

No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

GREGORY D. KILPATRICK PETITIONER  
(Your Name)

VS.

DMD-DDS JENNIFER MENKIN — RESPONDENT(S) 174036(17CV511)

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):

U.S. DISTRICT COURT - S.D.N.Y.

U.S.C.D.A. 2ND CIRCUIT - 40 FOLEY SQUARE N.Y.C.

☐ 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.

Pro Se Gregory D. Kilpatrick  
(Signature)

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

I, GREGORY D. KILPATRICK 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>-0-</u>	\$ _____	\$ <u>-0-</u>	\$ _____
Self-employment	\$ <u>-0-</u>	\$ _____	\$ <u>-0-</u>	\$ _____
Income from real property (such as rental income)	\$ <u>-0-</u>	\$ _____	\$ <u>-0-</u>	\$ _____
Interest and dividends	\$ <u>-0-</u>	\$ _____	\$ <u>-0-</u>	\$ _____
Gifts	\$ <u>-0-</u>	\$ _____	\$ <u>-0-</u>	\$ _____
Alimony	\$ <u>-0-</u>	\$ _____	\$ <u>-0-</u>	\$ _____
Child Support	\$ <u>-0-</u>	\$ _____	\$ <u>-0-</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>-0-</u>	\$ _____	\$ <u>-0-</u>	\$ _____
<u>Disability</u> (such as <u>social</u> <u>security</u> , insurance payments)	\$ <u>1,048.00</u>	\$ _____	\$ <u>1,048.00</u>	\$ _____
Unemployment payments	\$ <u>-0-</u>	\$ _____	\$ <u>-0-</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>-0-</u>	\$ _____	\$ <u>-0-</u>	\$ _____
Other (specify): <u>V.A. 100%</u> <u>NON SVC. DISABILITY</u>	\$ <u>128.00</u>	\$ _____	\$ <u>128.00</u>	\$ _____
<b>Total monthly income:</b>	\$ <u>1,176.00</u>	\$ _____	\$ <u>1,176.00</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**

WALKER - MOBILITY IMPAIRED, SINGLE MEDICALLY DISABLED, UNEMPLOYED, INFECTED, (FOUR VIRAL BLOOD INFECTIONS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

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., <u>checking</u> or <u>savings</u> )	Amount you have	Amount your spouse has
<u>CHASE BANK</u>	\$ <u>12,522.39</u>	\$ _____
<u>CHASE BANK</u>	\$ <u>1,857.00</u>	\$ _____
<u>CARVER FEDERAL BANK</u>	\$ <u>1,872.00</u>	\$ _____
<u>CARVER FEDERAL BANK</u>	\$ <u>983.00</u>	\$ _____

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

☐ Home  
Value 0-

☐ Other real estate  
Value 0-

☐ Motor Vehicle #1  
Year, make & model 0-  
Value 0-

☐ Motor Vehicle #2  
Year, make & model 0-  
Value 0-

☐ Other assets  
Description 0-  
Value 0-

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
V.A.M.C-06CV9907-072040CV-DENIED (F.T.C.A.)	\$9,999,000.00 - PERMANENT SKIN DAMAGES	\$
V.A.M.C-REPLY 331/30/ICW-DENIED (F.T.C.A.)	\$728.00 ADDED TO \$728.00 100% DISABILITY	\$
H/SC LIT 408/16-41.42.43 ALTVS-DENIED-THEFT	\$5000.00-CRIMINAL TRESPASS	\$
MIS3 LIT 1078-90-ALT HAGLER-DENIED	\$1,515.25	\$
WESLEY COUNTY N.C.-CV-6603-MONGIARDO-DENIED	\$2000.00-ALT SOKAWISKI	\$
BROOKLYN N.Y. 9/12 J.L. BARNES ALT LIT 285-10 DENIED	\$350.00	\$

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
GREGORY D. KILPATRICK	SELF	68

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)	\$337.80	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
HYGENIC	\$100.00 MONTH	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$90.00	\$
\$90.00 COST-VERIZON WIRELESS-MONTHLY CARD-TEMP. DISC	\$-35.00	
PENDING ASSURANCE WIRELESS-MONTHLY CARD-\$10.00-\$30.00	\$50.00	\$
Home maintenance (repairs and upkeep)-HARDWARE	\$56.00	
P.O. BOX 627, WILLIAMS BRIDGE, BRONX NY 10467	\$300.00 MONTH	\$
\$105.00 - Food BENEFIT CARD REDUCED TO \$15.00 MONTHLY		
Clothing - SHOES-\$90.00 FULL SOLES AND HEELS-SHOENAKER-EIGHT PAIRS \$720.00 (ARREARS)	\$-720.00-	\$
Laundry and dry-cleaning-\$20.00 AND \$60.00	\$80.00	\$
\$350.00 SURGERY (Medical) and SURGERY (dental) expenses	\$275.00 TO \$500.00 PENDING	\$
TO \$600.00		
LEFT SHOULDER, RIGHT KNEE-MENISCAL TRANSPLANT-KNEE REPLACEMENT, LUMBAR SPINE DISC SURGERY	\$1000.00 TO \$2,500.00	
	BLOOD TRANSFUSIONS PENDING BECAUSE OF 173128 (17CV5013) AND 174036 (17CV5111) DELIBERATE-ACCIDENTAL? BLOOD VIRAL INFECTIONS (FOUR) HSV1-HSV2, URINE MYCUS, CONTAMINATIONS-SQUAMOUS EPILITHIAL	

