

18-7069

ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

Term,

FILED

OCT 26 2018

OFFICE OF THE CLERK
SUPREME COURT, U.S.

JOHN LUDOVICI, Petitioner

Vs.

COMMONWEALTH OF PENNSYLVANIA, Respondent

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner, John Ludovici, hereby avers that he is unable to afford the costs and fees associated with this petition and in support thereof:

1. The Petitioner is incarcerated and is indigent. He receives only nominal monthly inmate wages and is unable to afford the costs and fees associated prosecuting this appeal.
2. The Petitioner does not own any cash, savings accounts, checking accounts, stocks, bonds or other negotiable instruments.
3. The Petitioner does not own any automobiles, real estate or any other real property that could be converted into cash.

WHEREFORE, the Petitioner prays that this Honorable court grant him in forma pauperis status.

Respectfully Submitted:



John Ludovici, pro se

UNITED STATES SUPREME COURT

JOAN LUDOVICI

Plaintiff

19

Defendant

COMMONWEALTH OF

Pennsylvania

Civil Action No.

APPLICATION FOR PRISONERS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at: SCI Frackville Penna.

I am employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____ per _____.
(specify pay period)

3. ***Other Income.*** In the past 12 months, I have received income from the following sources (check all that apply)

- (a) Business, profession, or other self-employment Yes No
(b) Rent payments, interest, or dividends Yes No
(c) Pension, annuity, or life insurance payments Yes No
(d) Disability, or worker's compensation payments Yes No
(e) Gifts, or inheritances Yes No
(f) Any other sources Yes No

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If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ 0

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

No

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

No

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable)

No

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

11/29/2018
Date

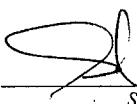

Applicant's signature

JOHN LUDOVICI
Printed name

9. **Certification of Prisoner's Institutional account Balance:** An authorized prison official must complete the certification below, and furnish a certified copy of your institutional account statement showing all deposits, withdrawals, and balances for the prior six-month period, to be filed with this application.

I certify that the prisoner named herein has the sum of \$ 1,17 on account at
SCI Frackville correctional institution, where he is presently confined.

I further certify that during the prior six-month period, the prisoner's average monthly account balance was \$; and that the average amount deposited monthly in the account during the prior six-month period was \$ Attached.


Counselor
Signature and Title of authorized Prison Official

11-29-18
Date

**Additional material
from this filing is
available in the
Clerk's Office.**