

No.

IN THE
SUPREME COURT OF THE UNITED STATES

OCTOBER TERM, 2019

ROBERT WADE,

Petitioner

v.

MONROE COUNTY DISTRICT ATTORNEY,
E. DAVID CHRISTINE, D.A. MONROE COUNTY

Respondents

**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
PURSUANT TO RULE 34.2 & 39 OF THE SUPREME COURT RULES**

ROBDERT WADE ["Petitioner"] hereby moves this Honorable Court for leave to proceed In Forma Pauperis ["IFP"] under and pursuant to Supreme Court Rule 39.

1. Petitioner's present counsel was not CJA-appointed.
2. Petitioner is unable to pay the filing fees and court costs.
3. Petitioner's Affidavit in support of motion for leave to proceed in forma pauperis is attached

WHEREFORE, Petitioner respectfully requests leave to proceed IFP without payment of filing fees and/or court costs.

Respectfully Submitted,

Dated: June 24, 2020

/s/ Cheryl J. Sturm
Cheryl J. Sturm
Attorney-At-Law
387 Ring Road
Chadds Ford, PA 19317
Telephone Number: 484/ 771-2000
Facsimile Number: 484/771-2008
E-Mail: sturmtriallaw@gmail.com

Attorney for Petitioner

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

ROBERT WADE — PETITIONER
(Your Name)

VS.

Monroe County DISTRICT RESPONDENT(S)
ATTORNEY, E. DAVID CHRISTINE, D.A. MONTGOMERY CO.
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*.

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

PENNSYLVANIA Superior Court

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.

Robert Wade
(Signature)

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Robert Wade — PETITIONER
(Your Name)

VS.

— 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.

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

[] 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.

Robert Wade
(Signature)

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

I, ROBERT WADE, 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>ZERO</u>	\$ _____	\$ <u>ZERO</u>	\$ _____
Self-employment	\$ <u>ZERO</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>ZERO</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>ZERO</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>100 200</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>ZERO</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>ZERO</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>ZERO</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>ZERO</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>ZERO</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>ZERO</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>ZERO</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>200.00</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
<u>NONE</u>	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____

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
<u>O</u>	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____

4. How much cash do you and your spouse have? \$ ZERO

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>NONE</u>	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____

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

<input type="checkbox"/> Home Value <u>ZERO</u>	<input type="checkbox"/> Other real estate Value <u>NONE</u>
<input type="checkbox"/> Motor Vehicle #1 Year, make & model <u>NONE</u> Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model <u>NONE</u> Value _____
<input type="checkbox"/> Other assets Description <u>NONE</u> 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>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
<u>NONE</u>	<u>NONE</u>	<u>NONE</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>	\$ _____
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>NONE</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>NONE</u>	\$ _____
Food	\$ <u>NONE</u>	\$ _____
Clothing	\$ <u>NONE</u>	\$ _____
Laundry and dry-cleaning	\$ <u>NONE</u>	\$ _____
Medical and dental expenses	\$ <u>NONE</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NONE</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NONE</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NONE</u>	\$ _____
Life	\$ <u>NONE</u>	\$ _____
Health	\$ <u>NONE</u>	\$ _____
Motor Vehicle	\$ <u>NONE</u>	\$ _____
Other: <u>0</u>	\$ <u>NONE</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>NONE</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>NONE</u>	\$ _____
Credit card(s)	\$ <u>NONE</u>	\$ _____
Department store(s)	\$ <u>NONE</u>	\$ _____
Other: <u>0</u>	\$ <u>NONE</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>NONE</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NONE</u>	\$ _____
Other (specify): <u>0</u>	\$ <u>NONE</u>	\$ _____
Total monthly expenses:	\$ <u>NONE</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? 0

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 INCARCERATED FOR THE PAST NINETEEN YEARS AND SUFFERING WITH PARKINSON DISEASE.

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

Executed on: 4 - 21 -, 2000

Robert Wade

(Signature)