

02-1121-CD
BRIAN MCGARVEY -vs- COMMONWEALTH OF PENNSYLVANIA, DEPT. OF
TRANSPORTATION

Returned from Judge's

Office 2-25-03 - not signed.

In the Court of Common Pleas of Clearfield County, Pennsylvania

Civil Division

FILED

JUL 19 2002

013:50/w

William A. Shaw
Prothonotary

NO COURT COPY

Brian McGarvey

Plaintiff

vs.

No. 2002-1121-CD C.D.

Commonwealth of Pennsylvania Dept. of Transp.

Defendant

AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED IN FORMA PAUPERIS

1. I am the Plaintiff/Defendant in the above matter and because of my financial condition I am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
2. I am unable to obtain funds from anyone, including my family, friends and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the costs and fees is true and correct.

a. Name Brian McGarvey
 Address RD #1 Box 144
DuBois, PA 15801
 Social Security Number 192 - 50 - 6637

b. Date of last employment 8-24-01, + 5-29-02.
 Employer Parker Hannifin
 Address 1460 GARRET DR.
MONKS CORNERS, SC 28581
 Salary/Wages..... \$ 42,000 A YEAR
 Type of work Supervision

c. Other Income:

Business/Profession.....	\$	<u>\$3,500</u>
Self-employment.....	\$	<u>\$3,500</u>
Interest.....	\$	<u>-0-</u>
Dividends.....	\$	<u>-0-</u>
Pension.....	\$	<u>-d-</u>
Annuities.....	\$	<u>-d-</u>
Social Security Benefits.....	\$	<u>-d-</u>
Support Payments.....	\$	<u>-0-</u>
Disability payments.....	\$	<u>-0-</u>
Unemployment Compensation/ Supplements Benefits.....	\$	<u>-0-</u>
Workmen's Compensation.....	\$	<u>-0-</u>
Public Assistance.....	\$	<u>-0-</u>
Food Stamps.....	\$	<u>-0-</u>
Other.....	\$	<u>-0-</u>

d. Other contributions to my household support (please circle):

Name of Spouse, Boyfriend/Girlfriend, or Roommate/Housemate
N/A I live with my folks, & pay them when ever I want

Employer N/A

Salary/wages per month..... \$ -0-

Type of work N/A

Contributions from my child(ren)... \$ -0-

Contributions from my parent(s),
 family members, or any other
 individuals..... \$ -0-

e. Property Owned:

Cash.....	\$	<u>-0-</u>
Checking Account.....	\$	<u>100</u>
Savings Account.....	\$	<u>5</u>
Certificates of Deposit.....	\$	<u>-0-</u>
Real Estate (including home).....	\$	<u>0</u>
Motor Vehicle(s) - Make <u>Buick</u>		
Year <u>94</u>		
Cost.....	\$	<u>\$2,000</u>
Amount owed.....	\$	<u>\$2,000</u>

Stocks, bonds..... \$ 0
 Other..... \$ 0
 Other..... \$ 0
 Other..... \$ 0

f. I have the following debts:

Utilities: \$ 0 . __, explain I AM CURRENTLY RECEIVING
 \$ 0 . __, explain INSURANCE COVERAGE TO
 \$ 0 . __, explain PAY MOST OF MY RENT.
 \$ 0 . __, explain LIVE WITH PARENTS
 Groceries: \$ 200.00
 Rent/Mortgage: \$ 0 . __, explain LIVE WITH PARENTS
 Loan(s): \$ 0 . __, explain ✓ CREDIT CARDS, CAR,
 Auto Expense: \$ 300 . __, explain INSURANCE, ETC.
 Child Care: \$ -0- . __, explain IM TEMP. DISABLED, & NOT PAYING CHILD
 Miscellaneous: \$ -0- . __, explain LIVING, FEED, DRINK, ETC.. SUPPORT

g. Person(s) dependent upon you for support:

Wife/Husband's name N/A

Children, if any:

Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____

Other person(s) dependent upon you:

Name	<u>N/A</u>	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____

4. I understand that I have a continuing obligation to inform the Court of improvements in my financial circumstances which would permit me to pay the costs incurred herein.

VERIFICATION

I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to Unsworn Falsification to Authorities.

