

18-7069  
No.

ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

FILED

OCT 26 2018

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

Term,  
  
\_\_\_\_\_

JOHN LUDOVICI, Petitioner

Vs.

COMMONWEALTH OF PENNSYLVANIA, Respondent

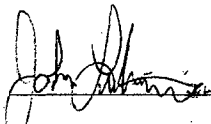
**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

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

v.

Defendant

Civil Action No.

COMMONWEALTH of

PENNSYLVANIA.

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.

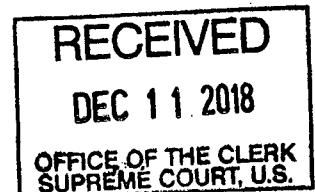
I am employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar 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 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (f) Any other sources                              | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |




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  
JOAN LUDOVICK  
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.**