

NO. 18 -
No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

SYED K. RAFI, PhD. — PETITIONER
(Your Name)

VS.

YALE UNIVERSITY SCHOOL OF MEDICINE, — RESPONDENT(S)
& Dr. RICHARD LIFTON.

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):

US. DISTRICT COURTS OF CONNECTICUT & MASSACHUSETTS —
US. COURTS OF APPEAL FOR THE SECOND & FIRST CIRCUITS — DISTRICTS.

☐ 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.


(Signature)

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

I, SYED K. RAFI, 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	\$ <u>UNEMPLOYED</u> <u>NOT MARRIED</u> \$ <u>UNEMPLOYED</u> <u>NOT MARRIED</u> .			
Self-employment	\$ <u>NONE</u>	\$ <u>>></u>	\$ <u>NONE</u>	\$ <u>>></u>
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ <u>>></u>	\$ _____	\$ <u>>></u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>>></u>	\$ <u>NONE</u>	\$ <u>>></u>
Gifts	\$ <u>NONE</u>	\$ <u>>></u>	\$ <u>NONE</u>	\$ <u>>></u>
Alimony	\$ <u>NONE</u>	\$ <u>>></u>	\$ <u>NONE</u>	\$ <u>>></u>
Child Support	\$ <u>NONE</u>	\$ <u>>></u>	\$ <u>NONE</u>	\$ <u>>></u>
Retirement (such as social security, pensions, ✓ annuities, insurance)	\$ <u>~963.55</u>	\$ <u>>></u>	\$ <u>~963.55</u>	\$ <u>>></u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>>></u>	\$ <u>NONE</u>	\$ <u>>></u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>>></u>	\$ <u>NONE</u>	\$ <u>>></u>
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ <u>>></u>	\$ <u>NONE</u>	\$ <u>>></u>
Other (specify): _____	\$ <u>NONE</u>	\$ <u>>></u>	\$ <u>NONE</u>	\$ <u>>></u>
Total monthly income:	\$ <u>~963.55</u>	\$ <u>>></u>	\$ <u>~963.55</u>	\$ <u>>></u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
UNEMPLOYED			\$
SINCE			\$
DEC. 2014.			\$

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
NOT MARRIED.			\$
			\$
			\$

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
CHECKING - COMMERCE BANK	\$ 98.81	\$ NOT MARRIED.
ACCT # 613302877	\$	\$
CHECKING - WELLS FARGO BANK.	\$ 200.16	\$
CARD # 4737 0300 2371 0444.		\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☒ Home
Value NONE

☐ Other real estate
Value NONE

☒ Motor Vehicle #1 CURRENTLY
Year, make & model DO NOT OWN
Value ANY VEHICLE.

☐ Motor Vehicle #2
Year, make & model NONE
Value

☒ Other assets
Description NONE.
Value

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
<u>NONE</u>	\$ <u>NONE</u>	\$ <u>NOT MARRIED</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
<u>NONE</u>	_____	_____
_____	_____	_____
_____	_____	_____

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
<u>Rent</u> or home-mortgage payment (include lot rented for mobile home)	\$ <u>400.00</u>	\$ <u>NOT MARRIED</u>

Are real estate taxes included? ☐ Yes ☒ No
Is property insurance included? ☐ Yes ☒ No

Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>55</u>	\$ <u>"))</u>
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Home maintenance (repairs and upkeep)	\$ <u>NONE</u>	\$ <u>"))</u>
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Food	\$ <u>~300.</u>	\$ <u>"))</u>
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Clothing	\$ <u>~15.</u>	\$ <u>"))</u>
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Laundry and dry-cleaning	\$ <u>~15.</u>	\$ <u>"))</u>
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Medical and dental expenses	\$ <u>~30.</u>	\$ <u>"))</u>
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NOTE! SOCIAL SECURITY ADMINISTRATION
FULLY PAYS FOR MY MEDICARE
PART A & PART B
WHICH IS DEDUCTED FROM MY SOC. SEC. MONTHLY PAYMENTS.

