

23-6626

FILED  
DEC 04 2023

OFFICE OF THE CLERK  
SIXTH CIRCUIT, U.S.

ORIGINAL

BRUCE A. QUARLES,

Petitioner,

v.

WARDEN MARIANNA 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>	\$ _____
<b>Total monthly income:</b>	<b>\$ <u>73.50-80.50</u></b>	<b>\$ _____</b>	<b>\$ <u>77.00</u></b>	<b>\$ _____</b>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
PA Dept Corrections SCI-Phoenix Collegeville, PA	1200 Mokychic Dr. 19426	1991-2024	\$73.50-80.50 \$ \$

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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
			\$ \$ \$

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.

<b>Type of account (e.g., checking or savings)</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
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.

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
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").

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
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.

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$ None _____	\$ _____
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)	\$ 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)	\$ _____

	<b>You</b>	<b>Your spouse</b>
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: <u>Cable T.V. services</u>	\$ 17(a month)	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>None</u>	\$ None	\$ _____
Installment payments		
Motor Vehicle	\$ None	\$ _____
Credit card(s)	\$ None	\$ _____
Department store(s)	\$ None	\$ _____
Other: <u>None</u>	\$ None	\$ _____
Alimony, maintenance, and support paid to others	\$ None	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ None	\$ _____
Other (specify): <u>None</u>	\$ None	\$ _____
<b>Total monthly expenses:</b>	<b>\$ 65.00</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? \_\_\_\_\_

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. ZUNIGA*

(Signature)