No. USAP 3 No. 24-1926

IN THE SUPREME COURT OF
THE UNITED STATES

ORIGINAL

FILED
FEB 19 2025
OFFICE OF THE CLERK
SUPREME COURT, U.S.

24-7144

LAMAR HAYMES, Petitioner,

V.

District Attorney Delaware County, et al. Respondent

COMMONWEALTH OF PENNSYLVANIA

MOTION FOR LEAVE TO PROCEED
IN FORMA PAUPERIS

Comes now the petitioner, Lamar Haymes, in pro se, in necessity, hereby moves this court to grant him leave to proceed in Forma Pauperis and file a petition for Writ of Certiorari to the United States Supreme Court. An affidavit in support of this Motion is attached.

Respectfully submitted on this 24th Day of April, 2025

Lamar Haymes

LAMAR HAYMES
QP-1523
SCI-CAMPHILL
2500 LISBURN ROAD
CAMPHILL, PA. 17001

IN THE SUPREME COURT OF
THE UNITED STATES

LAMAR Haymes,	)	
	)	
	)	USAP 3
V.	)	NO. 24-1926
	)	
	)	
District Attorney Delaware County et al.	)	
COMMONWEALTH OF PENNSYLVANIA	)	
	)	

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my 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 on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C § 1621.)

Instructions

Complete All questions in this Application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none", or "not Applicable (N/A)," write 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, your case's docket number, and the question number.

Signed: Lamar Haynes Date: 04/24/25

My issues on Appeal are: Under Supreme Court Rule 10 (a) I am seeking WRIT OF CERTIORARI

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	$ ∅	$ N/A	$ ∅	$ N/A
Self-employment	$ ∅	$ N/A	$ ∅	$ N/A
Income from real property (such as rental income	$ ∅	$ N/A	$ ∅	$ N/A
Interest and dividends	$ ∅	$ N/A	$ ∅	$ N/A
Gifts	$ 200.00	$ N/A	$ 200.00	$ N/A
Alimony	$ ∅	$ N/A	$ ∅	$ N/A
Child support	$ ∅	$ N/A	$ ∅	$ N/A
Retirement (such as social	$ ∅	$ N/A	$ ∅	$ N/A
Security, pensions, annuities, insurance)	$ ∅	$ N/A	$ ∅	$ N/A
Disability (such as social Security, insurance payments)	$ ∅	$ N/A	$ ∅	$ N/A
Unemployment payments	$ ∅	$ N/A	$ ∅	$ N/A
Public Assistance (such as welfare)	$ ∅	$ N/A	$ ∅	$ N/A
Other (specify):	$ ∅	$ N/A	$ ∅	$ N/A
Total monthly income:	$ 200.00	$ N/A	$ 200.00	$ N/A

2. List your 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
N/A	N/A	N/A	$ ∅

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
N/A	N/A	N/A	Ø

4. How much cash do you and your spouse have? $ Ø

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
N/A	N/A	Ø	Ø

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because 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	Other real estate	Motor Vehicle
(Value) $ Ø	(Value) $ Ø	(Value) $ Ø
N/A	N/A	Make and year: N/A

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	$ ∅	$ ∅
N/A	$ ∅	$ ∅
N/A	$ ∅	$ ∅
N/A	$ ∅	$ ∅

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

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	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.

Rent or home-mortgage payment (including lot rental for mobile home)	You	Your spouse
Are real estate taxes included? Yes No	N/A	
Is property insurance included? Yes NO	N/A	
Utilities (electricity, heating fuel, water, sewer, and telephone)	N/A N/A	
Home maintenance (repairs and upkeep)	N/A	
Food	$160.00	

	you	your spouse
Clothing	$ ∅	
Laundry and dry-cleaning	$ ∅	
Medical and dental expenses	$ ∅	
Transportation (not including motor vehicle payments)	$ ∅	
Recreation, entertainment, newspapers, magazines etc.	$ 17.00	
Insurance (not deducted from wages or included in mortgage payments)		
Homeowners or renters:	$ ∅	
Life:	$ ∅	
Health:	$ ∅	
Motor Vehicle:	$ ∅	
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:	$ 177.00	$

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? $ N/A

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? $ N/A

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 docket fees for your appeal. Incarcerated and currently being housed on the Restricted Housing Unit (R.H.U.)

13. State the [city and state] of your legal residence.

Philadelphia (P.A.) Pennsylvania

Your daytime phone number: (—) N/A

Your Age 49 Your years of schooling Graduated

[Last four digits of] your social-security number: 9230