

02-1121-CD  
Brian Megarvey vs Comm of PA

02

02-1121-CB  
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**

Brian McGarvey  
Plaintiff  
vs.  
Commonwealth of Pennsylvania Dept. of Transps.  
Defendant

JUL 19 2002  
013150/m  
William A. Shaw  
Prothonotary  
No court copy  
No. 2002-1121-CD C.D.

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>-0-</u>
Annuities.....	\$ <u>-0-</u>
Social Security Benefits.....	\$ <u>-0-</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 whatever I can

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..... \$ -0-

Checking Account..... \$ 100

Savings Account..... \$ -0-

Certificates of Deposit..... \$ -0-

Real Estate (including home)..... \$ -0-

Motor Vehicle(s) - Make Buick

Year 94

Cost..... \$ 32,000

Amount owed..... \$ 82,000

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

f. I have the following debts:

Utilities: \$ 0 . . . . ., explain I Am Currently Receiving Insurance Coverage To Pay Most Of My Bills.  
 \$ 0 . . . . ., explain live with folks  
 \$ 0 . . . . ., explain live with parents  
 \$ 0 . . . . ., explain ✓ Credit Cards, Car, Insurance, etc..  
 Groceries: \$ 200 .00  
 Rent/Mortgage: \$ 0 . . . . ., explain Im Temp. Disabled, & not paying child support  
 Loan(s): \$ 0 . . . . ., explain Credit Cards, Car, Insurance, etc..  
 Auto Expense: \$ 300 . . . . ., explain Im Temp. Disabled, & not paying child support  
 Child Care: \$ -0- . . . . ., explain living, food, Drinky etc..  
 Miscellaneous: \$ -0- . . . . ., explain living, food, Drinky etc..

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

Wife/Husband's name N/A

Children, if any:

Name	Age

Other person(s) dependent upon you:

Name	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 McNamee

Petitioner

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, Brian McElwany, 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: 182 - 30 - 6637

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

DATE: 7/19/02 Brian McElwany  
signature

DATE: 7/19/02

NAME: Brian McGarvey

TELEPHONE NUMBER: (814) 894 - 2783

ADDRESS: Roth 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 FOLKS 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

\*

\*

\*

\*

\*

\*

No.

02-1121-CJ

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-CB

Brian McGarvey Plaintiff

VS

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

*Brian McGarvey*