

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

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

VS.

COMMISSIONER O.P.D.-18CV295(17CV9863) RESPONDENT(S)

MARY ELLEN ELIA

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.D.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 (FOUR VIRAL BLOOD INFECTIONS)
WALKER-MOBILITY IMPAIRED, SINGLE

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.

☐ 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

**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	\$ _____	\$ _____	\$ _____	\$ _____
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)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>1,048.00</u>	\$ _____	\$ <u>1,048.00</u>	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): <u>V.A. 100%</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)	\$ <u>38.40</u>	\$ _____
Recreation, entertainment, <u>newspapers</u> , magazines, etc.	\$ <u>11.00</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>-0-</u>	\$ _____
Life	\$ <u>-0-</u>	\$ _____
Health	\$ <u>-0-</u>	\$ _____
Motor Vehicle	\$ <u>-0-</u>	\$ _____
Other: <u>-0-</u>	\$ <u>-0-</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>-0-</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>-0-</u>	\$ _____
Credit card(s)	\$ <u>-0-</u>	\$ _____
Department store(s)	\$ <u>-0-</u>	\$ _____
Other: <u>HAIRCUT</u>	\$ <u>20.00</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>-0-</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>-0-</u>	\$ _____
Other (specify): <u>TAXI-EMERGENCY-A.M.</u>	\$ <u>VARIES</u>	\$ _____
<u>E.R.-\$25.00 TO \$45.00 HOSP.</u>	\$ <u>1,026.00</u>	\$ _____
Total monthly expenses:		

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 - 06CV9907 - 072040 - DENIED (F.T.C.A.)	\$ 9999 000.00 PERMANENT SKIN DAMAGES	
VAMC - REPLY 331/2012CV - DENIED (F.T.C.A.) - \$ 928.00 ADDED TO \$ 128.00 10% DISABILITY		
HISL LET 408/16 - 41, 42, 43 ALTVS - DENIED THEFT \$ 5000.00 - CRIMINAL TRESPASS		
HISL LET 1078-90 - ALT HAGLER - DENIED	\$ 1,515.25	
PASSAIC COUNTY N.J. - CV-6603 - MONTGARDY - DENIED - \$ 2000.00 - ALT SOKAWISKI		
BRONX, N.Y. 90 J.L. BARNES ALT LET 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 HEALS	\$ -720.00	\$
SHOE MAKER - EIGHT PAIRS \$ 720.00 - (APPEARS)		
Laundry and dry-cleaning - \$ 20.00 AND \$ 60.00	\$ 80.00	\$
\$ 350.00 TO (Medical and dental expenses) \$ 275.00 TO \$ 500.00		
\$ 600.00 SURGERY - C/O PAYS - BLOOD TRANSFUSIONS PENDING		
LEFT SHOULDER, RIGHT KNEE - ROOT CANALS CAPS, BECAUSE OF 173128 (17LV5013)		
MENISCAL TRANSPLANT - KNEE CROWNS (IMPLANTS) AND 174036 (17LV511)		
REPLACEMENT LUMBAR SPINE \$ 1000.00 ? DELIBERATE - ACCIDENTAL?		
DISC SURGERY \$ 2,500.00 TO 'BLOOD VIAL INFECTIONS (FOUR)		
		HSV1 - HSV2, URINE MUCUS
		SQUAMOUS EPILITHIAL
		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 GUYBACK 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. V.S. DIST. COURT AND
R.A.K. US C.O.A. 2ND CIRCT BOTH
DENIED PLAINTIFF PRO BOND ATTORNEY.
(- DOUBTFUL) TWENTY
FOUR
TIMES.
(DOCKET
CASES)

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

AARON FIELDS - (718) 630 2906
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 WAIT 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) 3000 VARKOPAS ST. WHITE
PLAINS N.Y. 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, E.R. VISITS - FOOD POISONING INSIDE APARTMENT 2C - HOSPITAL CONFINEMENT \$80.00, STOLEN CIVIL DOCKET PAPER WORK.

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

Executed on: JULY 13, 20 18

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0-1/13/18

PRO SE Gregory D. Kilpatrick
(Signature)

IGOR ALAYEV
Notary Public, State of New York
Registration #01AL6308471
Qualified in Queens County
Commission Expires July 28, 2018