| No  |              |
|---|--------------|
|   |              |
| IN THE  |              |
| SUPREME COURT OF THE UNITED STATES  |              |
| Your Name)  | ·            |
| VS.   |              |
| Warden Allenwood USP - RESPONDENT(S)  |              |
| MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS   |              |
| The petitioner asks leave to file the attached petition for a writ of certiorar without prepayment of costs and to proceed in forma pauperis.           | i            |
| Please check the appropriate boxes:   |              |
| Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):  U.S. Dist. Court - Middle District Pennsylvania   |              |
| Third Circuit Court at Appeals  | -            |
| ☐ Petitioner has <b>not</b> previously been granted leave to proceed <i>in formationauperis</i> in any other court.                                     | <b>1</b>     |
| Petitioner's affidavit or declaration in support of this motion is attached hereto  | ).           |
| ☐ Petitioner's affidavit or declaration is <b>not</b> attached because the court below appointed counsel in the current proceeding, and:                | <b>7</b>     |
| ☐ The appointment was made under the following provision of INCEIVED  | - 1          |
| ☐ a copy of the order of appointment is appended.  ☐ a copy of the order of appointment is appended.  ☐ a copy of the order of appointment is appended. |              |
| Land Dusan bend<br>(Signature)  | <del>-</del> |

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

I, Larry Dec., 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.

|  | age monthly amo<br>ast 12 months | ount during | Amount expe | ected  |
|--|----------------------------------|-------------|-------------|--------|
| ~  | You                              | Spouse      | You         | Spouse |
| Employment   | \$                               | \$ N A      | \$          | \$ N(A |
| Self-employment  | \$                               | \$          | \$8         | \$     |
| Income from real property (such as rental income)                    | \$                               | \$          | \$          | \$     |
| Interest and dividends   | \$                               | \$          | \$&         | \$     |
| Gifts  | \$                               | \$          | \$          | \$     |
| Alimony  | \$                               | \$          | \$6         | \$     |
| Child Support  | \$                               | \$          | \$          | \$     |
| Retirement (such as social security, pensions, annuities, insurance) | \$                               | \$          | \$          | \$     |
| Disability (such as social security, insurance payment               | \$                               | \$          | \$          | \$     |
| Unemployment payments  | \$                               | \$          | \$6         | \$     |
| Public-assistance (such as welfare)                                  | \$                               | \$          | \$          | \$     |
| Other (specify):   | \$                               | \$          | \$8         | \$     |
| Total monthly income   | : \$                             | \$          | \$          | \$     |

| Employer  | Address  | Dates of Employment                                     | Gross monthly p                      |
|---|--|---|--------------------------------------|
| 3. List your spouse (Gross monthly p                      | e's employment histor<br>bay is before taxes or<br>Address | ry for the past two years, other deductions.)  Dates of | most recent employe                  |
| A) W  |  | Employment  | \$<br>\$<br>\$                       |
| 4. How much cash of Below, state any                      | lo you and your spous<br>money you or your                 | se have? \$<br>spouse have in bank accou                | ints or in any other fi              |
| institution.  Financial institutio                        | n Type of account  |   | Amount your spouse \$ \$ \$          |
| institution.  Financial institutio  5. List the assets, a | 8  | _ \$  | \$<br>\$<br>\$                       |
| institution.  Financial institutio  5. List the assets, a | and their values, whisehold furnishings.                   | ss<br>ss<br>ch you own or your spouse                   | \$\$<br>\$<br>\$ owns. Do not list c |
| institution.  Financial institutio                        | and their values, whisehold furnishings.                   | ss<br>ss<br>ch you own or your spouse                   | \$                                   |

|  | •   |                                       |                       |
|--|---|---------------------------------------|-----------------------|
|  |   |                                       |                       |
| 6. State every person, bu amount owed.   | usiness, or organization                          | owing you or yo                       | ur spouse money, an   |
| Person owing you or your spouse money  | Amount owed to                                    | you Amo                               | unt owed to your sp   |
| None   | \$  | _ \$                                  | NA                    |
|  | \$  | _ \$                                  | ·                     |
| ·<br>·   | \$  | \$                                    | <del></del> .         |
| 7. State the persons who r   | ely on you or your spous                          | se for support.                       | • •                   |
| Name   | Relationsh  | p                                     | Age                   |
| None   |   |                                       |                       |
|  | <del></del>                                       | · · · · · · · · · · · · · · · · · · · |                       |
|  | Adjust any payments the                           | iat are made weer                     | dy, biweekly, quarter |
| paid by your spouse. annually to show the mo   |   | You                                   | Your spouse           |
|  | onthly rate.                                      |                                       |                       |
| annually to show the mo  | onthly rate.  syment  ile home)  uded?   Yes   No | You                                   |                       |
| Rent or home-mortgage pa<br>(include lot rented for mob<br>Are real estate taxes include   | ayment ile home) uded?                            | You                                   |                       |
| Rent or home-mortgage pa<br>(include lot rented for mob<br>Are real estate taxes included in the state taxes included taxes included taxes included taxe | ayment ile home) uded?                            | You                                   |                       |
| Rent or home-mortgage pa<br>(include lot rented for mob<br>Are real estate taxes included lot rented for mob<br>Is property insurance included Utilities (electricity, heating water, sewer, and telephone   | ayment ile home) uded?                            | You                                   |                       |
| Rent or home-mortgage pa (include lot rented for mob Are real estate taxes included in the second se       | ayment ile home) uded?                            | You                                   |                       |
| Rent or home-mortgage pa (include lot rented for mob Are real estate taxes included Is property insurance includities (electricity, heatin water, sewer, and telephon Home maintenance (repairs Food   | ayment ile home) uded?                            | You                                   |                       |
| Rent or home-mortgage pa (include lot rented for mob Are real estate taxes include lot rented for mob Is property insurance included Utilities (electricity, heatin water, sewer, and telephon Home maintenance (repairs Food Clothing   | ayment ile home) uded?                            | You                                   |                       |
| Rent or home-mortgage pa (include lot rented for mob Are real estate taxes included lot rented for mob Is property insurance included lot rented for mob Are real estate taxes included lot rented for mob Is property insurance included lot  | ayment ile home) uded?                            | You                                   |                       |

