

21-7694 ORIGINAL
No.

Term _____

FILED
APR 13 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE
SUPREME COURT OF THE UNITED STATES

Jason Paul Maple
Petitioner, Pro se

v.

Superintendent Albion SCI
Respondent

On Motion for Leave to proceed In Forma Pauperis
on Petition for Writ of Certiorari
to the United States Court of Appeals
for the Third Circuit.

MOTION FOR INFORMA PAUPERIS

Jason Paul Maple
Pro se
Prisoner No. HV3555
SCI Mercer
801 Butler Pike
Mercer, Pa 16137

AND NOW, comes Petitioner, Jason P. Maple, *Pro se*; pursuant to United States Supreme Court Rule 39; and hereby moves this Honorable Court for leave to proceed In Forma Pauperis ("IFP") with the litigation of matters relative to the filing of his Petition for Writ of Certiorari to the United States Court of Appeals for the Third Circuit. In support thereof, aver as follows:

1. Petitioner is a *Pro se* litigant, Prisoner No. HV3555, housed at SCI Mercer, 801 Butler Pike, Mercer, Pa 16137.
2. Previously, on April 24, 2017, Petitioner presented a timely *Pro se* Petition for Writ of Habeas Corpus (28 U.S.C. § 2254) to the United States District Court for the Western District of Pennsylvania (Amended August 21, 2017).
3. In tandem with his Petition for Writ of Habeas Corpus, Petitioner also motioned the District Court for leave to proceed IFP. On April 25, 2017, the District Court GRANTED Petitioner IFP status.
4. On June 30, 2020, the District Court entered final judgment in the matter, granting Writ of Habeas Corpus and vacating Petitioner's conviction.
5. On July 20, 2020, counsel for the respondent in the case filed a Notice of Appeal from the District Court's judgment. On July, 30, 2020, retained counsel, Christopher Capozzi (100 Ross Street, Suite 340, Pittsburgh, Pa 15219), entered his appearance on behalf of Petitioner regarding the litigation of matters relative to the appeal.
6. On December 13, 2021, the Court of Appeals entered its judgment, reversing and remanding the matter back to the District Court for denial of the Writ. Petitioner's contract with Capozzi then ceased.

7. On December 23, 2021, Petitioner presented a timely *Pro se* Petition for Rehearing (Fed. R. App. P. 35, 40) to the Court of Appeals. In tandem with that petition, Petitioner also motioned the Circuit Court for leave to proceed IFP.

8. On January 27, 2022, the Court of Appeals denied Petition for Rehearing without disposition on his motion for IFP status.

9. Petitioner now proceeds in the United States Supreme Court with a *Pro se* Petition for Writ of Certiorari to the United States Court of Appeals for the Third Circuit.

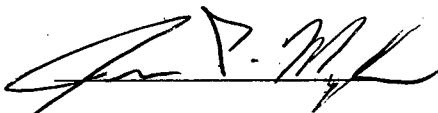
10. Pursuant to United States Supreme Court Rule 38, fulfillment of the \$300.00 filing fee accompanies Petition for Writ of Certiorari.

11. Additionally, Petitioner motions this Court for leave to proceed IFP, pursuant to United States Supreme Court Rule 39.

12. IFP status will permit Petitioner to prepare his filings as a *Pro se* litigant - an inmate who is confined in an institution and not represented by counsel - as dictated by Rules 12.2, 33.2, and 39.2.

WHEREFORE, Petitioner respectfully requests that he be granted IFP status in proceeding *Pro se* with the litigation of matters relative to his Petition for Writ of Certiorari.

Submitted By:



Jason Paul Maple, *Pro se*
Prisoner No. HV3555
SCI Mercer
801 Butler Pike
Mercer, Pa 16137

Date:

4-13-22

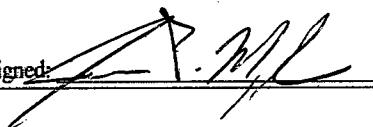
UNITED STATES DISTRICT COURT

for the

< _____ > DISTRICT OF < _____ >

<Name(s) of plaintiff(s), _____)
Plaintiff(s) _____)
v. _____) Case No. <Number>
<Name(s) of defendant(s), _____)
Defendant(s) _____)

**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my 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 on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: </p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p>
	Date: 4-13-22

My issues on appeal are:

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	\$ 75.00	\$ N/A	\$ 75.00	\$ N/A
Self-employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Income from real property (such as rental income)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Interest and dividends	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Gifts	\$ 100.00	\$ N/A	\$ 100.00	\$ N/A
Alimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Child support	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Unemployment payments	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Public-assistance (such as welfare)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Other (specify):	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Total monthly income:	\$ N/A	\$ N/A	\$ N/A	\$ N/A

2. List your 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
PA DOC	501 MERCER, 801 BUTLER PIKE, MERCER, PA 16137	N/A	\$ 75.00
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

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

4. How much cash do you and your spouse have? \$ N/A

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
SCI MERCER	INMATE	\$ 1397.01	\$ N/A
N/A	N/A	\$ N/A	\$ N/A
N/A	N/A	\$ N/A	\$ N/A

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$
N/A	N/A	Make and year: N/A
		Model: N/A
		Registration #: N/A

Motor vehicle #2	Other assets	Other assets
(Value) \$ N/A	(Value) \$ N/A	(Value) \$ N/A
Make and year: N/A	N/A	N/A
Model: N/A	N/A	N/A
Registration #: N/A	N/A	N/A

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

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

Name [or, if under 18, initials only]	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
N/A	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, semianually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$	\$
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	N/A	N/A

Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ N/A	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry-cleaning	\$ N/A	\$ N/A
Medical and dental expenses	\$ N/A	\$ N/A
Transportation (not including motor vehicle payments)	\$ N/A	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ N/A	\$ N/A
Life:	\$ N/A	\$ N/A
Health:	\$ N/A	\$ N/A
Motor vehicle:	\$ N/A	\$ N/A
Other:	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ N/A	\$ N/A
Installment payments		
Motor Vehicle:	\$ N/A	\$ N/A
Credit card (name):	\$ N/A	\$ N/A
Department store (name):	\$ N/A	\$ N/A
Other:	\$ N/A	\$ N/A
Alimony, maintenance, and support paid to others	\$ N/A	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify): ACT 84	\$ 20%	\$ 20%
Total monthly expenses:	\$ 20%	\$ 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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? Yes No*

If yes, how much? \$ 300⁰⁰ + POSTAGE

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

N/A

12. *State the city and state of your legal residence.*

MERILL, PA 16137

Your daytime phone number: (N/A) N/A

Your age: 40 Your years of schooling: HSD