7/19/02
Date

Brian McGarry
Petitioner

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, Brian McElarney, having filed with the Court an Affidavit requesting In Forma Pauperis standing, hereby consent to the release of any information which may be requested by the Judges of the Court of Common Pleas of Clearfield County, or by any employee of the Court Administrator's Office acting on the behalf and at the direction of any said Judge, relating to any employment compensation, Worker's Compensation, Social Security, Department of Public Welfare or Black Lung benefits which I may receive from any county, state or federal agency which administers or handles processing of any of the above described benefits. This consent shall also authorize the release to the said Court or designee of any information as to any compensation I am receiving, or have received in the past twelve (12) months, from any full or part-time employment of any type whatsoever.

This consent shall remain in effect for a period of twelve (12) months herefrom. A copy or FAX of this release shall have the same legal effect as the original.

Social Security Number: 192 - 30 - 6637

Board of Assistance Number (food stamps, etc.): N/A

DATE: 7/19/02

Brian McElarney

signature

DATE: 7 / 19 / 02

NAME: Brian McGarvey

TELEPHONE NUMBER: (814) 894 - 2783

ADDRESS: RD#1 Box 144
DeBois, PA 15801

OTHER PARTIES INVOLVED: N/A

REASON FOR FILING THIS PETITION (Write a brief description of your financial problem(s), please be specific. Failure to do so could result in your request being delayed or denied.) (Example: request for filing fee or Mediation Conference fee to be waived due to your inability to submit the required fee because...)

I'm A PAUPER, THAT CAN'T AFFORD A LAWYER, & HASN'T
WORKED BUT 10 DAYS SINCE 8-24-02.
I MUST LIVE WITH MY PARENTS JUST TO SURVIVE!

TYPE OF ACTION: (divorce, custody, District Justice appeal, etc. Please specify what type of action you are pursuing through this application.)

I WAS WRONGLY PROCESSED, & NOT GUILTY OF INITIAL OFFENSE.
HEARING IS PENDING.

In the Court of Common Pleas of Clearfield County, Pennsylvania

Civil Division

Brian McGarvey
Plaintiff

vs.

Commonwealth of Pennsylvania
Department of Transportation
Defendant

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No. 02-1121-CD C.D.

O R D E R

NOW, this _____ day of _____,
_____, upon consideration of the foregoing Affidavit in Support
of Petition to Proceed in Forma Pauperis, it is the ORDER of this
Court that said Petition is GRANTED / DENIED.

If the Petition is GRANTED, Filing / Mediation Conference
fee is hereby WAIVED.

By the Court,

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA
Filing of APPEAL

02-1121-03

BRIAN MCGARVEY PLAINTIFF

V/S

BRIAN MCGARVEY
RD#1 BOX 144
DUBOIS, PA 15801
PHONE: 814-894-2783

Commonwealth of PA Dept. of Trans. DEFENDANT

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF TRANSPORTATION
OFFICE OF CHIEF COUNSEL
Third Floor, River Front Office Center
Harrisburg, PA 17104-2516
PHONE: 800-932-4600

COMMENT: I had no way of typing this letter.

7/18/02 Page #1

To The Pennsylvania Department of Transportation, and all others connected with this matter:

Commonwealth of Pennsylvania Department of Transportation
Office of Chief Counsel
Third Floor, Riverfront Office Center
Harrisburg, Pa 17104-2516
Phone: 1-800-932-4600

This is my official Notice of Appeal regarding my driving license suspension, which starts on 7/27/02; for refusing to take a blood test upon request of a State Trooper.

Brian McGarvey
RD #1 Box 14
DuBois, Pa 15801
Phone: 814-894-2783

Myself, (the accused), am rendering this Service, because I have not worked in a year, and am recovering from a spinal surgery I underwent on 7/5/02, which has left me a pauper. And unable to obtain legal representation. At least at this time.

Reasons: Strictly relating to this issue of the offense, I was not told I would lose my license for a period of one year at that time by the arresting officer for denying to do so, nor at any time during the proceedings. Since this action was inappropriate, and I would have submitted to the test had I of known that, I ask for a dismissal of this case.

Furthermore, I am also disputing the charges of DUI, with representation from the Public Defender of Erie, County.

Office of the Public Defender
Keith H. Clelland, ESQ. Assistant Public Defender
509 Sassafras Street
Erie, Pa 16507
Phone: 814-451-6501

Respectfully,
Brian McGarvey

A handwritten signature in cursive script that reads "Brian McGarvey". The signature is written in black ink and is positioned below the typed name.