

No. \_\_\_\_\_

IN THE  
SUPREME COURT OF THE UNITED STATES

PRO SE GREGORY D. KILPATRICK — PETITIONER  
(Your Name)

HOWARD ZUCKER COMMISSIONER VS. M.D.J.P. (18287)-17CV 9861  
SALLY DRESLIN EXECUTIVE DEPUTY COMMISSIONER (18291)(17CV 9862) — 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. C.O.A. 2ND CIRCT. - N.Y.C. FOLEY SQ

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 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 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. 10%</u> <u>NON SVC. DISABILITY</u>	\$ <u>128.00</u>	\$ _____	\$ <u>128.00</u>	\$ _____
<b>Total monthly income:</b>	\$ <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
CHASE BANK	\$ 1,403.73	\$
CHASE BANK	\$ 12,522.39	\$
CARVER FED BANK	\$ 1,872.00	\$
CARVER FED BANK	\$ 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

☐ Other real estate  
Value

☐ Motor Vehicle #1  
Year, make & model  
Value

☐ Motor Vehicle #2  
Year, make & model  
Value

☐ Other assets  
Description  
Value

1) HSV1 - HSV2, URINE, MUCU  
SQUAMOUS EPILITHIAL  
CONTAMINATIONS

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: -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-AM. E.R. - \$25.00 TO \$45.00 HOSP.	\$ 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 BUY BACK PREMIUMS (SOCIAL SECURITY)  
FOOD STAMP REDUCTION \$105.00 TO \$15.00 MONTHLY  
V.A. DISABILITY (NON SVL CONNECTED) UNDERPAYMENT - OVERPAYMENT

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

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

C.T. & M. V.S. DIST. COURT AND C.T.  
P.A.K. V.S. C.O.A. 2ND DIST. DENIED  
PLAINTIFF PRO-BOND  
ATTORNEY TWENTY  
FIVE  
TIMES  
(DOCKET  
CASES)  
(RACISM)

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

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 11209  
800 POLY PLACE, BUILDING 14 - BROOKLYN NY

DENIED  
LEGAL CLINKS  
(1) 500 PEARL STREET  
N.Y.C. 10007  
(2) 300 QUAPAC PASS.  
WHITE PLAINS, N.Y.  
10601  
DENIED

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

BIG 60000 THUS FAR - U.S.G. PRO CERTIFIED PRIORITY  
CERTIFICATE OF MAILING FEDERAL EXPRESS MAIL G.F.P.  
PRIORITY, LEGAL SUPPLIES, XEROX COPIES I.F.P. FORMS  
VS. DOCKET FEES \$505.00, E.R. VISITS, "FOOD POISON-  
ING INSIDE APARTMENT" - HOSPITAL CO-PAYMENTS E.R.  
STOLEN CIVIL DOCKET FAPER WORK, \$80.00

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

Executed on:

July 28

, 2018

HOME DEPOT F. 505TH Y.C.  
CASHIER MGR. DUPLICATED  
DEAD BOLT CYLINDER KEY

PRO SE Gregory A. 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