

NO: \_\_\_\_\_

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IN THE  
SUPREME COURT OF THE UNITED

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MARIA SANUTTI-SPENCER-Petitioner

v.

COMMONWEALTH OF PENNSYLVANIA- Respondent

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MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

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MARIA SANUTTI-SPENCER- PRO-SE  
INMATE ID# OX1149  
SCI-MUNCY  
P.O. BOX 180  
MUNCY, PA. 177756

NO: \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED

MARIA SANUTTI-SPENCER-Petitioner

v.

COMMONWEALTH OF PENNSYLVANIA- Respondent

**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

1. The Petitioner asks leave to file the attached Petition for Writ of Certiorario without prepayment of costs and to proceed in forma pauperis.
2. Petitioner has not previously been granted leave to proceed in forma pauperis in any other court, involving this case.
3. Petitioner has been previously been granted leave to proceed in forma pauperis in the following court:  
  
United States District Court For The Middle District of Pennsylvania  
Civil Action: 3:17 CV- 2158- Spencer v. Varano, El At.
4. Petitioner's affidavit or declaration in support of this motion is attached hereto.



A handwritten signature in black ink, appearing to read "Maria Sanutti-Spencer".

Maria Sanutti-Spencer- Pro Se

C.A. No. \_\_\_\_\_

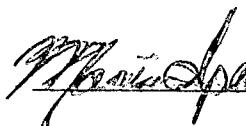
### AUTHORIZATION FOR WITHDRAWAL OF FUNDS

**NOTICE TO PRISONER:** You are directed to complete the following form. Part A of the form must be returned to the Clerk. Part B of the completed form shall be returned to the prison official in charge of the prisoner account.

#### PART A

I, MARIA SANTTI SPONZER  
#0X1149 (Name of Prisoner and Registered Number if applicable)

authorize the Clerk of the Court to obtain, from the agency having custody over me, information about my institutional account, including balances, deposits, and withdrawals. The Clerk may obtain such information until the fee and any other payments owed the Court are paid. I also authorize the agency having custody over me to withdraw funds from my account and forward payments to the appropriate Clerk of Court in accordance with 28 U.S.C. §1915.

 Signature of Prisoner

8-18-18  
Date

#### PART B

I, \_\_\_\_\_ (Name of Prisoner and Registered Number if applicable)

authorize the Clerk of the Court to obtain, from the agency having custody over me, information about my institutional account, including balances, deposits, and withdrawals. The Clerk may obtain such information until the fee and any other payments owed the Court are paid. I also authorize the agency having custody over me to withdraw funds from my account and forward payments to the appropriate Clerk of Court in accordance with 28 U.S.C. §1915.

\_\_\_\_\_  
Signature of Prisoner

\_\_\_\_\_  
Date

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

I, Maria Smith Spencer, 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	\$ 20 -	\$ N/A	\$ 23.00	\$
Self-employment	\$ 20 -	\$ N/A	\$ 20 -	\$
Income from real property (such as rental income)	\$	\$ N/A	\$ 20 -	\$
Interest and dividends	\$	\$ N/A	\$ 20 -	\$
Gifts	\$	\$ N/A	\$ 20 -	\$
Alimony	\$	\$ N/A	\$ 20 -	\$
Child Support	\$	\$ N/A	\$ 20 -	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$ N/A	\$ 20 -	\$
Disability (such as social security, insurance payments)	\$	\$ N/A	\$ 20 -	\$
Unemployment payments	\$	\$ N/A	\$ 20 -	\$
Public-assistance (such as welfare)	\$	\$ N/A	\$ 20 -	\$
Other (specify):	\$	\$	\$ 20 -	\$
<b>Total monthly income:</b>	<b>\$</b>	<b>\$</b>	<b>\$ 23.00</b>	<b>\$</b>

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
Pa Dept of Corrections	SCI-Muncy Muncy Pa 17756	Starts - July 82 to 83	\$ 19 <sup>00</sup> - 23 <sup>00</sup>
			\$ _____
			\$ _____

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.) *N/A - Not married*

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ *0*

Below, state any money you or your spouse have in bank accounts or in any other financial institution. *No Bank Accounts, No Financial Institutions*

Financial institution	Type of account	Amount you have	Amount your spouse has
<i>N/A</i>	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

Home  
Value *-0-*  Other real estate  
Value *-0-*

Motor Vehicle #1  
Year, make & model *\_\_\_\_\_*  
Value *-0-*  Motor Vehicle #2  
Year, make & model *-0-*  
Value *\_\_\_\_\_*

Other assets  
Description *-0-*  
Value *\_\_\_\_\_*

6. State every person, business, or organization owing you or your spouse money, and the amount owed. *N/A*

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<i>-0-</i>	\$ <i>-0-</i>	\$ <i>-0-</i>
	\$ _____	\$ _____
	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. *N/A*

Name	Relationship	Age
<i>No one</i>		

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)	\$ _____	\$ <i>N/A</i>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ <i>10</i>	\$ _____
Clothing	\$ <i>100</i>	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses <i>Copy</i>	\$ <i>500</i>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 10.00	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 25.00	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 10.00	\$ _____
Life	\$ 10.00	\$ _____
Health	\$ 10.00	\$ _____
Motor Vehicle	\$ 10.00	\$ _____
Other: _____	\$ 10.00	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 25.00	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <i>U.S. Dist. Court of Pa.</i> <i>Case# 3:17-cv-0158</i>	<i>\$ 20% of monthly deposits</i>	<i>\$ _____</i>
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <i>Postage, Envelopes, Paper</i> <i>Pens, Copying charges</i>	<i>\$ 5.00 - 10 per month</i>	<i>\$ _____</i>
<b>Total monthly expenses:</b>	<i>\$ 20.00 avg.</i>	<i>\$ _____</i>

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.

My family has paid all of my legal fees associated with this original case. They have informed me that they can no longer pay my legal fees. And they can't put money on my account. My mom will occasionally give me money to buy a phone card to call her and my children.

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

Executed on: August 20, 2018

Maria Johnson  
(Signature)