

No. SC PA. 417

EAL 2074/PA  
**25-6634**  
IN THE

Sup Ct No 7455  
FILED  
**ORIGINAL**

SUPREME COURT OF THE UNITED STATES

Joseph D. Reeves 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 Reeves  
(Signature)

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

I, Joseph Reeves, 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<br>the past 12 months |          | Amount expected<br>next month |          |
|--|---|----------|-------------------------------|----------|
|  | You   | Spouse   | You                           | Spouse   |
| Employment   | \$ <u>N/A</u>                                       | \$ _____ | \$ _____                      | \$ _____ |
| Self-employment  | \$ <u>N/A</u>                                       | \$ _____ | \$ _____                      | \$ _____ |
| Income from real property<br>(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<br>security, pensions,<br>annuities, insurance) | \$ _____  | \$ _____ | \$ _____                      | \$ _____ |
| Disability (such as social<br>security, insurance payments)                | \$ _____  | \$ _____ | \$ _____                      | \$ _____ |
| Unemployment payments  | \$ _____  | \$ _____ | \$ _____                      | \$ _____ |
| Public-assistance<br>(such as welfare)                                     | \$ _____  | \$ _____ | \$ _____                      | \$ _____ |
| Other (specify): <u>VA benefit</u>   | \$ <u>4,200.00</u><br><u>per month</u>              | \$ _____ | \$ _____                      | \$ _____ |
| <b>Total monthly income:</b>   | \$ <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 |
|----------|---------|---------------------|-------------------|
| 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      |         |                     | \$                |
|          |         |                     | \$                |
|          |         |                     | \$                |

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 |
|---|-----------------|------------------------|
| N/A   | \$              | \$                     |
|   | \$              | \$                     |
|   | \$              | \$                     |

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

NA

\$ NA

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

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.

You

Your spouse

Rent or home-mortgage payment  
(include lot rented for mobile home)

\$ 743.00

\$ \_\_\_\_\_

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ 0

\$ \_\_\_\_\_

Home maintenance (repairs and upkeep)

\$ 0

\$ \_\_\_\_\_

Food

\$ 600.00

\$ \_\_\_\_\_

Clothing

\$ 100.00

\$ \_\_\_\_\_

Laundry and dry-cleaning

\$ 100.00

\$ \_\_\_\_\_

Medical and dental expenses

\$ 0

\$ \_\_\_\_\_

|  | You               | Your spouse |
|--|-------------------|-------------|
| Transportation (not including motor vehicle payments)  | \$ _____          | \$ _____    |
| Recreation, entertainment, newspapers, magazines, etc.   | \$ <u>2000</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>2000.00</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,<br>or farm (attach detailed statement) | \$ _____          | \$ _____    |
| Other (specify): _____   | \$ _____          | \$ _____    |
| <b>Total monthly expenses:</b>   | \$ <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 \$212.84 in my account today  
(SEE: APPENDIX B) (PNC account balance); (ATC dated  
by Notary)

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

Executed on: 19<sup>th</sup> DAY OCTOBER, 2025

Joseph Reeves  
(Signature)

Appendix

~~A~~

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

Commonwealth of Pennsylvania

Docket Number:

VS.

MC/CP -51-CR- 1219021 - 1987

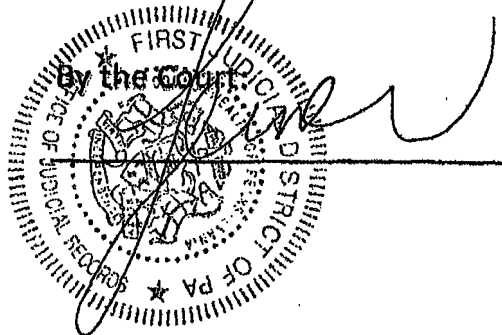
Joseph Reeves

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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(11 RE: TOR R. 489)



Appendix

B

# 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. Reeves

\_\_\_\_\_, known to me (or satisfactorily proven) to be the person\_\_\_\_ whose

name JS 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, 2028  
Commission number 1582106  
Member, Pennsylvania Association of Notaries

PAN-1 (12/05)

PAN-1  
PENNSYLVANIA ASSOCIATION OF NOTARIES

Phone: 412-281-0678 • Fax: 412-281-0321 • Web site: [www.notary.org](http://www.notary.org) • E-mail: [pan@emunro.com](mailto:pan@emunro.com)



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.  
031000053

Date Opened  
05/19/2014

Balance as of date of this letter  
\$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 16<sup>th</sup> day of October, 2025.

Customer Signature: Joseph Reaves

Customer Signature: \_\_\_\_\_

