

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

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

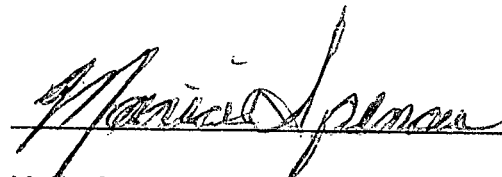
1. The Petitioner asks leave to file the attached Petition for Writ of Certiorario without prepayment of costs and to proceed in forma pauperis.

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", is written over a horizontal line.

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 SANTITI SPENCER (Name of Prisoner and Registered
#0X1179 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.

Maria Spencer 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 SPURON, 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	\$ <u>-0-</u>	\$ <u>N/A</u>	\$ <u>23.00</u>	\$ _____
Self-employment	\$ <u>-0-</u>	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ _____
Income from real property (such as rental income)	\$ _____	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ _____
Interest and dividends	\$ _____	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ _____
Gifts	\$ _____	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ _____
Alimony	\$ _____	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ _____
Child Support	\$ _____	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ _____
Unemployment payments	\$ _____	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ <u>N/A</u>	\$ <u>-0-</u>	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ <u>-0-</u>	\$ _____
Total monthly income:	\$ _____	\$ _____	\$ <u>23.00</u>	\$ _____

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 Correction	SCI-Muncy	Start - July 8, 2008	\$ 19 ⁰⁰ - 23 ⁰⁰
	Muncy, Pa 17756		\$
			\$

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 Institution*

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

-0-

\$ *-0-*

\$ *-0-*

\$

\$

\$

\$

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

Name

Relationship

Age

No one

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)

\$

\$ *N/A*

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$

\$

Home maintenance (repairs and upkeep)

\$

\$

Food

\$ *10.00*

\$

Clothing

\$ *1.00*

\$

Laundry and dry-cleaning

\$

\$

Medical and dental expenses *copy*

\$ *5.00*

\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>00</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>00</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>00</u>	\$ _____
Life	\$ <u>00</u>	\$ _____
Health	\$ <u>00</u>	\$ _____
Motor Vehicle	\$ <u>00</u>	\$ _____
Other: _____	\$ <u>00</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>00</u>	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <u>US Dist Court of Pa.</u>	\$ <u>20% of</u>	\$ _____
<u>Case # 3:17-cv-2158</u>	<u>monthly deposits</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>Postage Envelopes Reppr</u>	\$ <u>5⁰⁰ - 10⁰⁰ per month</u>	\$ _____
<u>Pens, & Copying charges.</u>		
Total monthly expenses:	\$ <u>20⁰⁰ avg.</u>	\$ _____

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 criminal 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 Gomez
(Signature)