

18-9562

IN THE
SUPREME COURT OF THE UNITED STATES

SHAWN MICHAEL SIMMS,
PETITIONER

VS.

COMMONWEALTH OF PENNSYLVANIA,
RESPONDENT

NO:

(U.S. Ct. of Appeals No:
18-3435)

(U.S. Dist. Ct. West. Dist. Pa. No:
2:27-cv-01063)

PETITION FOR WRIT
OF CERTIORARI

FILED

MAY 22 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

APPLICATION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE CHIEF JUSTICE AND JUSTICES OF THE ABOVE SAID
COURT:

AND NOW, I, Shawn Michael Simms, (Mr. Simms), pro se, Petitioner,
hereby moves for leave to proceed In Forma Pauperis in the Supreme Court of the
United States in accordance with **28 U.S.C. § 1915**.

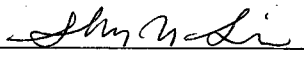
Mr. Simms, sought leave to proceed In Forma Pauperis in the previously
filed Allocatur, which gave rise to the instant Petition for Writ of Certiorari and
leave to proceed In Forma Pauperis was granted by the Supreme Court of
Pennsylvania.

Mr. Simms hereby avers the following in the attached/ enclosed Declaration
in Support of In Forma Pauperis, in support thereof.

WHEREFORE, I respectfully request that I, Shawn Michael Simms, pro se, Petitioner in the above captioned matter be granted leave to proceed without payment of fees and costs, to include but not limited to, filing fees, cost of reproducing the original record, and copies thereof, and any and all other costs necessary to proceed with this appeal.

Respectfully Submitted,

Date: 5-22, 2019


(signature)

Shawn Michael Simms, # JP4037
Pro Se, Petitioner
State Correctional Institution at Rockview
1 Rockview Place
Bellefonte, PA 16823-0820

IN THE
SUPREME COURT OF THE UNITED STATES

SHAWN MICHAEL SIMMS,	:	NO: _____	
PETITIONER	:		
	:	(U.S. Ct. of Appeals No:	
	:	18-3435)	
VS.	:		
	:	(U.S. Dist. Ct. West. Dist. Pa. No:	
	:	2:27-cv-01063)	
	:		
COMMONWEALTH OF PENNSYLVANIA,	:	PETITION FOR WRIT	
RESPONDENT	:	OF CERTIORARI	

DECLARATION IN SUPPORT OF IN FORMA PAUPERIS

I, Shawn Michael Simms, pro se, Petitioner do hereby swear or affirm under penalty of perjury that, because of my poverty, I cannot pre-pay the docket fees of any appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers in this form are true and correct. (**28 U.S.C. § 1746; 18 U.S.C. § 1621**).

Signed: Shawn Michael Simms

Date: 5-22-19, 2019

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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Self Employment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Income from real property (such as rental income)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Gifts	\$ 50.00	\$ 0.00	\$ 50.00	\$ 0.00
Alimony	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Child Support	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social security, insurance payments)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Unemployment Payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify <u>Prison Work</u>)				
<u>Detail – Culinary)</u>	\$ 40.00	\$ 0.00	\$ 40.00	\$ 0.00
Total Monthly Income:	\$ 90.00	\$ 0.00	\$ 90.00	\$ 0.00

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ 0.00
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ 0.00

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ 0.00
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ 0.00

4. How much cash do you and you spouse have? \$ 50.00 – 200.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>D.O.C.</u>	<u>Inmate Account</u>	<u>\$ 31.00,00</u>	<u>\$ 0.00</u>
<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>

Account statements prepared by the Inmate Accounts Department showing all receipts, expenditures, and balance during the last six months in Mr. Simms's institutional account has been attached and is reproduced at Exhibit F.

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 (value) estate	Motor (value) vehicle # 1	Motor (value) vehicle # 2	Other (value) assets	Other (value) assets
<u>N/A</u>	<u>N/A</u>	Make & year: <u>N/A</u>	Make & year: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	Model: <u>N/A</u>	Model: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	Registration #: <u>N/A</u>	Registration #: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age

N/A
N/A

N/A
N/A

N/A
N/A

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, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home - mortgage payment (include lot rent for mobile home)	\$ <u>0.00</u>	\$ <u>0.00</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>0.00</u>	\$ <u>0.00</u>
Home maintenance (repairs and upkeep)	\$ <u>0.00</u>	\$ <u>0.00</u>
Food	\$ <u>0.00</u>	\$ <u>0.00</u>
Commissary	\$ <u>75.00</u>	\$ <u>0.00</u>
Clothing	\$ <u>0.00</u>	\$ <u>0.00</u>
Laundry and dry - cleaning	\$ <u>0.00</u>	\$ <u>0.00</u>
Medical and dental expenses (Co-Pay)	\$ <u>5.00</u>	\$ <u>0.00</u>
Transportation (not including motor vehicle payments)	\$ <u>0.00</u>	\$ <u>0.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ <u>0.00</u>
Insurance (not deducted from wages or included in Mortgage payments)		
Homeowner's or renter's	\$ <u>0.00</u>	\$ <u>0.00</u>
Life	\$ <u>0.00</u>	\$ <u>0.00</u>
Health	\$ <u>0.00</u>	\$ <u>0.00</u>
Other:	\$ <u>0.00</u>	\$ <u>0.00</u>

Taxes (not deducted from wages or included

in Mortgage payments) (specify): _____	\$ 0.00	\$ 0.00
Installment payments		
Motor Vehicle	\$ 0.00	\$ 0.00
Credit Card		
(name) _____	\$ 0.00	\$ 0.00
Department store		
(name) _____	\$ 0.00	\$ 0.00
Other: _____	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Other (specify): D.O.C. Cable	\$ 17.00	\$ 0.00
Total Monthly Expenses:	\$ 97.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next twelve 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 docket fees for your appeal. _____

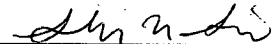
13. State the address of your legal residence. Currently incarcerated at the State Correctional Institution at Rockview, 1 Rockview Place, P.O. Box A, Bellefonte, PA 16823

Your daytime phone number: 814-355-4874

Your age: 30 Your years of schooling: High School Diploma

Respectfully Submitted,

Date: 5-22, 2019


(signature)

Shawn Michael Simms, # JP4037
Pro Se, Petitioner
State Correctional Institution at Rockview
1 Rockview Place
Bellefonte, PA 16823-0820