

26-5827

ORIGINAL

No. _____

FILED

SEP 10 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

BRAHEEM HARTLEY — PETITIONER
(Your Name)

VS.

DELAWARE COUNTY ET. AL. — 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):

☒ 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.

Braheem Hartley

(Signature)

RECEIVED

OCT 13 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, BRAHEEM HARTLEY, 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	\$500	\$0	\$0	\$0
Self-employment	\$0	\$0	\$0	\$0
Income from real property (such as rental income)	\$0	\$0	\$0	\$0
Interest and dividends	\$0	\$0	\$0	\$0
Gifts	\$0	\$0	\$0	\$0
Alimony	\$0	\$0	\$0	\$0
Child Support	\$0	\$0	\$0	\$0
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$0	\$0	\$0
Disability (such as social security, insurance payments)	\$0	\$0	\$0	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$0	\$0	\$0	\$0
Other (specify): 0	\$ 0	\$0	\$0	\$0
Total monthly income:	\$ 500	\$ 0	\$ 0	\$ 0

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
PA ARNG	DEPT OF MILITARY AFFAIRS	06/2010- 03/2026	\$500
	BLDG 714		\$
	ANNVILLE PA 17003-5002		\$

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
NO SPOUSE	NO SPOUSE	NO SPOUSE	\$NO SPOUSE
NO SPOUSE	NO SPOUSE	NO SPOUSE	\$NO SPOUSE
NO SPOUSE	NO SPOUSE	NO SPOUSE	\$NO SPOUSE

4. How much cash do you and your spouse have? \$NO SPOUSE

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
NO SPOUSE	\$0	\$0
NO SPOUSE	\$0	\$0
NO SPOUSE	\$0	\$0

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

☐ Home
Value NONE

☐ Other real estate
Value NONE

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

☐ Motor Vehicle #2
Year, make & model N/A
Value N/A

☐ Other assets
Description NONE
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**
DELAWARE COUNTY

Amount owed to you
DISPUTED DAMAGES
\$ IN EXCESS OF \$50,000

Amount owed to your spouse
\$ NO SPOUSE

0 _____

\$0 _____

\$0 _____

0 _____

\$0 _____

\$0 _____

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
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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No	\$0 _____	\$ <u>NO SPOUSE</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$0 _____	\$ <u>NO SPOUSE</u>
Home maintenance (repairs and upkeep)	\$0 _____	\$ <u>NO SPOUSE</u>
Food	\$ <u>400</u>	\$ <u>NO SPOUSE</u>
Clothing	\$0 _____	\$ <u>NO SPOUSE</u>
Laundry and dry-cleaning	\$0 _____	\$ <u>NO SPOUSE</u>
Medical and dental expenses	\$0 _____	\$ <u>NO SPOUSE</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$0	\$ NO SPOUSE
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$ NO SPOUSE
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$0	\$ NO SPOUSE
Life	\$0	\$ NO SPOUSE
Health	\$0	\$ NO SPOUSE
Motor Vehicle	\$ 0	\$ NO SPOUSE
Other: _____	\$0	\$ NO SPOUSE
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$0	\$ NO SPOUSE
Installment payments		
Motor Vehicle	\$0	\$ NO SPOUSE
Credit card(s)	\$0	\$ NO SPOUSE
Department store(s)	\$0	\$ NO SPOUSE
Other: _____	\$0	\$ NO SPOUSE
Alimony, maintenance, and support paid to others	\$0	\$ NO SPOUSE
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$ NO SPOUSE
Other (specify): _____	\$0	\$ NO SPOUSE
Total monthly expenses:	\$400	\$ NO SPOUSE

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.

NO

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:

N/A

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:

N/A

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

I am currently unemployed and am not serving in the military at the time of this application. Following the loss of my home, I was discharged from military service in March 2026 without a bar to reenlistment. I have no dependents and currently reside with my aunt, listed above, who cover my basic living expenses while this matter remains unresolved. Because of the circumstances, I am unable to pay the costs of this case, and request leave to proceed in forma pauperis from this court.

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

Executed on: OCTOBER 7TH, 2026

Braheem Hartley

(Signature)



NATIONAL GUARD BUREAU

111 SOUTH GEORGE MASON DRIVE
ARLINGTON VA 22204-1382

ARNG.HRP
83

HARTLEY, BRAHEEM D
7734 LUCRETIA MOTT WAY APT A
ELKINS PARK PA 19027

1LT
PAARNG JFHQ

You are discharged from the Component shown.

Authority: NGR 635-100 Para 5a

Effective Date: 11 MAR 2026

Component: Army National Guard of the United States

Type of

All reserve of the Army of the United States appointments are terminated
If Reserve ID Form 2 (Red or Green) is in your possession, return it to:

THE ADJUTANT GENERAL, STATE OF PENNSYLVANIA
DEPT OF MILITARY AFFAIRS, BLDG 714
ANNVILLE PA 17003-5002

Army Military Human Resources Records (AMHRR) for soldiers separated from service are available from the Defense Personnel Records Information Retrieval Systems (DPRIS). Visit your local Veterans Administration (VA) office to authenticate your identity and receive a DoD Self-Service (DS) Logon account. Contact VA prior to your visit for a list of documents required for identity verification. Alternatively, if you have a CAC or other acceptable authenticated account you may be able to get your DS Logon access from <<https://myaccess.dmdc.osd.mil/dsaccess>>. With your DS Logon you will be able to retrieve your military records at www.ebenefits.VA.gov <www.ebenefits.VA.gov>.

Format: 500

For the Chief, National Guard Bureau:

Queschae B. Blue-Clark
COL, AG
Chief, Personnel Division

DISTRUBTION:

ipermis - Personnel Information Management System(1)