

No. 18-1153

IN THE

SUPREME COURT OF THE UNITED STATES

Timothy Rizzo - PETITIONER

v.

Applied Materials, Inc., Globalfoundries, US, Inc.,

Globalfoundries, Inc., AM Technical Solutions, Inc., - RESPONDENTS

ON PETITION FOR WRIT OF CERTIORARI TO

UNITED STATES DISTRICT COURT US COURT of APPEALS 2nd Circuit

MOTION FOR LEAVE TO FILE IN FORMA PAUPERIS

Timothy Rizzo, Prose

272 County Highway 107

Johnstown, New York

(c) 518-265-3561

MOTION FOR LEAVE TO FILE IN FORMA PAUPERIS

I write this Correspondence in connection to my Motion to file Leave In Forma Pauperis to give some form of explanation that I am financially strapped and can no longer afford the cost. I have paid dearly since the accident and the financial stress the Respondents have placed on me by losing my form of living is at its peak. Over the past two years, my debt has grown substantial against my bills and medical. Currently, I don't have enough money to pay my quarterly taxes.

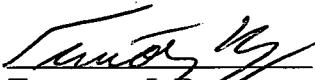
Current approximate debt; Credit card \$44,500, Loan from parents \$9,000, Truck loan \$2,000, and a Personal Loan \$14,500, plus other bills.

I am asking to file In Forma Pauperis because I can no longer support the cost and the debt is outweighing the income. I have no monies to work with.

I feel strong in filing this paperwork because I know I have been wronged and I ask for this case to be heard, but I cannot afford the production cost and filing fees knowing I cannot pay my taxes.

I respectfully ask the US Supreme Court to Grant my filing as In Forma Pauperis at this juncture even knowing hat I filed the standard way prior upon my Writ of Certiorari.

Respectfully Submitted,


TIMOTHY J. RIZZO
CIVIL ENGINEER, PE
Plaintiff-Appellant Pro se
272 County Highway 107
Johnstown, New York 12095
(518) 265-3561

No. 18-1153

IN THE
SUPREME COURT OF THE UNITED STATES

Timo Thy R1220 — PETITIONER
(Your Name)

VS.

Applied Materials 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.


(Signature)

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

I, Timothy Rizzio, 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>120</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>—</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>—</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>—</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>—</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>—</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>—</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>—</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>1918</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>—</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>—</u>	\$ _____	\$ _____	\$ _____
Other (specify): <u>LTD</u>	\$ <u>2617</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>4,555</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
Town of Johnstown	2753 RT 29 Johnstown, N.Y. 12095	1/1/2016	\$ 120
			\$
			\$

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
NA			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ None pay bills medical + Legal
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
Cap Com NBT	Savng / Chekng chekng	\$ 2,057 as \$ 140	\$ of Today But zero per month.
		\$	\$

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

Home
Value NA

Other real estate
Value \$15,000 or \$69,000

Motor Vehicle #1
Year, make & model 2008 Dodge Ram
Value \$10,000

Motor Vehicle #2
Year, make & model 2010 Subaru Outback
Value \$6,000

Other assets
Description 2006 CBR RR 1000, 2004 Polaris 600 Prx2
Value \$15,000

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.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ <u>400</u>	\$ _____
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>100</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ <u>300</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ <u>200</u>	\$ _____
Motor Vehicle	\$ <u>120</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>1325 quarterly</u>	\$ <u>331</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>320</u>	\$ _____
Credit card(s) <u>4 credit cards on Legal</u>	\$ <u>1800</u>	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <u>Personal loan</u>	\$ <u>320</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>cell phone</u>	\$ <u>110</u>	\$ _____
Total monthly expenses:	\$ <u>4,001</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 when Filed Writ + Supplemental Appendix

If yes, how much? 6,360 

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

Counsel Press Inc

P.O. Box 65019

Baltimore, MD 21264-5019

contact is
Candice Best +
Gary Chi
1-212-685-9800

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

I'm Broke, This case cost me Lots of money
and I'm not getting Justice. I've Lost monies due to
Defendants negligence and I can't pay any more see
Attached cost that Broke me. All on credit cards. While
I declare under penalty of perjury that the foregoing is true and correct. Being injured

Executed on: 5/14/19, 2019

With no legal help.


(Signature)