

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

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**IN THE  
SUPREME COURT OF THE UNITED STATES**

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**ROBERT JOSEPH KING,**

**PETITIONER**

**VS.**

**ROBERT R. NEALL<sup>1&2</sup>, *et.al.*,**

**RESPONDENTS**

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**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*.

[ X ] Petitioner has been granted leave to proceed *in forma pauperis* in following courts:

1. United States District Court for the Southern District of Maryland.

[ X ] Petitioner's affidavit or declaration in support of this motion is attached hereto.

[ X ] The Petitioner has appended hereto and herewith The United States District Court for the Southern District of Maryland's Memorandum Opinion and Order in support of this Motion for Leave to Proceed In Forma Pauperis.

  
\_\_\_\_\_  
Robert Joseph King  
The Clifton T. Perkins Hospital Center  
8450 Dorsey Run Road  
Jessup, Maryland 20794  
Petitioner

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

---

**IN THE  
SUPREME COURT OF THE UNITED STATES**

---

**ROBERT JOSEPH KING,**

**PETITIONER**

**VS.**

**THE MARYLAND DEPARTMENT OF HEALTH, *et.al.*,**

**RESPONDENTS**

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

I, Robert Joseph King, 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. Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other specify):	\$ <u>20.00</u>	\$ <u>N/A</u>	\$ <u>20.00</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>20.00</u>	\$ <u>N/A</u>	\$ <u>20.00</u>	\$ <u>N/A</u>

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
The Clifton T. Perkins Hospital Center	8450 Dorsey Run Road	7/1/16-11/15/16	\$630.00 approximate
	Jessup, Maryland 20794		

2. 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
N/A	N/A	N/A	N/A

3. How much cash do you and your spouse have? \$ 0

Financial Institution	Type of account	Amount you have	Amount your spouse has
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

<input type="checkbox"/> Home	<input type="checkbox"/> Other real estate
Value \$ <u>0</u>	Value \$ <u>0</u>

<input type="checkbox"/> Motor Vehicle #1	<input type="checkbox"/> Motor Vehicle #2
Year, make & model	Year, make & model
Value \$ <u>0</u>	Value \$ <u>0</u>

Other assests:

Description: Monthly Stipend from The Clifton T. Perkins Hospital Center Indigent Fund. See attached United States District Court for the Southern District of Maryland Memorandum Opinion and Order in support of the Motion for Leave to Proceed In Forma Pauperis.

Value: \$ 20.00

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
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A
N/A	\$ N/A	\$ N/A

5. State the persons who rely on your or your spouse for support.

Name	Relationship	Age
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N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

6. 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)	\$ N/A	\$ N/A
Are real estate taxes included? [ ]	\$ N/A	\$ N/A
Is property insurance included? [ ]	\$ N/A	\$ N/A
Utilities (electricity, heating fuel, Water, sewer and telephone)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ N/A	\$ N/A
Clothing	\$ N/A	\$ N/A
Laundry and dry cleaning	\$ N/A	\$ N/A
Medical and Dental expenses	\$ N/A	\$ N/A
Transportation (not including motor vehicle payments)	\$ N/A	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ N/A	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		

Homeowner's or Renter's	\$ N/A	\$ N/A
Life	\$ N/A	\$ N/A
Health	\$ N/A	\$ N/A
Motor Vehicle	\$ N/A	\$ N/A
Other:	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	\$ N/A	\$ N/A
Installment payments		
Motor Vehicle	\$ N/A	\$ N/A
Credit cards	\$ N/A	\$ N/A
Department stores	\$ N/A	\$ N/A
Other:	\$ N/A	\$ N/A
Alimony, maintenance, and support paid to others	\$ N/A	\$ N/A
Regular expenses for operation of business, profession or farm (attach detailed statement)	\$ N/A	\$ N/A
Other (specify):	\$ N/A	\$ N/A
<b>Total monthly expenses:</b>	\$ N/A	\$ N/A

7. 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

8. 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

9. 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

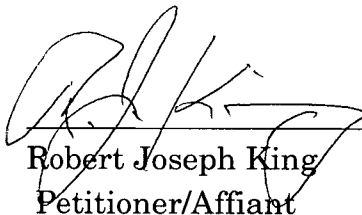
10. Provide any other information that will help explain why you cannot pay the costs of this case.

Monthly Stipend from The Clifton T. Perkins Hospital Center Indigent Fund. See attached United States District Court for the Southern District of Maryland Memorandum Opinion and Order in support of the Motion for Leave to Proceed In Forma Pauperis.

Value: \$ 20.00

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

Executed on this 14<sup>th</sup> day of August 2018.

  
\_\_\_\_\_  
Robert Joseph King  
Petitioner/Affiant

**Additional material  
from this filing is  
available in the  
Clerk's Office.**