

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Pro Se Gregory Kilpatrick — PETITIONER
(Your Name)

VS.
M.D. HARIA KONDAVEETI - 174021(17cv5113) — 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):

U.S. COURT OF APPEALS FOR THE 2ND CIRCT - Foley Sq
U.S. DIST. COURT - S.D.N.Y.

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>	\$ _____
Disability (such as <u>social security, insurance payments</u>)	\$ <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>128.00</u>	\$ _____	\$ <u>128.00</u>	\$ _____
<i>NON-SVC DISABILITY</i>				
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.)

*MEDICALLY DISABLED UNEMPLOYED,
"INFECTED" - MOBILITY IMPAIRED - WALKER, CRUTCHES, CANE*

Employer	Address	Dates of Employment	Gross monthly pay
			\$
			\$
			\$

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>CARVER FEDERAL</u>	\$ 2000.00	\$
<u>CARVER FEDERAL</u>	\$ 983.00	\$
<u>CHASE BANK</u>	\$ 12,283.70	\$
<u>CHASE BANK</u>	\$ 2,062.69	\$

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

Home —0—
Value —0—

Other real estate —0—
Value —0—

Motor Vehicle #1 —0—
Year, make & model —0—
Value —0—

Motor Vehicle #2 —0—
Year, make & model —0—
Value —0—

Other assets —0—
Description —0—
Value —0—

Subway-Bus \$ 19.20
 (Taxi-EMERGENCY-A.M. HOSP. E.R.)

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 38.40 MO	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 11.00 MO	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ _____
Life	\$ 0	\$ _____
Health	\$ 0	\$ _____
Motor Vehicle	\$ 0	\$ _____
Other: HAIRCUT	\$ 15.00	\$ _____
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: G.P.O. P.O. Box 627 WILLIAMSBRIDGE, N.Y.C. 10467	\$ 56.00	\$ _____
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. \$ VARIES E.R. \$ 25.00 TO \$ 45.00	\$ _____	\$ _____
Total monthly expenses:	\$ 1,026.00	\$ _____

WACLES
HOSE, LIVED
HE.P.C
JUNE 2014
2005

George V.A.
HOSE
TWO CHILDREN
NAME
ORTHOMEDICS
ONE
CANADIAN
FEMALE
PRESIDENT
DENIED
DENIED

ation owing you or your spouse money, and the

Amount owed to your spouse
ALSO HE.P.C

00 (F.T.C.A.) - PERMANENT SCIN DAMAGES
DDED (F.T.C.A.) TO \$168.00 - 100% DISAB. TO 100000
THEFT - CIVIL TRESPASS - FOOD PSNB.
25 - PLEA'D FENT SOKAULSKI
DENIED MONGARDO SOKAULSKI
DENIED

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
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V.I.L.M.C. - 06 CV 06-1012040 - DENIED \$ 9,999,000.00 (F.T.C.A.) - PERMANENT SCIN DAMAGES
V.I.L.M.C. - REPLY 331/301ICW - DENIED \$ 4,28,00 AND EX. F.T.C.A.) TO \$ 128.00 - 100% DISAG. TO 1000.00
HISCLT 408716-41,42,43 ALT V.S. - DENIED \$ 5000.00 - THEFT - CRIMINAL TRESS/BSAG - FOOD PSNG.
HISCLT 1078-90 ALT HAGLER - DENIED \$ 1,515.25 - PLEA PAID FENT
PASSAIC COUNTY N.J. CV 06003 - ALT \$ 2000.00 DENIED MONGIA & DO - SKRAWLISKI
BROOKLYN N.Y. S/CL ALT - LT - 28.310 & 350.00 DENIED

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 GREGORY D. KILPATRICK Relationship SELF Age 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)	\$ 337.00	\$ _____
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		
<u>HYGENIC</u>	<u>\$ 100.00</u>	
Utilities (electricity, heating fuel, water, sewer, and telephone) - <u>APARTMENT</u>	\$ 35.00	\$ _____
<u>\$90.00 COST VERIZON WIRELESS - MONTHLY CARD</u>	<u>\$75.00</u>	<u>\$ 35.00</u>
<u>PENNING ASSURANCE WIRELESS - MONTHLY CARD</u>	<u>\$15.00</u>	
Home maintenance (repairs and upkeep) <u>HARDWARE</u>	<u>\$ 50.00</u>	
<u>\$105.00 - Food BENEFIT CARD REDUCED TO (\$15.00 MO)</u>	<u>MAY 2018 \$ 300.00</u>	
<u>Clothing - SHOES \$90.00 - FULL SOLES AND HEELS - EIGHT PAIRS</u>	<u>JUNE 2018 \$ -720.00</u>	
<u>\$350.00 Laundry and dry-cleaning - \$20.00 AND \$60.00</u>	<u>JULY 2018 \$ 20.00</u>	
<u>TO \$ 600.00</u>	<u>APPEARS \$ 20.00</u>	
Medical and dental expenses	\$ 275.00 TO	\$ _____
LEFT SHOULDER - RIGHT KNEE MENISCAL TRANSPLANT - FULL	\$ 500.00 SURGERY	
RIGHT KNEE REPLACEMENT	0.0 PAYMENT	
LUMBAR SPINE - DISC SURGERY	CANALS CAVS CROWNS	
DERMATOLOGIST - INJECTIONS FOR SKIN DAMAGES PENDING	IMPLANTS 17328 AND 174036 - DELIBERATE ACCIDENT - \$100,000 TO AL - FOUR BLOOD VIRAL INFECTIONS HIV/HIV2 - \$300,000 SQUAMOUS EPITHELIAL SURFACE MUCUS - CONTAMINATION	

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)
MEDICAL BILL BACK FRENTIAMS (SOCIAL SECURITY)
FOOD STAMP ADJUSTMENT FOR SEP. 2011 PENDING
V.A. DISABILITY (NON SERVICE CONNECTED) OVERPAYMENT
FAIR HEARING PENDING - NO. 2

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

V.S. DIST. CT. - S.D. N.Y. - V.S.C.C.A. 2ND DIFCT LINE 2
SUPREME COURT WASH D.C. 1-VIE 39(G) AND (7) - ORDERING THE
If yes, how much? UNKNOWN - ATTORNEY DENIALS - PENDING PL. 3
If yes, state the attorney's name, address, and telephone number: ATTORNEY TO APPINT
PRO SE PLAINTIFF
PRO BONO ATTORNEY
SERVICES

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 - PARA LEGAL DENIALS

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

PARA LEGAL PENDING

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

\$2200.00 THUSFAD - V.S.C.P.O CERTIFIED, PRIORITY, PRIORITY
EXPRESS CERTIFICATE OF MAILING FEDERAL EXPRESS
MAIL UNITED PARCEL, LEGAL SUPPLIES DOCKETING
FEES - \$505.00 E.R. VISITS - FOOD POISONING INSIDE
AT 120 HOME DEPOT DUPLICATED DEAD BOY
AT CYLINDER KEY, HOSPITAL CO-PAYMENTS, PHOTOGRAPHS

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

Executed on: AUGUST 18

2011

A TELEPHONE COMPLAINT WAS MADE TO THE ACCOUNT
EXECUTIVE AT HOME DEPOT - SGT. EMERY FORWARDED
N.Y.P.D. COMPLAINT TO CHURCH PRO-SE ATTORNEY D. KELPINSKI
STREET STATION. D.A. DARREL CLARK (Signature)
D.A. CYRUS VANCE MAYOR BILL DEBLASIO COULDNT
CARE LESS. V.P. AT HOME DEPOT DIDNT RETURN
CONSUMERS CALL