

20-5501

Supreme Court, U.S.  
FILED

AUG 11 2020

OFFICE OF THE CLERK

IN THE  
SUPREME COURT OF THE UNITED STATES

Andrew Darvin Hersh,  
Petitioner

VS.

Mark Garman, Superintendent,  
State Correctional Institution at  
Rockview, Et. Al.,  
Respondents

) No: \_\_\_\_\_  
)  
) (U.S. Ct. of Appeals No: 19-  
) 2125)  
)  
) (U.S. Dist. Ct. Middle Dist.  
) Pa. No: 3:16-cv-02290-RDM-  
) CA)  
)  
) APPLICATION FOR  
) LEAVE TO PROCEED IN  
) FORMA PAUPERIS  
)

**APPLICATION FOR LEAVE TO PROCEED IN FORMA  
PAUPERIS**

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

AND NOW, I, Andrew Darvin Hersh, (Mr. Hersh), *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. Hersh, sought leave to proceed In Forma Pauperis in the  
previously filed Petition for Writ of Habeas Corpus pursuant to 28

ORIGINAL  
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U.S.C. § 2254, Application for Certificate of Appealability, and Petition for Rehearing with the Third Circuit Court of Appeals, which gave rise to the instant Petition for Writ of Certiorari and leave to proceed In Forma Pauperis was granted in all the above referenced courts.

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

**WHEREFORE**, I respectfully request that I, Andrew Darvin Hersh, *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: August 12, 2020



(signature)

Andrew Darvin Hersh, JW2630  
*Pro Se*, Petitioner  
S.C.I. Rockview  
1 Rockview Place  
Bellefonte, PA 16823-0820

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IN THE  
SUPREME COURT OF THE UNITED STATES

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Andrew Darvin Hersh, Petitioner	)	No: _____
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	)	(U.S. Ct. of Appeals No: 19-
	)	2125)
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VS.	)	(U.S. Dist. Ct. Middle Dist.
	)	Pa. No: 3:16-cv-02290-RDM-
	)	CA)
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Mark Garman, Superintendent, State Correctional Institution at Rockview, Et. Al.,	)	APPLICATION FOR
	)	LEAVE TO PROCEED IN
	)	FORMA PAUPERIS
Respondents	)	

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**DECLARATION IN SUPPORT OF IN FORMA PAUPERIS**

I, Andrew Darvin Hersh, *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:  Date: August 12, 2020

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 expected	Average monthly Amount during The past 12 months	next month	Amount
Employment	You \$ <u>0.00</u>	Spouse \$ <u>0.00</u>	You \$ <u>0.00</u>
Self Employment	\$ <u>0.00</u>	\$ <u>0.00</u>	Spouse \$ <u>0.00</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Gifts	\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
Alimony	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Child Support	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Unemployment Payments	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify <u>Prison Work</u> )			
<u>Detail – Legal Aide</u>	\$ <u>50.40</u>	\$ <u>0.00</u>	\$ <u>50.40</u>
<b>Total Monthly Income:</b>	\$ <u>100.40</u>	\$ <u>0.00</u>	\$ <u>100.40</u>

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
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<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0.00</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0.00</u>

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>	\$ <u>0.00</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0.00</u>

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

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>25.00</u>	\$ <u>0.00</u>
<u>Ally Bank</u>	<u>Savings</u>	\$ <u>100.00</u>	\$ <u>0.00</u>

Account statements prepared by the Inmate Accounts Department showing all receipts, expenditures, and balance during the last twelve (12) months in Mr. Hersh's institutional account has been attached and is reproduced at Appendix 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 (value) estate	Motor (value) vehicle # 1
<u>N/A</u>	<u>N/A</u>	Make & year: <u>N/A</u>
<u>N/A</u>	<u>N/A</u>	Model: <u>N/A</u>
<u>N/A</u>	<u>N/A</u>	Registration #: <u>N/A</u>

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

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
<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.

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
<u>      N/A      </u>	<u>      N/A      </u>	<u>      N/A      </u>
<u>      N/A      </u>	<u>      N/A      </u>	<u>      N/A      </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, semiannually, or annually to show the monthly rate.

	<b>You</b>	<b>Spouse</b>
Rent or home - mortgage payment (include lot rent for mobile home)	\$ <u>  0.00  </u>	\$ <u>  0.00  </u>

Are real-estate taxes included? [ ] Yes [ ] No  
Is property insurance included? [ ] Yes [ ] 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>50.00</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>17.00</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): _____	\$ <u>0.00</u>	\$ <u>0.00</u>
Installment payments		
Motor Vehicle	\$ <u>0.00</u>	\$ <u>0.00</u>
Credit Card (name) _____	\$ <u>0.00</u>	\$ <u>0.00</u>
Department store (name) _____	\$ <u>0.00</u>	\$ <u>0.00</u>
Other: _____	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony, maintenance, and support paid to others	\$ <u>0.00</u>	\$ <u>0.00</u>

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>Court Costs,</u> <u>Fines, and Restitution</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>Total Monthly Expenses:</b>	\$ <u>72.00</u>	\$ <u>0.00</u>

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.



Currently incarcerated

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

Your daytime phone number: 814-355-4874

Your age: 38 Your years of schooling: Some College

Respectfully Submitted,



(signature)

Date: August 12, 2020

Andrew Darvin Hersh, JW2630

*Pro Se*, Petitioner

S.C.I. Rockview

1 Rockview Place

Bellefonte, PA 16823-0820