

ORIGINAL

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

SYLVESTER EKWUNIFWE,
PETITIONER
VS.

CITY OF PHILADELPHIA; DISTRICT ATTORNEY PHILADELPHIA;
HEBA GORE, INDIVIDUALLY AND AS AN OFFICIAL;
LAURA HAMMOND, INDIVIDUALLY AND AS AN OFFICIAL;
JOSEPH T. CARTER, INDIVIDUALLY AND AS AN OFFICER,
RESPONDENT.

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:

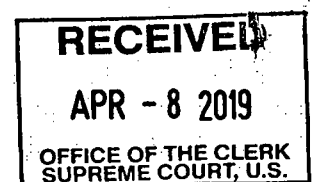
☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

IN THE DISTRICT COURT AND IN THE COURT OF APPEALS FOR THE THIRD CIRCUIT

☒ 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.

BY: Sylvester Ekwunife

ORIGINAL

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

I, Sylvester Ekwunife, 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
past 12 months**

**Average monthly amount during
next month**

	You	Spouse	You	Spouse
Employment	_____	_____	_____	_____
	\$ 0	\$ 0	\$ 0	\$ 0
	_____	\$ 24,000	\$ 0	\$ 0
(such as rental income)				
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ Self-
employment \$ 0	Income			
from real property	\$ 0	\$ 0	\$ 0	\$ 0
	_____	_____	_____	_____
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
	_____	_____	_____	_____
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
	_____	_____	_____	_____
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
	_____	_____	_____	_____
Retirement (such as social	\$ 0			

security, pensions, annuities,
insurance)

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):	\$ 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
None	N/A	None	\$ 0
None	N/A	None	\$ 0
None	N/A	None	\$ 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
Independent Blue Cross	18th and Market Phila, PA 19103	3 yrs	\$ 600.00
			\$
			\$

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.

Financial institution has	Type of account	Amount you have	Amount your spouse
		\$	\$
		\$	\$
		\$	\$

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

[] Home
Value 40,000

[] Other real estate
Value 0

[] Motor Vehicle #1
Year, None
& _____
model _____
Value _____

[] Motor Vehicle #2
Year, None
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>0</u>	\$ \$ <u>0</u>	<u>0</u>
<u>0</u>	\$ \$ <u>0</u>	<u>0</u>
<u>0</u>	\$ \$ <u>0</u>	<u>0</u>

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

Name	Relationship	Age
No one		
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

☒ No
☐ No

You

Your spouse

\$ 0

\$ 0

\$ 0

Rent or home mortgage payment
(include lot rented for mobile home)

\$ 0

\$ 0

Are real estate taxes included? ☐ Yes

Is property insurance included? ☐ Yes

\$ 100

\$ 0

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 50

\$ 0

\$ 10

Home maintenance (repairs and upkeep)

\$ 0

\$ 50

Food

Clothing

\$ 10

Laundry and dry-cleaning

\$ 0

Medical and dental expenses

	you	your spouse
Transportation (not including motor vehicle payments)	\$ 50	\$ 50
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s) Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0
	<u>\$ 210.00</u>	<u>\$ 110.00</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? D Yes D No

If yes, how much? NOT APPLICABLE

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

Executed on: APRIL 1, 2019 _____


By: Sylvester Ekwunife