

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

IN THE  
SUPREME COURT OF THE UNITED STATES

ADAM ROSEN — PETITIONER  
(Your Name)

VS.

SCI MAHANDY, COMMONWEALTH OF PA. — RESPONDENT(S)  
(MONTGOMERY COUNTY PENNSYLVANIA)

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):

COURT OF COMMON PLEAS, MONTGOMERY COUNTY PA. (IN TRIAL OF  
THIS CASE)

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.

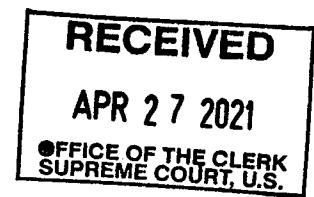
Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: \_\_\_\_\_  
PA. RULE OF CRIMINAL PROCEDURE 122, or

a copy of the order of appointment is appended.

(PAGE FROM DOCKET SHOWING APPOINTMENT  
ORDER ATTACHED)

  
(Signature)



No. 20-8102

IN THE  
SUPREME COURT OF THE UNITED STATES

ADAM ROSEN - Pro Se

(Your Name)

**ORIGINAL**

VS.

SCI MATTANOV, Comm. of PA.

— RESPONDENT(S)

FILED

FEB 11 2021

OFFICE OF THE CLERK  
SUPREME COURT, U.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):

MONTGOMERY COUNTY COURT OF COMMON PLEAS  
PLEAS

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: \_\_\_\_\_  
PA. RULE OF CRIM. 122, or

a copy of the order of appointment is appended.

(Signature)

**RECEIVED**

MAY 20 2021

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, ADAM ROSEN, 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.

| <b>Income source</b>   | <b>Average monthly amount during the past 12 months</b> |                       | <b>Amount expected next month</b>               |                       |
|--|---|-----------------------|---|-----------------------|
|  | <b>You<br/>(PrisonJobs)<br/>\$33.39 dollars</b>         | <b>Spouse<br/>\$0</b> | <b>You<br/>(PrisonJobs)<br/>\$33.39 dollars</b> | <b>Spouse<br/>\$0</b> |
| Employment   | \$0   | \$0                   | \$0   | \$0                   |
| Self-employment  | \$0   | \$0                   | \$0   | \$0                   |
| Income from real property<br>(such as rental income)                 | \$0   | \$0                   | \$0   | \$0                   |
| Interest and dividends   | \$0   | \$0                   | \$0   | \$0                   |
| Gifts  | \$0   | \$0                   | \$0   | \$0                   |
| Alimony  | \$0   | \$0                   | \$0   | \$0                   |
| Child Support  | \$0   | \$0                   | \$0   | \$0                   |
| Retirement (such as social security, pensions, annuities, insurance) | \$0   | \$0                   | \$0   | \$0                   |
| Disability (such as social security, insurance payments)             | \$0   | \$0                   | \$0   | \$0                   |
| Unemployment payments  | \$0   | \$0                   | \$0   | \$0                   |
| Public-assistance<br>(such as welfare)                               | \$0   | \$0                   | \$0   | \$0                   |
| Other (specify): _____   | \$0   | \$0                   | \$0   | \$0                   |
| <b>Total monthly income:</b>   | <u>\$33.39 dollars</u>                                  | <u>\$0</u>            | <u>\$33.39 dollars</u>                          | <u>\$0</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>N/A</u>              | <u>N/A</u>            |                     | \$                        |
| <u>DOC SCI MATHANOV</u> | <u>301 MOREA RD</u>   |                     | \$                        |
|                         | <u>FRACKVILLE PA,</u> |                     | <u>\$ 33-3960 dollars</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>N/A</u> | <u>N/A</u> | <u>N/A</u>          | \$                |
|            |            |                     | \$                |
|            |            |                     | \$                |

4. How much cash do you and your spouse have? \$ \_\_\_\_\_  
 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       |
|---|------------------------------|------------------------------|
| <u>N/A</u>                                  | \$ <u>N/A</u>                | \$ <u>N/A</u>                |
|   | \$ <u>                  </u> | \$ <u>                  </u> |
|   | \$ <u>                  </u> | \$ <u>                  </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 0

Other real estate  
 Value 0

Motor Vehicle #1  
 Year, make & model \_\_\_\_\_  
 Value 0

Motor Vehicle #2  
 Year, make & model \_\_\_\_\_  
 Value 0

Other assets  
 Description \_\_\_\_\_  
 Value 0

|   | <b>You</b>  | <b>Your spouse</b> |
|---|-------------|--------------------|
| Transportation (not including motor vehicle payments)                                       | \$ 0        | \$ 0               |
| 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)  | \$ 0        | \$ 0               |
| 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               |
| <b>Total monthly expenses:</b>  | <b>\$ 0</b> | <b>\$ 0</b>        |

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? NOT SURE

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

KARL SCHWARTZ - 718 ARCH ST. SUITE 702 PHILA PA 19106 - 215-450-3391  
JULIA BERNSTEIN - #215 - 925-4400  
PAUL GEORGE - NOT SURE - ASK KARL

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: APR 18, , 2021



(Signature)