

23-6620

FILED
DEC 04 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

ORIGINAL

BRUCE A. QUARLES,

Petitioner,

v.

WARDEN MARRIANNA FCI, ET. AL.,

Respondents.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner, Bruce A. Quarles, asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis. Petitioner's motion to proceed in forma pauperis was "Dismissed as moot" by the District Court. Petitioner's affidavit in support of this motion is attached hereto.

Respectfully submitted,

B.A. Quarles

Bruce A. Quarles

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

I, Bruce A. Quarles, 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>73.50</u>	\$ _____	\$ <u>73.50</u>	\$ _____
Self-employment	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Income from real property (such as rental income)	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Interest and dividends	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Gifts	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Alimony	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Child Support	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Unemployment payments	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Other (specify): <u>None</u>	\$ <u>None</u>	\$ _____	\$ <u>None</u>	\$ _____
Total monthly income:	\$ <u>73.50-80.50</u>	\$ _____	\$ <u>77.00</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
PA Dept Corrections			
SCI-Phoenix	1200 Mokychic Dr.	1991-2024	\$73.50-80.50
Collegeville, PA	19426		\$
			\$

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
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ I have \$169.23 in my prison account. 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
None	\$	\$
	\$	\$
	\$	\$

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

☐ Home None
Value

☐ Other real estate None
Value

☐ Motor Vehicle #1 None
Year, make & model
Value

☐ Motor Vehicle #2 None
Year, make & model
Value

☐ Other assets None
Description
Value

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

None

\$

\$

None

\$

\$

None

\$

\$

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

None

None

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)

\$ None

\$

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 40(month)phone

\$

Home maintenance (repairs and upkeep)

\$ None

\$

Food

\$ None

\$

Clothing

\$ None

\$

Laundry and dry-cleaning

\$ None

\$

Medical and dental expenses

\$ 10(co-pay)

\$

You

Your spouse

Transportation (not including motor vehicle payments)

\$None

\$

Recreation, entertainment, newspapers, magazines, etc.

\$None

\$

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's

\$None

\$

Life

\$None

\$

Health

\$None

\$

Motor Vehicle

\$None

\$

Other: Cable T.V. services

\$17(a month)

\$

Taxes (not deducted from wages or included in mortgage payments)

(specify): None

\$None

\$

Installment payments

Motor Vehicle

\$None

\$

Credit card(s)

\$None

\$

Department store(s)

\$None

\$

Other: None

\$None

\$

Alimony, maintenance, and support paid to others

\$None

\$

Regular expenses for operation of business, profession,
or farm (attach detailed statement)

\$None

\$

Other (specify): None

\$None

\$

Total monthly expenses:

\$65.00

\$

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 am a prisoner in the PA State Department of Corrections. I am paid 50¢ an hour, 5-day a week doing sanitation work. I must pay for my soap, shampoos, toothpaste, deodorant, shaving supplies, cosmetics, deodorant, phone calls, postages, cable t.v. services, sneakers, medical co-pay, etc. The only thing the state supplies is clothing and meals.

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

Executed on: January 16, 2024

B. A. Zuercher

(Signature)