

24-5589
No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.

FILED

SEP - 9 2024

OFFICE OF THE CLERK

In re Joseph G. Aulisi — PETITIONER
(Your Name)

VS.

Superintendent Booher — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of ~~certiorari~~ ^{Habeas} ~~corpus~~ 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):

Pennsylvania Middle District, in:

Aulisi v. Chiampi, et al 4:14-cv-00196 2014

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court. N.A.

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: N.A.

The appointment was made under the following provision of law: N.A.
_____, or

a copy of the order of appointment is appended. N.A.

Joseph G. Aulisi
(Signature)

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

I, Joseph G. Aulisi, 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>30.00</u>	\$ <u>N.A.</u>	\$ <u>35.00</u>	\$ <u>N.A.</u>
Self-employment	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Income from real property (such as rental income)	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Interest and dividends	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Gifts	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Alimony	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Child Support	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Disability (such as social security, insurance payments)	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Unemployment payments	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Public-assistance (such as welfare)	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Other (specify): <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>	\$ <u>N.A.</u>
Total monthly income:	\$ <u>30.00</u>	\$ <u>N.A.</u>	\$ <u>35.00</u>	\$ <u>N.A.</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
Dept. Corrections	Camp Hill, PA	April 2021	\$ 28.00
Dept. Corrections	Camp Hill, PA	May 2023	\$ 30.00
Dept. Corrections	Camp Hill, PA	July 2024	\$ 35.00

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
NA	NA	NA	\$ NA
NA	NA	NA	\$ NA
NA	NA	NA	\$ NA

4. How much cash do you and your spouse have? \$ 48.75 Prison Account

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
NA	Prison	\$ NA	\$ NA
NA	Prison	\$ NA	\$ NA
NA	Prison	\$ NA	\$ NA

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

Home
Value NA

Other real estate
Value 0 NA

Motor Vehicle #1
Year, make & model NA
Value NA 0

Motor Vehicle #2
Year, make & model NA
Value 0

Other assets
Description NO Assets of any kind.
Value 0

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
NA	\$ NA 0	\$ NA 0
NA	\$ NA 0	\$ NA 0
NA	\$ NA 0	\$ NA 0

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

Name	Relationship	Age
NA	NA	NA
NA	NA	NA
NA	NA	NA

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)	\$ NA	\$ NA
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)	\$ CAD 17.00	\$ NA
Home maintenance (repairs and upkeep)	\$ NA	\$ NA
Food	\$ 15.00	\$ NA
Clothing	\$ NA	\$ NA
Laundry and dry-cleaning	\$ NA	\$ NA
Medical and dental expenses	\$ NA	\$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NA</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>Cabie \$17.00</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NA</u>	\$ <u>NA</u>
Life	\$ <u>NA</u>	\$ <u>NA</u>
Health	\$ <u>NA</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>NA</u>	\$ <u>NA</u>
Other: <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Commissary</u>	\$ <u>6%</u>	\$ <u>6%</u>
Installment payments		
Motor Vehicle	\$ <u>NA</u>	\$ <u>NA</u>
Credit card(s)	\$ <u>NA</u>	\$ <u>NA</u>
Department store(s)	\$ <u>NA</u>	\$ <u>NA</u>
Other: <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Alimony, maintenance, and support paid to others	\$ <u>NA</u>	\$ <u>NA</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Total monthly expenses:	\$ <u>32.00</u>	\$ <u>NA</u>

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? NA

If yes, state the attorney's name, address, and telephone number: NA

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? 0 NA

If yes, state the person's name, address, and telephone number: NA

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I'm in Prison - I have a block job at about 27 cents per hour. I pay 17.00 cable and need to buy toothpaste, soap et cetera. I pay for phone calls - medical co pay

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

Executed on: September 9th, 2024

Joseph G. Fulvio
(Signature)