

AUG 04 2023

OFFICE OF THE CLERK

No. USAP3 NO. 23-1224
23-6327

IN THE
SUPREME COURT OF THE UNITED STATES

NOEL GARCIA — PETITIONER
(Your Name)

PHILADELPHIA DISTRICT ^{VS.}
ATTORNEY'S OFFICE et al. — 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):

U.S. DISTRICT COURT OF PENNSYLVANIA FOR THE EASTERN
DISTRICT & COURT OF APPEALS

☐ 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)

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(Your Name)

VS.

PHILADELPHIA DISTRICT
ATTORNEY'S OFFICE et al, - RESPONDENT(S)

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, you case's docket number, and the question number.

Signed: [Signature]

Date: JULY 31, 2023

My issues on appeal are (brief summary): DEFENDANTS ARRESTED PLAINTIFF
WITHOUT PROBABLE CAUSE.

② WHETHER DEFENDANTS ARE ENTITLED TO ABSOLUTE
IMMUNITY?

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SUPREME COURT, U.S.

Income Source	Average monthly Amount during The past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Self Employment	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>100.00</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Unemployment Payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify <u>G.L.P</u>)	\$ _____	\$ _____	\$ _____	\$ _____
<u>PRISON WELFARE</u>)	\$ _____	\$ _____	\$ _____	\$ _____
Total Monthly Income:	\$ <u>18.00</u>	\$ _____	\$ _____	\$ _____

[illegible]

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			\$
			\$
			\$
			\$
			\$
			\$
			\$

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
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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		Make & year: _____
		Model: _____
		Registration #: _____
Motor vehicle # 2 (value)	Other assets (value)	Other assets (value)
Make & year: N/A		
Model: _____		
Registration #: _____		

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		
↓		

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

Name	Relationship	Age
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	\$
Are real-estate taxes included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is property insurance included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ ↓	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry - cleaning	\$	\$
Medical and dental expenses	\$ ↓	\$
Transportation (not		

including motor vehicle payments)	\$ <u>N/A</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted From wages or included in Mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit Card (name) _____	\$ _____	\$ _____
Department store (name) _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total Monthly Expenses:	\$ <u>↓</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? \$5,000

If yes, state the person's name, address, and telephone number: MARIA CRUZ
6122 GILLISPE ST, PHILADELPHIA, PA 19125

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. PAYING INSTITUTIONAL FINES THAT RESULT
50% GARNISHMENT OF ALL INCOMING FUNDS INTO
INMATE ACCOUNT.

13. State the address of your legal residence. SCI-ROCKVIEW, BOX A, 1
ROCKVIEW PL, BELLEFONTE, PA 16823


Your daytime phone number: N/A - -

Your age: 39 Your years of schooling: G.E.D

Your social-security number: 032 64 9847

Respectfully Submitted,

Date: JULY 31, 2023


(signature)
DORA GARCIA
(print name)

Pro Se, Petitioner
S.C.I. Rockview, # H09129
1 Rockview Place, Box A
Bellefonte, PA 16823-0820