

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Gregory D. Kilpatrick PETITIONER
(Your Name)

VS.

DMD-DDS Jennifer Henkin — RESPONDENT(S) 174036 (MCV511)

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 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% NON SVC. DISABILITY</u>	\$ <u>128.00</u>	\$ _____	\$ <u>128.00</u>	\$ _____
Total monthly income:	\$ <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

*(FOUR VITAL
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., checking or savings)

CHASE BANK

Amount you have

\$ 12,522.39

Amount your spouse has

\$

CHASE BANK

\$ 1,857.00

\$

CARVER FEDERAL BANK

\$ 1,872.00

\$

CARVER FEDERAL BANK

\$ 1,983.00

\$

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—

Motor Vehicle #2

Year, make & model —0—

Value —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-06CV9901-072040CV - 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.) - \$8938.00 ADDED TO \$728.00 10% DISABILITY	\$	
H/SC LT 408/16 - 41,42,43 ALJVS - DENIED - THEFT	\$ 5,000.00 - CRIMINAL TRESPASS	\$
H/SC LT 1078-90-AL HAGLER - DENIED	\$ 1,515.25	\$
WASAN COUNTY N.Y. CV-6103-MONGIARDO - DENIED	\$ 5,000.00 - AL TSOKAWISKI	\$
BROOKLYN N.Y. 9/21/2010 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	\$ 100.00 MONTH	
HYGENIC		
Utilities (electricity, heating fuel, water, sewer, and telephone) - APARTMENT VERIZON	\$ 90.00	\$
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 621, WILLIAMS BRIDGE, BRONX NY 10461		
\$105.00 - Food BENEFIT CARD REDUCED TO \$15.00 MONTHLY	\$ 300.00 MONTH	\$
Clothing - SHOES - \$90.00 FULL SOLES AND HEELS - \$ 720.00 - SHOEMAKER - EIGHT PAIRS \$720.00 (ARREARS)	\$	
Laundry and dry-cleaning - \$20.00 AND \$60.00	\$ 80.00	\$
SURGERY SURGERY Medical and (dental) expenses	\$ 275.00 TO \$ 500.00 \$ PENDING	\$
8350.00 TO \$600.00		
LEFT SHOULDER, RIGHT KNEE - MENISCAL TRANSPLANT - KNEE REPLACEMENT, LUMBAR SPINE DISC SURGERY		
SURGERY - C/O PAYS - ROOT CANALS, CAPS, CROWNS (IMPLANTS) (\$1000.00 \$2,500.00)		
(\$2,500.00)		
CONTAMINATIONS - SQUAMOUS EPILITHIAL		
BLOOD TRANSFUSIONS PENDING BECAUSE OF 173128 (17CV5013) AND 174036 (17CV5111) DELIBERATE - ACCIDENTAL? BLOOD VIRAL INFECTIONS (FOUR) HSV - HSV2, VRINE MVLUS,		

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

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>38.40</u>	\$ _____
Recreation, entertainment, <u>newspapers</u> , magazines, etc.	\$ <u>11.00</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>-0-</u>	\$ _____
Life	\$ <u>-0-</u>	\$ _____
Health	\$ <u>-0-</u>	\$ _____
Motor Vehicle	\$ <u>-0-</u>	\$ _____
Other: <u>-0-</u>	\$ <u>-0-</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>-0-</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>-0-</u>	\$ _____
Credit card(s)	\$ <u>-0-</u>	\$ _____
Department store(s)	\$ <u>-0-</u>	\$ _____
Other: <u>HAIRCUT</u>	\$ <u>20.00</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>-0-</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>-0-</u>	\$ _____
Other (specify): <u>TAXI-EMERGENCY-A.M.</u> <u>E.R.-\$25.00 TO \$45.00 HOSPITAL</u>	\$ <u>VARIÉS</u>	\$ _____
Total monthly expenses:	\$ <u>1,026.00</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.

RENT AND SECURITY INCREASE (APARTMENT)
MEDICARE GUY BACK PREMIUMS (SOCIAL SECURITY)
FOOD STAMP FAIR HEARINGS
V.A. 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

RACIST JEW
CAUCASIAN

If yes, how much? UNKNOWN

C.J.C.M. U.S. DIST. COURT AND
R.A.K. U.S.C.O.A. 2ND CIRCT BOTH
DENIED PLAINTIFF PRO BONO ATTORNEY
DOUBTFUL TWENTY FOUR
TIMES.
(DOCKET CASES)

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

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

- LEGAL CLINICS
(1) 500 PEARL STREET NYC 10007

(2) 300 QUARROPS ST. WHITE
PLAINS N.Y. 10601

DENIED PLAINTIFF LEGAL SERVICES

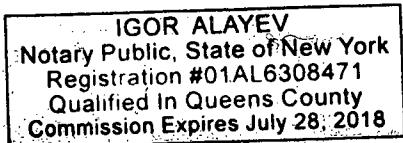
12. Provide any other information that will help explain why you cannot pay the costs of this case.
\$1600.00 TAVS FAR - U.S.G.P.O. CERTIFIED, PRIORITY, CERTIFICATE OF
MAILING, FEDERAL EXPRESS MAIL, G.P.O. PRIORITY, LEGAL SUPPLIES,
XEROX COPIES, I.F.P. FORMS VS. DOCKET FEES #505.00, F.R.,
VISITS - FOOD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

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

Executed on: JULY 13, 2018

Pro Se Gregory D. Kilpatrick

(Signature)



IGOR
07/13/18