

No. SCPA. 417

~~EAL 2024/PA Sup Ct No 7455
25-6634 IN THE~~ **ORIGINAL**

SUPREME COURT OF THE UNITED STATES

Joseph D. Reaves PETITIONER
(Your Name)

Supreme Court, U.S.
FILED
AUG 26 2025
OFFICE OF THE CLERK

VS.

Commonwealth Pennsylvania RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari 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):

Court of Common Pleas, Philadelphia (2019)
PCRA Court (SEE APPENDIX A)

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

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:

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

a copy of the order of appointment is appended.

Joseph Reaves
(Signature)

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

I, Joseph Reaves, 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>N/A</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): <u>VA benefits</u> \$ <u>4,200.00</u>	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>4,200.</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
<u>N/A</u>			\$ _____
			\$ _____
			\$ _____

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
<u>N/A</u>			\$ _____
			\$ _____
			\$ _____

4. How much cash do you and your spouse have? \$ N/A
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
<u>N/A</u>	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

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

Home
Value N/A

Other real estate
Value _____

Motor Vehicle #1
Year, make & model N/A
Value _____

Motor Vehicle #2
Year, make & model _____
Value _____

Other assets
Description N/A
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
<u>NA</u>	\$ <u>NA</u>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>None</u>	<u>None</u>	<u>None</u>
_____	_____	_____
_____	_____	_____

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)	\$ <u>743.00</u>	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>600.00</u>	\$ _____
Clothing	\$ <u>100.00</u>	\$ _____
Laundry and dry-cleaning	\$ <u>100.00</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>200</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ <u>60.00</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>200.00</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>950.00</u>	\$ _____
Credit card(s)	\$ <u>200.00</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	<u>3,043</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? _____

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 only have \$213.84 in my account today
(SEE: APPENDIX B) (PNC account balance); (Affidavit
by Notary)

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

Executed on: 19th DAY OCTOBER, 2025

Joseph Reaves
(Signature)

~~✓~~

Appendix

First Judicial District of Pennsylvania
Court of Common Pleas Philadelphia County
Criminal Division

Commonwealth of Pennsylvania

Docket Number:

VS.

Joseph Brewes

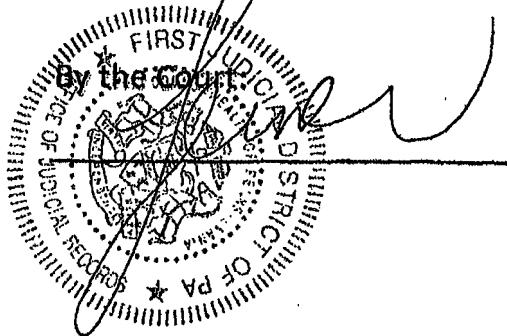
MC/CP-51-CR-1219021-1987

In Forma Pauperis Order

And NOW, this 2nd day of May, 2019, it is hereby ORDERED AND
DECREED that:

1. Petitioner be permitted to proceed without paying costs of this proceeding.
2. Petitioner be permitted to obtain service of the paper filed without cost.
3. Petitioner be permitted to proceed in forma pauperis as to any additional cost which accrue in the course of this proceeding.
4. Petitioner has a continuing obligation to inform the Court of any improvement in party's financial circumstances that will enable the party to pay costs.

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(1 RR, TCR P 489)

At
X (punkt H)

FORM OF INDIVIDUAL ACKNOWLEDGMENT

Commonwealth of Pennsylvania

County of Philadelphia

On this, the 16 day of October, 2025, before me

Michael Walter Overby, the undersigned officer, personally

appeared Joseph A. Reaves

_____, known to me (or satisfactorily proven) to be the person whose
name is subscribed to the within instrument, and acknowledged
that he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Michael Walter Overby
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Michael Walter Overby, Notary Public
Philadelphia County
My commission expires October 16, 2023
Commission number 1582106
Member, Pennsylvania Association of Notaries

PAN-1 (12/05)



10/16/2025

JOSEPH REAVES
1320 S 32ND ST
APT 113
PHILADELPHIA, PA 19146-3444

Dear TO WHOM IT MAY CONCERN

In response to your request that PNC Bank, National Association provide written verification concerning your Checking account(s), we are providing the following information:

Account No.	Routing No.	Date Opened	Balance as of date of this letter
[REDACTED]	031000053	05/19/2014	\$212.84

This information is subject to any outstanding items or charges.

Sincerely,

PNC Bank, National Association

ASHLEY CAYETANO
BRANCH BANKER SR
215-823-2320

CUSTOMER AUTHORIZATION/ ACKNOWLEDGEMENT

I/we hereby acknowledge that I/we have requested and authorized PNC Bank, National Association to provide this written verification concerning my/our Checking account(s).

Dated this 16th day of October, 2025.

Customer Signature: [Signature]

Customer Signature: [Signature]

Commonwealth of Pennsylvania - Notary Seal
Michael Walter Overby, Notary Public
Philadelphia County
My commission expires October 13, 2028
Commission number 1382106
Member, Pennsylvania Association of Notaries