

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Pro se Gregory D. Kilpatrick — PETITIONER
(Your Name)

HOWARD ZUCKER COMMISSIONER M.D. J.P. (1828) - 17CV9861
SALLY DRESLIN EXECUTIVE DEPUTY COMMISSIONER (1829) (17CV9862) — 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):

V.S. C.O.A. 2ND CIRCT. - N.Y.C. Foley Sq

V.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 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	\$_____	\$_____	\$_____	\$_____
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 <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% 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 (FOUR BLOOD VIRAL INFECTIONS)*

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
<i>CHASE BANK</i>	\$ 1403.73	\$
<i>CHASE BANK</i>	\$ 12,522.39	\$
<i>CARVER FED BANK</i>	\$ 1,812.80	\$
<i>CARVER FED BANK</i>	\$ 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 *-0-*
Value _____

Other real estate *-0-*
Value _____

Motor Vehicle #1
Year, make & model *-0-*
Value *-0-*

Motor Vehicle #2
Year, make & model *-0-*
Value *-0-*

Other assets
Description *-0-*
Value *-0-*

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.MC-06/09/07-07/20/40CV-DENIED (FT.CA)	\$ 9,999,000.00	SKIN DAMAGES \$
V.A.MC-REPLY 3/1/30/11/20/40CV-DENIED (FT.CA)	\$ 928.00 ADDED TO \$ 928.00	10% DISABILITY V.A.
H/50/1/6/9/08/16/4/4/4/3 ALT VS-DENIED	\$ 7,450.00	CRIMINAL TRESPASS
H/50/1/6/10/18/90 ALT HAGLER-DENIED	\$ 1,515.25	
PASSAIC COUNTY, NJ, CR-6003-MONGIARDI	\$ 2,000.00	ALT SOKAWISI-DENIED
BROOKLYN NY, SP-JLB, ALT LT 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)	\$ 337.00	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 100.00	\$ _____
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
HYGENIC		
Utilities (electricity, heating fuel, <u>APARTMENT</u> water, sewer, and telephone)	\$ 90.00	\$ _____
\$ 90.00 - COST VERIZON WIRELESS - MONTHLY CARD PENDING ASSURANCE WIRELESS - MONTHLY CARD	\$ 10.00 TO \$ 35.00	\$ 83.50
Home maintenance (repairs and upkeep)	\$ 10.00	\$ _____
\$ 105.00 - Food BENEFIT CARD REDUCED TO \$ 15.00	\$ 300.00	\$ _____
Clothing - SHOES - \$ 90.00 FULL SOLES AND SHOE MAILED - EIGHT PAIRS \$ 720.00 (HEALS, (APREARS))	\$ 720.00	\$ _____
Laundry and dry-cleaning \$ 20.00 AND \$ 60.00	\$ 80.00	\$ _____
SURGERY Medical and dental expenses	\$ 275.00 TO \$ 500.00	\$ _____
LEFT SHOULDER - RIGHT KNEE - MENISCAL TRANSPLANT - KNEE REPLACEMENT - LUMBAR SPINE DISC SURGERY	\$ 275.00 TO \$ 500.00 SURGERY - C/PAYS ROOT CANALS - DAPS CROWNS (IMPLANTS) (\$ 1,000.00 TO \$ 2,500.00)	\$ 1,000.00 BLOOD TRANSFUSIONS PENDING BECAUSE OF 173128 (17CV5013 AND 174036 (17CV5111)) ? DELIBERATE - ACCIDENTAL? BLOOD VIRAL INFECTIONS (FOUR) HSV1 - HSV2, URINE MUCUS, SQUAMOUS EPITHELIAL CONTAMINATIONS

5 SUBWAY-BUS-19.20
 (TAXI-EMERGENCY-AM-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: <u>-0-</u>	\$ -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: <u>HAIR CUT</u>	\$ 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): <u>TAXI-EMERGENCY-AM.</u> <u>E.R.-\$25.00 TO \$45.00 HOSP.</u>	\$ VARIES	\$ _____
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 GIVE BACK PREMIUMS (SOCIAL SECURITY)

FOOD STAMP REDUCTION \$10.00 TO \$15.00 MONTHLY

V.A. DISABILITY (NON SVL CONNECTED) UNDER PAYMENT - 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

DANIEL LEVITT -
DENIED PRO-SE
ASSISTANCE
WITH WRIT OF
CERTIORARI
AT FIRST HE AGREED
TO ACCEPT \$300.00
PER WRIT-RACISM

If yes, how much? UNKNOWN

1. BLACK-RACISM

AARON FIELDS (718) 6302906 (DOVETFUL)
OFFICE OF GENERAL COUNSEL (GAVE BRIEF AND PETITION)
U.S. DEPARTMENT OF VETERANS AFFAIRS
800 FOLY PLACE, BUILDING 14
BROOKLYN, NEW YORK 11209

C.J.C.M. V.S. DIST. COURT AND C.J.
P.A.K. U.S.C.C.A 2ND CIRCUIT DENIED
PLAINTIFF PRO-BONO ATTORNEY TWENTY FIVE TIMES
(DOCKET CASES) (PACISM)

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

LEGAL CLINICS

BLACK DENTED PRO-SE VET
DENTED PRO-SE VET
LEGAL ASSISTANCE (RACISM)
BIG 6000.00 THIS FAR - U.S.G.P.O CERTIFIED PRIORITY
CERTIFICATE OF MAILING FEDERAL EXPRESS MAIL G.P.O
WRIT OF CERTIORARI VS. DOCKET FEES \$50.00, E.P. VISITS "FOOD POISONING INSIDE APARTMENT" - HIS CAPITAL CO-PAYMENT SER.
800 FOLY PLACE, BUILDING 14 - BROOKLYN NY DENIED
OFFICE OF GENERAL COUNSEL U.S. DEPT. OF VETERANS AFFAIRS 11209
800 FOLY PLACE, BUILDING 14 - BROOKLYN NY DENIED
(1) 500 PEARL STREET N.Y.C. 10001
(2) 300 QUARCPASS ST. WHITE PLAINS, N.Y. 10601

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

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

Executed on: July 28

, 20

18 HOME DEPOT F. 5037N. J. C. C. O.
CASHIER MGR. DUPLICATED DEAD BOLT CYLINDER KEY

PRO-SE Gregory Kilpatrick
(Signature)

VERBAL
COMPLAINT WAS MADE TO
ACCOUNT EXECUTIVE - TELEPHONE
WRITTEN COMPLAINT MADE TO
N.Y.P.D. BRONX AND MANHATTAN
DISTRICT ATTORNEYS
- O - REPLY