|   | You                | Your spouse  |
|---|--------------------|--|
| Transportation (not including motor vehicle payments)                                       | \$                 | \$ N/F   |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$                 | . \$   |
| Insurance (not deducted from wages or included in mort                                      | tgage payments)    |  |
| Homeowner's or renter's   | \$D                | \$   |
| Life  | \$                 | \$   |
| Health  | \$O                | \$   |
| Motor Vehicle   | \$                 | \$   |
| Other:  | \$                 | \$   |
| Taxes (not deducted from wages or included in mortgage                                      | e payments)        |  |
| (specify):  | \$                 | \$   |
| Installment payments  |                    |  |
| Motor Vehicle   | \$                 | \$   |
| Credit card(s)  | \$                 | \$   |
| Department store(s)   | \$                 | \$   |
| Other:  | un agrang <u> </u> | - mandamental and the second s |
| Alimony, maintenance, and support paid to others  | \$                 | \$   |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>O</u>        | \$   |
| Other (specify):  | \$O                | \$   |
| Total monthly expenses:   | \$                 | \$   |
|   |                    | ·  |

|                                   | uring the next               | 12 months?                            |                               |            | xpenses or           |              |        |
|-----------------------------------|------------------------------|---------------------------------------|-------------------------------|------------|----------------------|--------------|--------|
| ☐ Yes                             | No If                        | yes, describe                         | On an attach                  | ad shoot   |                      |              |        |
| <u> </u>                          | 4                            | jes, describe                         | on an accacin                 | su sneet.  |                      |              |        |
| •                                 |                              |                                       |                               |            |                      |              |        |
|                                   |                              |                                       | * =                           |            |                      |              |        |
| 10. Have you p                    | aid – or will vo             | ou be paving -                        | an attorney                   | any monor  | for comic            | og in sonno  | otion  |
| with this ca                      | ase, including tl            | he completion                         | of this form?                 | Yes        | No Service           | es in conne  | CUOII  |
| If yes, how                       | much?                        |                                       | •                             |            |                      |              |        |
| II yes, now                       | inuen:                       |                                       |                               |            |                      |              |        |
| If yes, state                     | e the attorney's             | name, addres                          | s, and teleph                 | one numbe  | r:                   |              |        |
|                                   |                              |                                       | ,                             |            |                      |              |        |
|                                   |                              |                                       | ·                             |            |                      |              |        |
|                                   | • •                          |                                       | •                             |            |                      |              |        |
| 11. Have you pa                   |                              |                                       |                               |            |                      |              |        |
| ☐ Yes                             | <b>∜</b> No                  |                                       |                               |            |                      | -            |        |
|                                   |                              |                                       |                               |            |                      |              |        |
| If yes, how                       | much?                        | · · · · · · · · · · · · · · · · · · · | ·                             |            |                      |              | •      |
|                                   |                              |                                       |                               |            |                      |              |        |
| If yes, how                       |                              |                                       |                               | ımber:     |                      |              |        |
|                                   |                              |                                       |                               | ımber:     |                      |              |        |
|                                   |                              |                                       |                               | ımber:     |                      |              |        |
| If yes, state the                 | person's name                | , address, and                        | telephone nu                  |            |                      |              |        |
| If yes, state the 12. Provide any | person's name                | , address, and ion that will h        | telephone nu                  | hy you can | not pay₋the          | costs of thi | is cas |
| If yes, state the 12. Provide any | person's name                | , address, and ion that will h        | telephone nu                  | hy you can | not pay the          | costs of thi | is cas |
| If yes, state the 12. Provide any | person's name                | , address, and ion that will h        | telephone nu                  | hy you can | not pay-the<br>へ のソペ | costs of thi | is cas |
| If yes, state the 12. Provide any | person's name                | , address, and ion that will h        | telephone nu                  | hy you can | not pay_the<br>へ のくそ | costs of thi | is cas |
| If yes, state the                 | person's name other informat | , address, and ion that will h        | telephone nu<br>elp explain w | hy you can | r 018                | costs of thi | is cas |
| If yes, state the                 | person's name other informat | , address, and ion that will h        | telephone nu<br>elp explain w | hy you can | r 018                | costs of thi | is cas |
| If yes, state the                 | person's name other informat | , address, and ion that will h        | elp explain w                 | hy you can | r 018                | costs of thi | is cas |
| If yes, state the 12. Provide any | person's name other informat | , address, and ion that will h        | telephone nu<br>elp explain w | hy you can | r 018                | costs of thi | is cas |
| If yes, state the                 | person's name other informat | , address, and ion that will h        | elp explain w                 | hy you can | r 018                | costs of thi | is cas |