

22-5584

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

EMRU KEBEDE- Petitioner

VS.

COMMONWEALTH OF PENNSYLVANIA- Respondent

FILED

SEP 03 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

ON PETITION FOR WRIT OF CERTIORARI TO

Pennsylvania Supreme Court

APPLICATION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE CHIEF JUSTICE AND JUSTICE(S) OF THE SAID COURT:

Petitioner, Emru Kebede, pro se, 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.

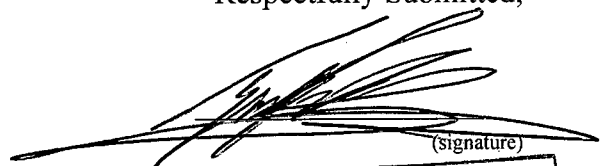
Petitioner, sought leave to proceed In Forma Pauperis in the Pennsylvania Supreme and Superior Court and leave to proceed In Forma Pauperis was GRANTED.

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

WHEREFORE, Petitioner respectfully requests that he 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: September 3, 2022


(signature)

RECEIVED

SEP 13 2022

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SUPREME COURT, U.S.

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EMRU KEBEDE- Petitioner

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DECLARATION IN SUPPORT OF IN FORMA PAUPERIS

I 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).

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to the 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.

Signed: 

Date: September 3, 2022

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
Employment	\$ <u>n/a</u>	\$ <u>n/a</u>
Self Employment	\$ <u>n/a</u>	\$ <u>n/a</u>
Income from real property (such as	\$ <u>n/a</u>	\$ <u>n/a</u>

rental income)	\$	n/a	\$	n/a	\$	n/a	\$	n/a
Interest and dividends	\$	n/a	\$	n/a	\$	n/a	\$	n/a
Gifts	\$	n/a	\$	n/a	\$	n/a	\$	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 I have a prison job assignment where I am paid .42 cents an hour)	\$	600.00	\$	n/a	\$	n/a	\$	n/a
Total Monthly Income:	\$	50.00	\$		\$		\$	

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
n/a	n/a	n/a	\$ n/a
n/a	n/a	n/a	\$ n/a
n/a	n/a	n/a	\$ n/a
n/a	n/a	n/a	\$ n/a
n/a	n/a	n/a	\$ n/a
			\$

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
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 you 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
n/a	n/a	\$ n/a	\$ n/a
n/a	n/a	\$ n/a	\$ n/a
n/a	n/a	\$ n/a	\$ n/a
	n/a	\$ n/a	\$ n/a
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balance during the last six months in your institutional accounts. If you have multiple accounts, perhaps 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 (value)	Other real estate (value)	Motor vehicle # 1 (value)
n/a	n/a	Make & year: n/a
		Model: n/a
		Registration #: n/a

Motor vehicle # 2 (value)	Other assets (value)	Other assets (value)
Make & 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

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

Name	Relationship	Age
_____ 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, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home - mortgage payment (include lot rent for mobile home)	\$ ___ n/a _____	\$ ___ n/a _____
Are real-estate taxes included?	[] Yes	[] No
Is property insurance included?	[] Yes	[] No
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 _____
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):	\$ n/a	\$ n/a
Total Monthly Expenses:	\$ n/a	\$ n/a

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? \$ n/a

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? \$ n/a

If yes, state the person's name, address, and telephone number: _____ n/a

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. Incarcerated since the age of 16 and never has had any form of employment or inheritance.

13. State the address of your legal residence. 1 Rockview Place, Box A; Bellefonte, PA 16823

Your daytime phone number: 814 -355-4874

Your age: 31 Your years of schooling: GED