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No.

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SUPREME COURT, U.S.

IN THE SUPREME COURT OF THE UNITED STATES

DAMON JONES,  
Petitioner,

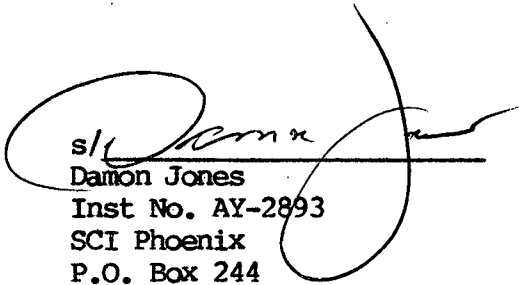
v.

COMMONWEALTH OF PENNSYLVANIA,  
Respondent

**Motion for Leave to Proceed In Forma Pauperis**

I, Damon Jones, in the above entitled action, respectfully moves this Court pursuant to 28 U.S.C. § 1915 to proceed in forma pauperis, and declare: that I am a prisoner in the State Correctional Institution Phoenix, in Pennsylvania. I work in prison in the kitchen five days per week, seven hours per day, at a pay cost of about .20¢ per hour, monthly paid. This is my steady income, besides gifts from family and friends at time in the amount of \$25.00, \$50.00 to \$100.00, or more that have totaled approximately \$600.00 to \$700.00 over the past 12 months. I have no other source of income and I do not own any cash in the form of bank accounts, real estate, stocks, bonds, notes, automobiles, or other valuable property.

Pursuant to 28 U.S.C. § 1746. I declare under penalty of perjury that the foregoing is true and correct.

  
s/ Damon Jones  
Damon Jones  
Inst No. AY-2893  
SCI Phoenix  
P.O. Box 244  
Collegeville, PA 19426-0244

Dated: October 21, 2019

No. \_\_\_\_\_

\_\_\_\_\_  
IN THE  
SUPREME COURT OF THE UNITED STATES  
\_\_\_\_\_

DAMON JONES — PETITIONER  
(Your Name)

VS.

COMMONWEALTH OF PENNSYLVANIA — 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):

the Pennsylvania, Eastern District Court of United States, and  
United States Court of Appeals, Third Circuit (see attached order)

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

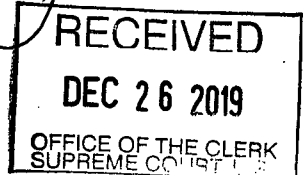
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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.

Damon Jones  
(Signature)



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

I, Damon Jones, 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	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment <u>prison wage</u>	\$ <u>3000 something</u>	\$ <u>N/A</u>	\$ <u>30.00 something</u>	\$ <u>N/A</u>
Self-employment	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Gifts <u>(family/friends)</u>	\$ <u>25.00 to 3100.00</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Alimony	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Child Support	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>None</u>	\$ <u>N/A</u>	\$ <u>None</u>	\$ <u>N/A</u>
Other (specify): <u>prison work pay/monthly pay</u>	\$ <u>30.00 something</u>	\$ <u>N/A</u>	\$ <u>30.00 something</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>30.00 something</u>	\$ <u>N/A</u>	\$ <u>30.00 something</u>	\$ <u>N/A</u>

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
PA DOC	SCI Phoenix, P.O. Box 244	July 2018-2019	\$ 30.00 something
PA DOC	Collegeville, PA 19426-0244	July 2018-back	\$ 20.00 to 30.00 something
	SCI Graterford, P.O. Box 244		
	Graterford, PA 19426-0244		

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

4. How much cash do you and your spouse have? \$ prison account, about \$200.00 something  
Below, state any money you or your spouse have in bank accounts or in any other financial institution. No bank accounts, no financial institution

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<u>None</u>	\$ <u>None</u>	\$ <u>None</u>
	\$	\$
	\$	\$

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

☐ Home  
Value None

☐ Other real estate  
Value None

☐ Motor Vehicle #1  
Year, make & model \_\_\_\_\_  
Value None

☐ Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value None

☐ Other assets  
Description None  
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>None</u>	\$ <u>None</u>	\$ <u>None</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>Adline Jones</u>	<u>Mother</u>	<u>78</u>
_____	_____	_____
_____	_____	_____

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.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>None</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>None</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>None</u>	\$ <u>N/A</u>
Food	\$ <u>None</u>	\$ <u>N/A</u>
Clothing	\$ <u>None</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>None</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>None</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>None</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>None</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>None</u>	\$ <u>N/A</u>
Life	\$ <u>None</u>	\$ <u>N/A</u>
Health	\$ <u>None</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>None</u>	\$ <u>N/A</u>
Other: <u>None</u>	\$ <u>None</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ <u>None</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>None</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>None</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>None</u>	\$ <u>N/A</u>
Other: <u>None</u>	\$ <u>None</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>None</u>	\$ <u>N/A</u>
Other (specify): <u>None</u>	\$ <u>None</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	\$ <u>None</u>	\$ <u>N/A</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 have been in prisoner for nearly four (4) decades, working within the prison system for a monthly pay from a pay rate between .19¢ to .42¢ per hour, 6 to 7 hours per day, five days per week. I rely on family and friends to supplement my monthly prisoner pay in order to obtain basic necessities*

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

Executed on: Dec. 10, \_\_\_\_\_, 2019

Sworn to and subscribed before me  
this 10th day of Dec, 2019

*[Signature]*  
(Signature)

Commonwealth of Pennsylvania  
County of MONTGOMERY

*[Signature]*

Notary Public

Commonwealth of Pennsylvania - Notary Seal  
Ling Shan, Notary Public  
Montgomery County  
My commission expires March 5, 2022  
Commission number 1282128  
Member, Pennsylvania Association of Notaries