

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

SEAN BURTON - PETITIONER, PRO SE

VS.

COMMONWEALTH OF PENNSYLVANIA - RESPONDENT

PROOF OF SERVICE

I, SEAN BURTON, do swear or declare that on this date, MARCH 28, 2024, as required by Supreme Court Rule 29 I have served the enclosed MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS* and PETITION FOR WRIT OF CERTIORARI on each party to the above proceeding or that party's counsel, and on every other person required to be served, by depositing an envelope containing the above documents in the United States mail properly addressed to each of them and with first-class postage prepaid, or by delivery to a third-party commercial carrier for delivery within 3 calendar days.

The names and addresses of those served are as follows:

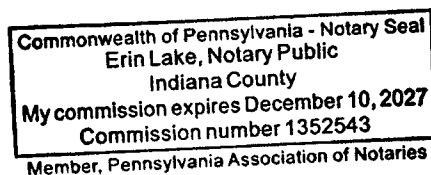
DELAWARE COUNTY COURTHOUSE
OFFICE OF THE DISTRICT ATTORNEY
ATTN: FREDERICK STOLLSTEIMER, ESQ-DISTRICT ATTORNEY
201 WEST FRONT STREET,
MEDIA, PA 19063.

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

Executed on March 28th, 2024.

Commonwealth of Pennsylvania
County of Indiana

Sean R. Burton
(Signature)



Signed and sworn to (or affirmed) before me
on March 28, 2024
by: Sean J. Burton
Erin Lake
Signature of Notary Public

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SUPREME COURT OF THE UNITED STATES

OFFICE OF THE CLERK
WASHINGTON, D.C. 20543-0001
attn:SCOTT S. HARRIS



9590 9402 3474 7275 2431 63

2. Article Number (Transfer from service label)

7020 1810 0001 6203 2863

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ A
☐ A

B. Received by (Printed Name)

C. Date of

D. Is delivery address different from item 1? ☐ Y ☐ N

If YES, enter delivery address below: ☐ N

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation
- ☐ Signature Confirmation Restricted Delivery

PLACE STICKER AT TOP OF ENVELOPE, TOP RIGHT OF THE RETURN ADDRESS FOLD AND DOT DOTTED LINE

CERTIFIED MAIL®

7020 1810 0001 6203 2863



7020 1810 0001 6203 2863

7020 1810 0001 6203 2863

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To SUPREME COURT OF THE UNITED STATES

Street and Apt. No., or PO Box No.

OFFICE OF THE CLERK

City, State, ZIP+4® WASHINGTON, D.C. 20543-0001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COURT OF COMMON PLEAS
DELAWARE COUNTY COURTHOUSE
201 W. FRONT STREET
MEDIA, PA 19063
ATTN:JACK STOLLSTEIMER, ESQ



9590 9402 3474 7275 2433 78

2. Article Number (Transfer from service label)

7020 1810 0001 6203 2870

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PLACE STICKER AT TOP OF ENVELOPE, TOP RIGHT OF THE RETURN ADDRESS FOLD AND DOT DOTTED LINE

CERTIFIED MAIL®

7020 1810 0001 6203 2870



7020 1810 0001 6203 2870

7020 1810 0001 6203 2870

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To DELAWARE COUNTY COURTHOUSE

Street and Apt. No., or PO Box No.

201 W. FRONT STREET

City, State, ZIP+4® MEDIA, PA 19063

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt