

No. **20-7364**

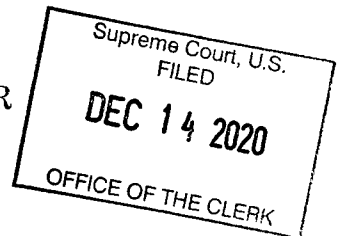
ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

James Baldwin — 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):

☒ 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.

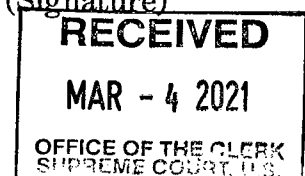
☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____

_____, or

☐ a copy of the order of appointment is appended.


(Signature)



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

I, James Baldwin, 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>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): <u>None</u>	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 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
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

4. How much cash do you and your spouse have? \$ 115
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Prison commissary account	\$ 115	\$ N/A
N/A	\$ 0	\$ N/A
N/A	\$ 0	\$ N/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 N/A, \$0

☐ Other real estate
Value N/A, \$0

☐ Motor Vehicle #1
Year, make & model N/A
Value \$0

☐ Motor Vehicle #2
Year, make & model N/A
Value \$0

☐ Other assets
Description None
Value \$0

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
N/A	\$ \$0	\$ N/A
N/A	\$ \$0	\$ N/A
N/A	\$ \$0	\$ N/A

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
None	N/A	N/A
None	N/A	N/A
None	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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ N/A
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ N/A
Food	\$ 20	\$ N/A
Clothing	\$ 20	\$ N/A
Laundry and dry-cleaning	\$ 0	\$ N/A
Medical and dental expenses	\$ 0	\$ N/A

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

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? _____

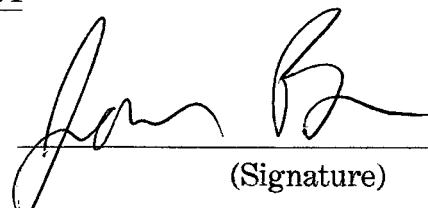
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I have been imprisoned for the past 15 years and have no income at all.

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

Executed on: March 1st, 2021



(Signature)

Statement of disability

I would like to ask the court for relief in the form of additional time to file this petition. I am requesting this due to operating under an extreme disability in two manners:

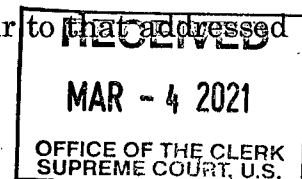
1). I have an autoimmune disease, Lupus, that effects joint movement and vision in both a neurological and physical sense. This prevents me from effectively reading documents to find transcript citations, applicable case law, etc. and makes it painful and very difficult to draft petitions and the like. I take prescribed medication for this condition and routinely see a specialist for it. All of this is compounded by the fact that:

2). The institution I am housed at is in a state of severe lockdown, segregation, and quarantine due to the coronavirus pandemic. The law library can only be accessed in small groups, and the period of time that prisoners can spend researching there has also been reduced. As such, it has been impossible for me to find trustworthy help for researching and drafting the petition.

It should also be noted that, prior to deciding that I had to file this motion myself, I desperately tried to find and hire a lawyer that would be proficient in this area of law. I had great difficulty doing so. First, it was hard to coordinate with my family due to greatly decreased use of the facilities due to the virus quarantine. Second, when I finally did get these lawyers' numbers approved and added to my call list, it seemed as if they were not working normal office hours due to the pandemic. Third, I could not afford to hire the lawyers that I was able to get in contact with, as family and friends did not have the cash to spare because of coronavirus's negative impact on the economy and their income.

Because of this, and the great national injustice that will perpetuate unless the wrongs delineated herein are addressed, I ask that the time for filing this motion be extended and that the Federal Public Defender's Office in Pittsburgh be appointed to assist me in drafting the petition. Otherwise, I don't think that I will be able to include the proper citations to the record and case law to substantiate the claims, not because they aren't meritorious, but because of physical disability and coronavirus restrictions.

Moreover, the same disability that I am arguing is the cause of the unjust denial of all these rights – the mental disorder that I was diagnosed with – is also what is preventing me from properly appealing their denial. It was discovered long after my sentencing that this mental disorder stemmed from the autoimmune disorder with which I was later diagnosed. This creates a legal paradox similar to that addressed



in Miller v. Alabama, wherein juvenile defendants were found to be treated in an unconstitutionally harsh manner by the legal system due to their age, brain development, and inexperience. In a similar manner, someone with such a disability is unlikely to have the money or ability to properly appeal it, which is why it is critical that the court both hear this appeal and grant the requested aid to hear it properly.

A less costly alternative could be to appoint a clerk or intern to review the record and verify that the statements, references, and allegations made herein are correct and supported. As such, I grant such a person permission to view my confidential medical records for the purpose of verifying the aforesaid disability. (Medical records from Dr. Blissenbach and Dr. Balc [or Baltic] would substantiate this.)

Sincerely,

