

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Pro Se Gregory Kilpatrick PETITIONER
(Your Name)

VS.
M.D. JESSIE FIELDS 174031 (17CV5115) — 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 CIRCUIT - FOLEY SQ
U.S. DISTRICT 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 R. 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 social security, 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. 10%</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.)

"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 or 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> | \$ 12,382.70 | \$ |
| <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
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

HOSP. CARES
HEPC
JUNE 2004
2005

BROOKLYN HOSP. H.A.
TWO CHRONIC
DISEASES
MATE
ONE CLOTHING
ONE MEDIC
FEMALE
PENIS
TESTICULAR
COPROPHAGIA

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. - 06CV4407-07/2040 - DENIED (\$ F.T.C.A.) \$9,944,000.00 PERMANENT SKIN DAMAGES, HEPATITIS C, V.A.M.C. - CEPTY 331/301 IOW - DENIED (F.T.C.A.) \$9,800.00 ADDED TO RIS. UD 100% DISABILITY TO 1000/0 HISC/LT 400/100-44-42-43 ALT VS - DENIED - \$5,000.00 THEFT OF MUSICAL INSTRUMENTS AND FOOD PSNL - TL HISC/LT 100% - 90 ALT HAGEC - DENIED (\$1,513.25 - FEE PAID TO ENT. PASSAIC COUNTY N.J. CV 10003-ALT MOW \$1,513.25 - \$1000.00 DENIED ALT. SOLANISKI BROOKLYN N.Y. SIC/ALT/LB - LT - 285/108 350.00 - 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 | 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) | \$ 337.00 | \$ |
| 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 | \$ 100.00 | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) - APARTMENT \$490.00 COST VERIZON WIRELESS - MONTHLY CARD \$35.00 TEMP. BILLS PENDING ASSURANCE WIRELESS - MONTHLY CARD \$45.00 Home maintenance (repairs and upkeep) - HARDWARE | \$ 125.00 - 35.00 - \$ 50.00 | \$ |
| \$105.00 - Food BENEFIT CARD REDUCED TO (\$15.00 MO) MAY 2018 | \$ 300.00 | \$ |
| Clothing - SHOES \$90.00 - FULL SOLES AND HEELS - EIGHT PAIRS - APPEARS JUNE 2018 JULY 2018 | \$ - 720.00 - | \$ |
| Laundry and dry-cleaning - \$30.00 AND \$60.00 APPEARS | \$ 20.00 | \$ |
| TO \$600.00 LEFT SHOULDER - RIGHT KNEE - MENISCAL TRANSPLANT - FULL RIGHT KNEE REPLACEMENT LUMBAR SPINE - DISC SURGERY DERMATOLOGIST INFECTIONS FOR SKIN DAMAGES PENDING (SURGERY) (SURGERY) | \$ 275.00 TO \$1500.00 SURGERY C/O PAYS RENT CANALS CAPS, CROWNS (IMPLANTS ACCIDENTAL - FOUC BLOOD \$1000.00 VIRAL INFECTIONS HSV TO HSV & SQUAMOUS EPITHELIAL (\$3000.00) VAGINAL MUCUS CONTAMINATIONS | \$ - BLOOD TRANSFUSIONS PENDING BECAUSE OF 173128 AND 174036 - DELIBERATE ACCIDENTAL - FOUC BLOOD TO HSV & SQUAMOUS EPITHELIAL |

SUBWAY-BUS \$19.20
TAXI-EMERGENCY-A.M.-E.R.
HOSP. 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: HAIR CUT | \$ 15.00 | \$ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): -0- | \$ -0- | \$ |
| Installment payments | | |
| Motor Vehicle | \$ -0- | \$ |
| Credit card(s) | \$ -0- | \$ |
| Department store(s) (SIX MONTHS) | \$ -0- | \$ |
| Other: G.P.O. P.O. BOX 627 WILLIAMSBRIDGE STA. BRONX NYC 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-P.M. E.R.-\$ 25.00 TO \$ 45.00 | \$ 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 BUY BACK PREMIUMS (SOCIAL SECURITY)
FOOD STAMP ADJUSTMENT FOR SEPT. 2018 PENDING
V.A. DISABILITY (NON SERVICE CONNECTED) OVER PAYMENT-
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 CIRCT LINE 2
UNKNOWN - If yes, how much? ATTORNEY DENIALS - PENDING SUP. CT. WASH. D.C. "PEN
RULE 39 (G) AND (J) - ORDERING THE ABOVE TO APPOINT PRO-SE PLAINTIFF PRO
BONO ATTORNEY SERVICES.

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

ATTORNEY PENDING

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

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.

\$12,200.00 THIS FAIR - U.S.G. P.O. CERTIFIED, PRIORITY MAIL, EXPRESS CERTIFICATE OF MAILING, FEDERAL EXPRESS MAIL, UNITED PARCEL, LEGAL SUPPLIES, DOCKETING FEE'S \$4505.00, F.C. VISITS, FOOD POISONING INSIDE APT # 2C (HOME DEPOT DUPLICATED DEAD BOLT CYLINDER KEY) HOSPITAL CO-PAYMENTS, PHOTOGRAPHS, OF DAMAGED SKIN.

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

Executed on: AUGUST 16, 2018

A TELEPHONE COMPLAINT WAS MADE TO THE ACCOUNT EXECUTIVE AT HOME DEPOT. SGT. EMBRYO FORWARDED N.Y.P.D. TO SE. HENRY D. KILPATRICK COMPLAINT TO CHURCH STREET STATION. D.A. (Signature) DACCEL CLARK D.A. CYRUS VANNE, MAYOR BILL DI BLASIO COULDN'T CARE LESS. V.P. AT HOME DEPOT DIDN'T RETURN CONSUMERS CALL.