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ ~35.	\$ NOT MARRIED
Recreation, entertainment, newspapers, magazines, etc.	\$ ~10.	\$ >>
Insurance (<u>not</u> deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NIL	\$ >>
Life	\$ NIL	\$ >>
Health	\$ NIL	\$ >>
Motor Vehicle	\$ NIL	\$ >>
Other: _____	\$ NIL	\$ >>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>TAX EXEMPTED.</u>	\$ NONE	\$ >>
Installment payments		
Motor Vehicle	\$ NONE	\$ >>
Credit card(s)	\$ NONE	\$ >>
Department store(s)	\$ NONE	\$ >>
Other: <u>IRS - PAST TAX DUE -</u>	\$ 40.	\$ >>
<u>MONTHLY PAYMENTS THRO' BANK</u>		
<u>ACCT.</u>		
Alimony, maintenance, and support paid to others	\$ NONE	\$ >>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ NONE	\$ >>
<u>COURT CASE ARTICLES AND DOCUMENTS</u>		
Other (specify): <u>PRINTING, AND FILINGS.</u>	\$ ~35 - ANNUAL	\$ >>
Total monthly expenses:	\$ ~935.00	\$ >>

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.

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? _____

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

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? _____

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

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

I HAVE BEEN PURSUING SIMULTANEOUSLY TWO LAW SUITS, PROSE
AGAINST YALE SCHOOL OF MEDICINE AND HARVARD AFFILIATED
HOSPITALS, SINCE THEIR SELFISH COLLUSION PUT AN END TO MY
PROFESSIONAL CAREER, RENDERING ME A PAUPER TODAY AS THEY
RENDERED ME A "PARIAH" - IN THE SCIENTIFIC COMMUNITY -

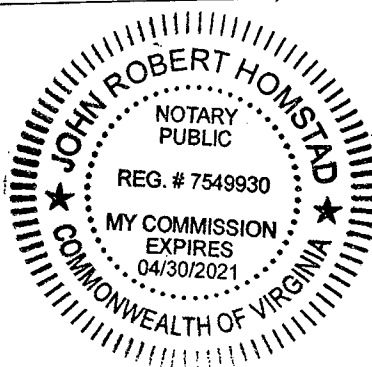
I declare under penalty of perjury that the foregoing is true and correct.
TO THE BEST OF MY PERSONAL KNOWLEDGE, INFORMATION AND BELIEF. GIVEN THEIR
INFLUENCING WHEN
REFERRED.

Executed on: _____, 2018

County of Fairfax
Commonwealth of Virginia
Sworn to and subscribed before me this 10
day of September, 2018 by Syed K Rafi
Witness my hand and official seal

Notary Public

John Robert Homstad



Syed K Rafi
(Signature)
Syed K Rafi

No. _____

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(Your Name)

VS.

YALE UNIVERSITY SCHOOL OF MEDICINE, _____ — RESPONDENT(S)
& Dr. RICHARD LIFTON.

ON PETITION FOR A WRIT OF CERTIORARI TO
ON PETITION FOR WRIT OF CERTIORARI
TO THE UNITED STATES COURT OF APPEALS
FOR THE *SECOND CIRCUIT*

(NAME OF COURT THAT LAST RULED ON MERITS OF YOUR CASE)

PETITION FOR WRIT OF CERTIORARI

SYED K. RAFI, PhD.
(Your Name)

3237 APEX CIRCLE
(Address)

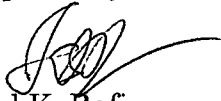
FALLS CHURCH, VA 22044
(City, State, Zip Code)

PHONE: 816 787 4366
(Phone Number)

STATEMENT OF COMPLIANCE WITH THE SUPREME COURT
RULES 33 & 34

Pro Se petitioner, Syed K. Rafi, proceeding *in forma pauperis*,
hereby attests that he has, to the best of his abilities, complied with
this Court's Rules 33 & 34 that are applicable to him.

Respectfully submitted.

A handwritten signature in black ink, appearing to be 'Syed K. Rafi', with a long, sweeping horizontal line extending to the right.

Syed K. Rafi
Pro Se petitioner

September 14, 2018