

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

PRO-SE GREGORY KILPATRICK PETITIONER
(Your Name)

VS.
M.D. FABIO VOLTERRA 173547(17CY5109) 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. 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 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.) **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., checking or savings)	Amount you have	Amount your spouse has
<u>CARVER FEDERAL</u>	\$ <u>2000.00</u>	\$ _____
<u>CARVER FEDERAL</u>	\$ <u>983.00</u>	\$ _____
<u>CHASE BANK</u>	\$ <u>12,282.70</u>	\$ _____
<u>CHASE BANK</u>	\$ <u>2,102.69</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

HAILEM
HERRERA
JUNE 2014
2005
BLOND V.H.
HOSP.
TWO CHILDREN
MALE
ORTHOPEDICS
ONE DAUGHTER
FEMALE
RESIDENT
ORTHOMED

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. - 06099407-072040 - DENIED (F.T.A.)	\$9,999,000.00	PERMANENT SKIN DAMAGES - HEP. C
V.A.M.C. - 331730170W - DENIED (F.T.A.)	\$928,000.00	ADDED TO \$128,000 - 100% DISABILITY TO 100%
H/SC LT 408116-4142, 43 ALT VS. - DENIED	\$5,000.00	THEFT - CRIMINAL TRESPASS AND FOOD POISON
H/SC LT 1078-90 ALTHAGEL - DENIED	\$1,515.25	PREPAID RENT
PASSAIC COUNTY N.J. LV6603 - ALT MONTGARD	\$2,000.00	DENIED - ALT SOKAWLSKI
BROOKLYN N.Y. S/C ALT J.L.B. - LT - \$75-10	\$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)	\$125.00	\$
\$90.00 COST VERIZON WIRELESS - MONTHLY CARD	\$35.00	\$
PENDING ASSURANCE WIRELESS - MONTHLY CARD	\$15.00	\$
Home maintenance (repairs and upkeep) - HARDWARE	\$50.00	\$
\$105.00 - Food	BENEFIT CARD REDUCED TO \$15.00 MO. MAY 2018	\$300.00
Clothing - SHOES \$90.00 - FULL	JUNE 2018	\$-720.00
SOLES AND HEALS - EIGHT PAIRS - APPEARS	JULY 2018	\$
Laundry and dry-cleaning - \$20.00 AND \$60.00	APPEARS	\$20.00
Medical and dental expenses	\$275.00 TO \$500.00 SURGERY	\$
LEFT SHOULDER - RIGHT KNEE - MENISCAL TRANSPLANT - FULL	NO PAYS OUT	BLOOD TRANSFUSIONS
RIGHT KNEE REPLACEMENT	CANALS, ORTS	PENDING BECAUSE OF 17328
LUMBAR SPINE - DISC SURGERY	CROWNS	AND 174036 - DELICATE
DERMATOLOGIST - INFECTIONS	(IMPLANTS)	ACCIDENTAL - FOUR BLOOD
FOR SKIN DAMAGES PENDING	\$1000.00	VIRAL INFECTIONS HSV1 -
	TO	HSV2, SQUAMOUS EPITHELIAL
	\$300.00	URINE MUCUS CONTAMINATIONS

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

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- \$ 0- \$ _____

Installment payments

Motor Vehicle \$ 0- \$ _____

Credit card(s) \$ 0- \$ _____

Department store(s) \$ 0- \$ _____

Other: G.P.O. P.O. Box 627 \$ 56.00 \$ _____

WILLIAMS BRIDGE STA BRONX N.Y.C. 10467
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. \$ VARIES \$ _____
E.R. - \$25.00 TO \$45.00

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. 2015 PENDING
V.A. DISABILITY (NON SERVICE CONNECTED) OVERPAYMENT
FAIR HEARING PENDING - NO. 2
LINE 2
PL. 3
"REPLY:"

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?

VIS. DIST. CT - S.D. N.Y. - V.S.C.O.A. AND CIR. AT
UNKNOWN - ATTORNEY DENIALS - PENDING
SUPREME COURT WASH. D.C. RULE 39(c) AND (T) - ORDERING THE
ABOVE TO APPOINT
PRO-SE PLAINTIFF
PRO-BOND ATTORNEY
SERVICES.
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

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.

\$ 2,200.00 THUS FAR - V.S.C. P.O. CERTIFIED, PRIORITY, PRIORITY
MAIL EXPRESS, CERTIFICATE OF MAILING, FEDERAL EXPRESS
MAIL, UNITED PARCEL, LEGAL SUPPLIES, DOCKETING FEES
\$ 50.5.00 F.R. 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 18, 2018

A TELEPHONE COMPLAINT WAS MADE
TO THE ACCOUNT EXECUTIVE AT HOME
DEPOT - SGT. EMBRYO FORWARDED
N.Y.P.D. COMPLAINT TO CHURCH
STREET STATION. V.A. DARCEL CLARK
V.A. CYRUS VANCE, MAJOR BILL DI BLASIO COULDN'T
CARELESS. V.P. AT HOME DEPOT DIDN'T RETURN
CONSUMERS CALL.

PRO-SE Gregory D. Kilpatrick

(Signature)