7. Plaintiff expressly consents to and requests that Ms. Haymel De La Vega be permitted to act as Next Friend in this matter due to the practical limitations imposed by his detention.

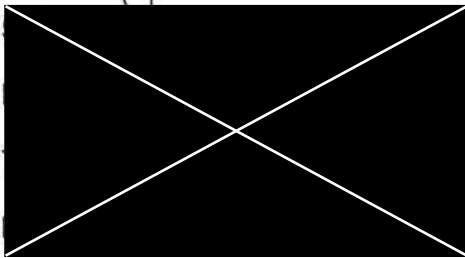
8. This request is made solely to facilitate Plaintiff's meaningful access to the Court and ensure compliance with procedural deadlines.

WHEREFORE, Movant respectfully requests that this Court grant limited leave for Ms. Haymel De La Vega to proceed as Next Friend as described herein, and for such other and further relief as the Court deems just and proper.

Respectfully submitted,



Haymel De La Vega



Date:

2/19/2026

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Motion was mailed via U.S. Mail on this 19 day of February, 2026, to:

Office of the United States Attorney

Middle District of Florida

2110 First Street, Suite 3-137

Fort Myers, FL 33901



Haymel De La Vega

New Mexico Statutory Power of Attorney

NOTICE: THIS IS AN IMPORTANT DOCUMENT. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT, CHAPTER 45, ARTICLE 5, PART 6 NMSA 1978. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, YOU SHOULD ASK A LAWYER TO EXPLAIN THEM TO YOU. THIS FORM DOES NOT PROHIBIT THE USE OF ANY OTHER FORM. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, ROGELIO BOLIVIC (Name)
 reside at _____, (Address) New Mexico.
 I appoint HAYMEL DE LA VEYA
 (Name(s) and address(es)) to serve as my attorney(s)-in-fact.

If any attorney-in-fact appointed above is unable to serve, then I appoint _____ to serve as successor attorney-in-fact in place of the person who is unable to serve.

This power of attorney shall not be affected by my incapacity but will terminate upon my death unless I have revoked it prior to my death. I intend by this power of attorney to avoid a court-supervised guardianship or conservatorship.

Should my attempt be defeated, I ask that my agent be appointed as guardian or conservator of my person or estate.

STRIKE THROUGH THE SENTENCE ABOVE IF YOU DO NOT WANT TO NOMINATE YOUR AGENT AS YOUR GUARDIAN OR CONSERVATOR.

CHECK AND INITIAL THE FOLLOWING PARAGRAPH ONLY IF YOU WANT YOUR ATTORNEY(S)-IN-FACT TO BE ABLE TO ACT ALONE AND INDEPENDENTLY OF EACH OTHER. IF YOU DO NOT CHECK AND INITIAL THE FOLLOWING PARAGRAPH AND MORE THAN ONE PERSON IS NAMED TO ACT ON YOUR BEHALF THEN THEY MUST ACT JOINTLY.

() If more than one person is appointed to serve as my attorney-in-fact then they may act severally, alone and independently of each other.

My attorney(s)-in-fact shall have the power to act in my name, place and stead in any way which I myself could do with respect to the following matters to the extent permitted by law:

INITIAL IN THE BOX IN FRONT OF EACH AUTHORIZATION WHICH YOU DESIRE TO GIVE TO YOUR ATTORNEY(S)-IN-FACT. YOUR ATTORNEY(S)-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES WHICH ARE INITIALED.

INITIAL

- (LB) 1. real estate transactions.
 (LB) 2. stock and bond transactions.

- (AB) 3. commodity and option transactions.
 (AB) 4. tangible personal property transactions.
 (AB) 5. banking and other financial institution transactions.
 (AB) 6. business operating transactions.
 (AB) 7. insurance and annuity transactions.
 (AB) 8. estate, trust and other beneficiary transactions.
 (AB) 9. claims and litigation.
 (AB) 10. personal and family maintenance.
 (AB) 11. benefits from Social Security, Medicare, Medicaid or other government programs or civil or military service.
 (AB) 12. retirement plan transactions.
 (AB) 13. tax matters, including any transactions with the Internal Revenue Service.
 (AB) 14. decisions regarding lifesaving and life prolonging medical treatment.
 (AB) 15. decisions relating to medical treatment, surgical treatment, nursing care, medication, hospitalization, institutionalization in a nursing home or other facility and home health care.
 (AB) 16. transfer of property or income as a gift to the principal's spouse for the purpose of qualifying the principal for governmental medical assistance.
 (AB) 17. ALL OF THE ABOVE POWERS, INCLUDING FINANCIAL AND HEALTH CARE DECISIONS. IF YOU INITIAL THE BOX IN FRONT OF LINE 17, YOU NEED NOT INITIAL ANY OTHER LINES.

SPECIAL INSTRUCTIONS: ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS YOU HAVE GRANTED TO YOUR AGENT.

CHECK AND INITIAL THE FOLLOWING PARAGRAPH IF YOU INTEND FOR THIS POWER OF ATTORNEY TO BECOME EFFECTIVE ONLY IF YOU BECOME INCAPACITATED. YOUR FAILURE TO DO SO WILL MEAN THAT YOUR ATTORNEY(S)-IN-FACT ARE EMPOWERED TO ACT ON YOUR BEHALF FROM THE TIME YOU SIGN THIS DOCUMENT UNTIL YOUR DEATH UNLESS YOU REVOKE THE POWER BEFORE YOUR DEATH.

() (AB) This power of attorney shall become effective only if I become incapacitated. My attorney(s)-in-fact shall be entitled to rely on notarized statements from two qualified health care professionals, one of whom shall be a physician, as to my incapacity. By incapacity I mean that

among other things, I am unable to effectively manage my personal care, property or financial affairs.

This power of attorney will not be affected by lapse of time. I agree that any third party who receives a copy of this power of attorney may act under it.

[Signature]
(Signature)

(Optional, but preferred: Your social security number)

Dated: 20 Nov, 2025

ACKNOWLEDGEMENT

NOTICE: IF THIS POWER OF ATTORNEY AFFECTS REAL ESTATE, IT MUST BE RECORDED IN THE OFFICE OF THE COUNTY CLERK IN EACH COUNTY WHERE THE REAL ESTATE IS LOCATED.

STATE OF NEW MEXICO)
) ss.

COUNTY OF Torrance

The foregoing instrument was acknowledged before me on December 24
2025, by ROBERTO BOLUFES

Faye Niesen
Notary Public
My Commission Expires: October 25, 2029

(seal)

