

26-5811

ORIGINAL

No. _____

FILED

MAY 15 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Abraham Fata — PETITIONER
(Your Name)

VS.

Commonwealth of PA — 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):

Eastern District of Pennsylvania
United States Court of Appeals for the 3rd Circuit

☐ 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.

Abraham Fata

RECEIVED

JUL 14 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Abraham Fata, 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>2,246</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>116</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>2,362</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
Autozone	1501 Tilghman St Allentown PA 18105	Nov 2005 - still employed	\$ 2,246
			\$
			\$

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? \$
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
checking	\$ about 100	\$ 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 Value	☐ Motor Vehicle #2 Year, make & model Value
☐ Other assets Description 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

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
E.F.	son	14
_____	_____	_____
_____	_____	_____

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)	\$ 700	\$ N/A
Are real estate taxes included? ☐ Yes ☐ No		
Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 90	\$ _____
Home maintenance (repairs and upkeep)	\$ N/A	\$ _____
Food	\$ 300	\$ _____
Clothing	\$ N/A	\$ _____
Laundry and dry-cleaning	\$ 40	\$ _____
Medical and dental expenses	\$ N/A	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>N/A</u>	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>N/A</u>	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <u>Debt</u>	\$ <u>over \$10,000</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>386</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>Paralegal Google gemini</u>	\$ <u>100</u>	\$ _____
Total monthly expenses:	\$ <u>1654</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? \$100 per month

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

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

I am working part-time and
can't afford the costs

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

Executed on: July 5, 2026



(Signature)

CO 000000-000000
DEJ

Earnings Statement



AutoZoners, LLC
123 S. Front St
Memphis, TN 38103

Page 001 of 001
Pay Period from 06/07/2026 to 06/20/2026
Advice Date: 06/26/2026
Advice Number: 000092047
Batch Number: SC4QJH2Q5ZCT
Employee ID: 11404872

fata, abraham
355 Hamilton St
Allentown, PA 18101

Department: 4608-AUTOZONE #4608
For inquiries, please call: 1-800-262-1682
Total Hours Worked: 40.12
Basis of Pay: Hourly
Pay Rate: 12.96

Earnings	Rate	Hours	Current	Year-to-Date
Regular	12.9600	40.12	519.96	8968.60
Gross Pay			519.96	8968.60

Taxes		
FIT	0.00	105.61
Medicare Employee	7.53	130.04
Social Security Employee	32.23	556.05
PASIT	15.96	275.33
PASUI Employee	0.37	6.28
City(PALehighAllentown)	7.67	132.27
Head Tax(PALehighAllentown)	2.00	26.00
School Withheld- PA Allentown C	2.60	44.85
Total Taxes	68.36	1276.43

Deductions		
Child Support	195.69	195.69
Total Deductions	195.69	195.69
Net Pay	255.91	7496.48

Other Information

Direct Deposits		
Checking	XXXXXX0660	255.91

Your Federal taxable wages for this period are: \$519.96

*Excluded from taxable wages

A satisfied customer made this check possible!

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AutoZoners, LLC
123 S. Front St
Memphis, TN 38103

Advice Number: 000092047
Advice Date: 06/26/2026

Deposited to the account of	Account Number	Transit ABA	Amount
fata, abraham	XXXXXX0660	083000137	\$255.91

THIS IS NOT A CHECK

Earnings Statement



AutoZoners, LLC
123 S. Front St
Memphis, TN 38103

Page 001 of 001
Pay Period from 05/24/2026 to 06/06/2026
Advice Date: 06/12/2026
Advice Number: 000068203
Batch Number: SCXQLYX76PJB
Employee ID:11404872

Department:4608-AUTOZONE #4608
For inquiries,please call:1-800-262-1682
Total Hours Worked: 44.83
Basis of Pay: Hourly
Pay Rate: 12.96

fata, abraham
355 hamilton st
355 hamilton st
Allentown, PA 18101

Earnings	Rate	Hours	Current	Year-to-Date
Regular	12.9600	44.83	581.00	8448.64
Gross Pay			581.00	8448.64
Taxes				
FIT			0.00	105.61
Medicare Employee			8.43	122.51
Social Security Employee			36.03	523.82
PASIT			17.84	259.37
PASUI Employee			0.40	5.91
City(PALehighAllentown)			8.57	124.60
Head Tax(PALehighAllentown)			2.00	24.00
School Withheld- PA Allentown C			2.91	42.25
Total Taxes			76.18	1208.07
Net Pay			504.82	7240.57

Other Information

Direct Deposits
Checking XXXXXX0660 504.82

Your Federal taxable wages for this period are: \$581.00

*Excluded from taxable wages

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AutoZoners, LLC
123 S. Front St
Memphis, TN 38103

Advice Number: 000068203

Advice Date: 06/12/2026

Deposited to the account of	Account Number	Transit	ABA	Amount
fata, abraham	XXXXXX0660	083000137		\$504.82

THIS IS NOT A CHECK



Welcome, Abraham!

My Benefits Summary

Case 39|0710384
ABRAHIM FATA (37)

Open

 Medical Assistance
Renewal on 01/31/2027

Adult

Food Assistance
 (Supplemental Nutrition Assistance Program - SNAP)
Renewal on 01/31/2027

\$116
monthly

VIEW BENEFIT DETAILS

Quick Actions

Need help?

