

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Mario L. Griffin — PETITIONER
(Your Name)

VS.

Michael Clark, et al — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*.

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

SUPERIOR COURT OF PENNSYLVANIA, SUPREME COURT OF PENNSYLVANIA

THIRD CIRCUIT COURT OF APPEALS OF PENNSYLVANIA

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____, or _____

a copy of the order of appointment is appended.

M. L. G.
(Signature)
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SUPREME COURT, U.S.

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
SCI-Albion	SCI-ALBION	2016-NOW	\$50.00
NONE	NONE	NONE	\$ NONE
NONE	NONE	NONE	\$ NONE

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
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

4. How much cash do you and your spouse have? \$ NONE

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
NONE	\$ N/A	\$ N/A
NONE	\$ N/A	\$ N/A
NONE	\$ N/A	\$ N/A

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 _____

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

I am a state prisoner who relies on my institutional pay to survive, because my loved ones can afford to send me gifts on rare occasions only.

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

Executed on: August 1st, 2018



(Signature)