No. _____

_____

IN THE

SUPREME COURT OF THE UNITED STATES

_____

PRO SE - GREGORY KILPATRICK — PETITIONER
(Your Name)

VS.

N.D. N.Y. KEITH ROBINSON 1735 33 (17CV5110) — 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

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 L. Kilpatrick
(Signature)

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

I, GREGORY 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	$ -0-	$	$	$
Self-employment	$ -0-	$	$	$
Income from real property (such as rental income)	$ -0-	$	$	$
Interest and dividends	$ -0-	$	$	$
Gifts	$ -0-	$	$	$
Alimony	$ -0-	$	$	$
Child Support	$ -0-	$	$	$
Retirement (such as social security, pensions, annuities, insurance)	$ -0-	$	$	$
Disability (such as social security, insurance payments)	$ 1,048.00	$	$ 1,048.00	$
Unemployment payments	$ -0-	$	$	$
Public-assistance (such as welfare)	$ -0-	$	$	$
Other (specify): V.A. 10% NON-SVC DISABILITY	$ 128.00	$	$ 128.00	$
Total monthly income:	$ 1,176.00	$	$ 1,176.00	$

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
CARVER FEDERAL	$ 2000.00	$
CARVER FEDERAL	$ 983.00	$
CHASE BANK	$ 12.32.70	$
CHASE BANK	$ 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

HARLEM HOSP. INJURED JUNE 2004- 2005
← BRONX V.A. HOSP.
TWO CAUCASIAN MALE ORTHOPAEDICS
ONE CAUCASIAN FEMALE RESIDENT ORTHOPAEDIC AUG 2005

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. - 06CV9407 - 072040 - DENIED (F.T.C.A.)	$ 9,999,000.00 PERMANENT	$ SKIN DAMAGES AND HEPATITIS C
V.A.M.C. - REPLY 331/301 TLW - DENIED (F.T.C.A.)	$ 928.00 ADDED TO $128.00 - 10% DISABILITY TO 100%	
H.S.C. LIT 408/16 - 414213 ALT VS. - DENIED	$ 5000.00 - CRIMINAL TRESPASS	$ APT. 7L AND FOOD POISONING
H.S.C. LIT 1078 - 92 ALT HAGLER - DENIED	$ 1,515.25 - PREPAID RENT	
PASSAIC COUNTY N.J. CV6003 - ALT MONGIARDO	$ 2000.00 DENIED	$ ALT. SOKAWLSKI
BROOKLYN N.Y. S/C ALT JLB - LIT - 285-10	$ 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) Are real estate taxes included? ☐ Yes ☑ No Is property insurance included? ☐ Yes ☑ No	$ 337.00	$
HYGENIC	$ 100.00	
Utilities (electricity, heating fuel, water, sewer, and telephone) - APARTMENT → $90.00 COST VERIZON WIRELESS - MONTHLY CARD $35.00 TEMP DISC PENDING ASSURANCE WIRELESS MONTHLY CARD $15.00	$ 125.00 $ - 35.00 -	$
Home maintenance (repairs and upkeep) - HARDWARE	$ 50.00	$
$105.00 - Food BENEFIT CARD REDUCED TO ($15.00 MO. MAY 2018 JUNE 2018 JULY 2018)	$ 300.00	$
Clothing - SHOES $90.00 FULL SOLES AND HEALS - EIGHT PAIRS - ARREARS - $720.00	$ - 720.00 -	$
$350.00 TO $600.00 — Laundry and dry-cleaning - $20.00 AND $600.00 ARREARS	$ 20.00	$
(SURGERY) (SURGERY) Medical and dental expenses ← $275.00 TO $500.00 SURGERY	$	$

LEFT SHOULDER RIGHT KNEE - MENISCAL TRANSPLANT - FULL RIGHT KNEE REPLACEMENT LUMBAR SPINE - DISC. SURGERY DERMATOLOGIST - INJECTIONS FOR SKIN DAMAGES PENDING

CO PAYS ROOT CANALS CAPS CROWNS (IMPLANTS $1000.00 TO $3000.00)

- BLOOD TRANSFUSIONS PENDING BECAUSE OF 173128 AND 174036 - DELIBERATE - ACCIDENTAL - FOUR BLOOD VIRAL INFECTIONS HSV1 - HSV2 - SQUAMOUS EPITHELI URINE MUCUS CONTAMINATI

SUBWAY-BUS $19.20
CTAXI-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: 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) (SIX MONTHS)	$ -0-	$
Other: G.P.O. P.O. BOX 627 WILLIAMS BRIDGE STA. BRONX N.Y.C. 10467	$ 50.00	$
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:	$ 1,076.00	$

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—

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

NO. 2 LINE 2 Pg. 3 "REPLY"

V.S. DIST. CT.-S.D.N.Y-V.S.C.O.A. 2ND CIRCT

If yes, how much? UNKNOWN-ATTORNEY DENIALS-PENDING-
SUPREME COURT WASH. D.C. RULE 39(6) AND (7)-ORDERING THE ABOVE TO APPOINT PRO-BONO ATTORNEY SERVICES FOR PRO-SE PLAINTIFF

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

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-U.S.C.P.O. CERTIFIED, PRIORITY, PRIORITY EXPRESS, CERTIFICATE OF MAILING-FEDERAL EXPRESS MAIL UNITED PARCEL, LEGAL SUPPLIES, DOCKETING FEE'S $505.00 E.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 DEPT. SGT. EMBRYO FORWARDED N.Y.P.D. COMPLAINT TO CHURCH STREET STATION/

Pro-Se Gregory D. Kilpatrick
(Signature)

D.A. DARCEL CLARK D.A. CYRUS VANCE MAYOR BILL DI BLASIO COULDN'T CARE LESS. V.P. AT HOME DEPOT DIDN'T RETURN CONSUMERS CALL.