

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

PLAINTIFF-PRO SE-GREGORY D. KILPATRICK PETITIONER
(Your Name)

COMMISSIONER O.P.D-18CV295 (17CV9863) VS. MARY ELLEN ELIA
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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

U.S. DISTRICT COURT - S.D.N.Y.
U.S. C.O.A. 2ND CIRCT - FOLEY SQUARE

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.

PRO SE, PLAINTIFF, APPELLANT RESPONDENT Gregory D. Kilpatrick
(Signature)

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, WALKER, MOBILITY IMPAIRED, SINGLE, FOUR VIRAL BLOOD INFECTION*

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.

Financial institution	Type of account	Amount you have	Amount your spouse has
CHASE BANK	CHECKING	\$ 1,463.73	\$
CHASE BANK	SAVINGS	\$ 12,522.39	\$
CARVER BANK (FED)	CHECKING	\$ 1,872.00	\$
CARVER BANK	SAVINGS	\$ 983.00	\$

5. 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 Value	—0—	<input type="checkbox"/> Other real estate Value	—0—
<input type="checkbox"/> Motor Vehicle #1 Year, make & model Value	—0—	<input type="checkbox"/> Motor Vehicle #2 Year, make & model Value	—0—
<input type="checkbox"/> Other assets Description Value	—0—		

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

I, Gregory D. KLPATRICK, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
<u>Disability</u> (such as <u>social security</u> , insurance payments)	\$ <u>1,048.00</u>	\$ _____	\$ <u>1,048.00</u>	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): <u>V.A. 10%</u> <u>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>	\$ _____

Subway - Bus - \$ 19.20
(Taxi - Emergency - A.M. - E.R. Hosp.)

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 38.40	\$ _____
Recreation, entertainment, <u>newspapers</u> , magazines, etc.	\$ 11.00	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ -0-	\$ _____
Life	\$ -0-	\$ _____
Health	\$ -0-	\$ _____
Motor Vehicle	\$ -0-	\$ _____
Other: -0-	\$ -0-	\$ _____
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: HAIRCUT	\$ 20.00	\$ _____
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. E.R. - \$25.00 TO \$45.00 HOSP.	\$ VARIES	\$ _____
Total monthly expenses:	\$ 1,026.00	\$ _____

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
VAMC - 06CV4907 - 07/20/40 - DENIED (F.T.C.A)	\$ 9,999,000.00	SKIN DAMAGES \$ _____
VANIC - DEPLY 331/20/00 - DENIED (F.T.C.A) - \$ 928.00 ADDED TO \$ 128.00	10% DISABILITY	10% DISABILITY
HISL LT 408/16/41, 424/3 ALTVS - DENIED THEFT \$ 500.00 - CRIMINAL TRESPASS \$		
HISL LT 10/8/90 - ALT HAGLER - DENIED \$ 1,515.23		
PASSAIC COUNTY N.J. - 07/20/03 - MONGARDI - DENIED - \$ 3000.00 - ALT SOKAWISKE		
BROOKLYN, N.Y. - 07/28/03 - J.L. GAYNES ALT LT 285/10 - DENIED \$ 350.00		

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

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	
HYGENIC		
Utilities (electricity, heating fuel, water, sewer, and telephone) - APARTMENT	\$ 90.00	\$ _____
-\$ 90.00 - COST - VERIZON WIRELESS - MONTHLY CARD - TEMP \$ -35.00 PENDING ASSURANCE WIRELESS - MONTHLY CARD - \$ 10.00 - \$ 30.00		
Home maintenance (repairs and upkeep) - HARDWARE \$ 50.00		
\$ 105.00 - Food BENEFIT CARD REDUCED TO \$ 15.00 MONTHLY \$ 300.00		
Clothing - SHOES - \$ 90.00 FULL SOLES AND SHOE MAKER - EIGHT PAIRS \$ 720.00 (APPEARS) \$ - 720.00		
Laundry and dry-cleaning - \$ 20.00 AND \$ 60.00 \$ 80.00		
SURGERY (Medical and dental expenses) \$ 275,000 TO \$ 500,000		
\$ 350.00 TO \$ 600.00		
LEFT SHOULDER, RIGHT KNEE - MENTSICAL TRANSPLANT - KNEE REPLACEMENT, LUMBAR SPINE DISC SURGERY		
SURGERY - CJ PAYS - ROOT CANALS, CAPS, CROWNS (IMPLANTS) \$ 1000.00 TO \$ 2,500.00		
BLOOD TRANSFUSIONS PENDING BECAUSE OF 173128 (17CLV5013) AND 174036 (17LV511) ? DELIBERATE - ACCIDENTAL?		
BLOOD VIRAL INFECTIONS (FOUR) HSV1 - HSV2, URINE MUCUS SQUAMOUS EPITHELIAL CONTAMINATIONS		

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 FAIR HEARINGS
V.A. DISABILITY (NON SERVICE CONNECTED) OVER PAYMENT

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? UNKNOWN

- C.J.C.M. VS. DIST. COURT AND
R.A.R. VS. C.O.A. 2ND CIRCT BOTH
DENIED PLAINTIFF PRO BONO ATTORNEY,
- DOUBTFUL TWENTY FOUR
TIMES.
(DOCKET
CASES)

If yes, state the attorney's name, address, and telephone number:
AARON FIELDS - (718) 6302906
OFFICE OF GENERAL COUNSEL
U.S. DEPARTMENT OF VETERANS AFFAIRS
800 POLY PLACE, BUILDING 14
BROOKLYN, NEW YORK 11209

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

DENIED WRIT OF CERTIORARI

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

MICHAEL BARTLEY - PARALEGAL SPECIALIST -
OFFICE OF GENERAL COUNSEL
U.S. DEPT. OF VETERANS AFFAIRS
800 POLY PLACE, BUILDING 14
BROOKLYN, NEW YORK 11209

-> LEGAL CLINICS
(1) 500 PEARL STREET NYC 10007
(2) 300 QUALEOPAS ST, WHITE
PLAINS NY, 10601

DENIED PLAINTIFF LEGAL SERVICES

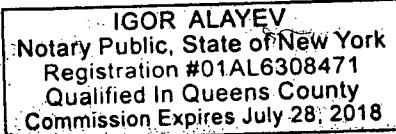
12. Provide any other information that will help explain why you cannot pay the costs of this case.
\$1600.00 THUS FAR - U.S.G.P.O. CERTIFIED, PRIORITY, CERTIFICATE OF
MAILING, FEDERAL EXPRESS MAIL G.P.O. PRIORITY, LEGAL SUPPLIES,
XEROX COPIES, I.F.P. FORMS VS. DOCKET FEES \$505.00, F.R.
VISITS - FOOD POISONING INSIDE APARTMENT 2C - HOSPITAL COPAYMENT
\$80.00, STOLEN CIVIL DOCKET PAPER WORK.

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

Executed on: JULY 13

, 2018

Pro Se Gregory J. Kilpatrick
(Signature)



07/13/18