

No.

In The

Supreme Court of the United States

Appeal of T.H.-H.,

Petitioner

v.

In Re C.Y.F., *Et. Al.*

Respondent

On Petition For Writ Of Certiorari
To The Pennsylvania Supreme Court

MOTION TO PROCEED IN FORMA PAUPERIS

Catherine Volponi, Esq. (Lead Counsel,
application for admission pending). PA
I.D. 82247

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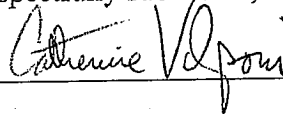
MOTION TO PROCEED IN FORMA PAUPERIS

AND NOW COMES Petitioner T.H.-H., by and through her Counsel, Catherine Volponi, Esquire and Benjamin Zuckerman, Esquire, and respectfully requests that this Honorable Court grant the within motion and in support thereof, avers as follows:

1. That the attached Order signed by Allegheny County Court of Common Pleas Judge Stanton R. Wettick on December 20, 1982 grants leave for indigent parents so certified by the Juvenile Court Project to proceed *in forma pauperis* in dependency and termination of Parental right proceedings.
2. That Appellant has been certified indigent and eligible for free legal services by and through the Allegheny County Bar Foundation Juvenile Court Project. IFP status has been conferred by the Court of last resort whose decision Petitioner seeks review and has been so conferred to petitioner on the same matter in the intermediate level appellate court.
3. That this appeal is being filed by and through the Allegheny County Bar Foundation Juvenile Court Project.

WHEREFORE, it is respectfully requested that this Honorable Court grant motion.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Catherine Volponi", written over a horizontal line.

Catherine Volponi, Esquire
Counsel for Petitioner

A handwritten signature in cursive script, appearing to read "Benjamin Zuckerman", written over a horizontal line.

Benjamin Zuckerman, Esq.
Counsel for Petitioner

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
FAMILY DIVISION - JUVENILE SECTION

IN RE: INDIGENT PARENTS IN :
: No.
DEPENDENCY ACTIONS :

ORDER OF COURT

AND NOW, to-wit, this 20 day of Dec, 1982,
upon motion of attorneys Regina M. Sestak and Katherine B. Emery
of the Allegheny County Bar Association Juvenile Court Project,
and on behalf of all indigent parents whose children are or may
be the subjects of dependency actions in this Court, it is hereby
ORDERED and DECREED that such indigent parents in each and every
case so certified by the Allegheny County Bar Association Juvenile
Court Project under supervision of this Court are granted leave to
proceed in said dependency proceedings in forma pauperis and all
Prothonotary and Sheriff's fees and all stenographer or court re-
porter fees are to be charged to the County of Allegheny. All of
the foregoing is subject to review and further Order of Court upon
evidence of a change of circumstances in any individual case being
brought to the attention of the Court.

BY THE COURT:

W. J. [Signature] J.

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

I, [REDACTED] 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	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): <u>none</u>	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

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
unemployed			\$ 0
			\$
			\$

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.)

Employer	Address	Dates of Employment	Gross monthly pay
No spouse			\$ 0
			\$
			\$

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
No accounts	\$ 0	\$ 0
	\$	\$
	\$	\$

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

☐ Home
Value _____

☐ Other real estate
Value _____

☐ Motor Vehicle #1
Year, make & model _____
Value _____

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description _____
Value _____

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

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>none</u>	\$ <u>0</u>	\$ <u>none</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>no dependance</u>	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ <u>0</u>	\$ <u>0</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>96</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>none</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>none</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: <u>none</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>none</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>96</u>	\$ <u>0</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? 0

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? 0

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.

I haven't been employed since 2012

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

Executed on: December 4th, 2018

Commonwealth of Pennsylvania - Notary Seal
Frances Carolyn Fisher, Notary Public
Allegheny County
My commission expires March 17, 2022
Commission number 1050495
Member, Pennsylvania Association of Notaries


(Signature)
Commonwealth of Pennsylvania - Notary Seal
Notary Public
March 17, 2022
Commission number 1050495
Member, Pennsylvania Association of Notaries