SUBWAY-BUS-\$ 19.20  
(TAXI-EMERGENCY-A.M.-E.R. HOSP.

Transportation (not including motor vehicle payments)

You

\$ 38.40

Your spouse

\$

Recreation, entertainment, newspapers, magazines, etc.

\$ 11.00

\$

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's

\$ -0-

\$

Life

\$ -0-

\$

Health

\$ -0-

\$

Motor Vehicle

\$ -0-

\$

Other: -0-

\$ -0-

\$

Taxes (not deducted from wages or included in mortgage payments)

(specify):

\$ -0-

\$

Installment payments

Motor Vehicle

\$ -0-

\$

Credit card(s)

\$ -0-

\$

Department store(s)

\$ -0-

\$

Other: HAIRCUT

\$ 20.00

\$

Alimony, maintenance, and support paid to others

\$ -0-

\$

Regular expenses for operation of business, profession,  
or farm (attach detailed statement)

\$ -0-

\$

Other (specify): TAXI-EMERGENCY-A.M.  
E.R.-\$ 25.00 TO \$ 45.00 HOSPITAL

\$ VARIES

\$

Total monthly expenses:

\$ 1,026.00

\$

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.

RENT AND SECURITY INCREASE (APARTMENT)  
MEDICARE GUY BACK PREMIUMS (SOCIAL SECURITY)  
FOOD STAMP FAIR HEARINGS  
VIA DISABILITY (NON SERVICE CONNECTED) OVER PAYMENT

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? UNKNOWN

If yes, state the attorney's name, address, and telephone number: C.J.C.M. V.S. DIST. COURT AND R.A.R. US CO. 2ND CIRCT BOTH DENIED PLAINTIFF PRO BOND ATTORNEY.

7 RACIST JEW  
CAUCASIAN

DANIEL P. LEVITT

BLACK  
DENIED  
PRO-SE VET  
REPRESENTATION  
AND  
ASSISTANCE  
WITH WRIT OF  
CERTIORARI  
(RACISM)

AARON FIELDS - (718) 630 2906  
OFFICE OF GENERAL COUNSEL  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
800 POLY PLACE, BUILDING 14  
BROOKLYN, NEW YORK 11209

DOUBTFUL  
FOUR  
TIMES.  
(DOCKET  
CASES)

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? UNKNOWN

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

BLACK  
DENIED  
PRO-SE  
VET  
LEGAL  
ASSISTANCE  
(RACISM)  
WRIT OF  
CERTIORARI

MICHAEL BARTLEY - PARALEGAL SPECIALIST -  
OFFICE OF GENERAL COUNSEL  
U.S. DEPT. OF VETERANS AFFAIRS  
800 POLY PLACE, BUILDING 14  
BROOKLYN, NEW YORK 11209

LEGAL CLINICS  
(1) 500 PEARL STREET NYC 10007  
(2) 300 QUARROPAS ST. WHITE PLAINS NY 10601  
DENIED PLAINTIFF LEGAL SERVICES

12. Provide any other information that will help explain why you cannot pay the costs of this case.  
\$1600.00 THUS FAR - U.S.G.P.O. CERTIFIED, PRIORITY, CERTIFICATE OF MAILING, FEDERAL EXPRESS MAIL G.P.O. PRIORITY, LEGAL SUPPLIES, XEROX COPIES, I.F.P. FORMS VS. DOCKET FEES \$505.00, E.R., VISITS - FOOD POISONING INSIDE APARTMENT 2G - HOSPITAL COAINTMENTS \$80.00, STOLEN CIVIL DOCKET PAPER WORK. (HOME DEPOT E. 50ST N.Y. CASHIER MGR. DUPLICATED DEAD BOLT CYLINDER KEY!)

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

Executed on: JULY 13, 20 18

Pro SE Gregory D. Kilpatrick  
(Signature)

IGOR ALAYEV  
Notary Public, State of New York  
Registration #01AL6308471  
Qualified in Queens County  
Commission Expires July 28, 2018