

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

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

VS.

GOVERNOR ANDREW CUOMO-18308-17CV9866 — 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. 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.

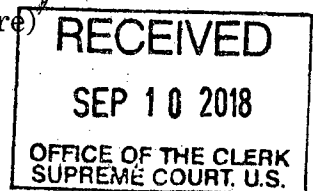
☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____, or

☐ a copy of the order of appointment is appended.

PRO SE-PLAINTIFF

Gregory S. 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	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
<u>Disability</u> (such as <u>social security</u> , insurance payments)	\$ <u>1,048.00</u>	\$ _____	\$ <u>1,048.00</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): <u>V.A. 10%</u>	\$ <u>128.00</u>	\$ _____	\$ <u>128.00</u>	\$ _____
<u>NON SVC. DISABILITY</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.)

Employer **Address** **Dates of Employment** **Gross monthly pay**

"INFECTED", MOBILITY IMPAIRED MEDICALLY DISABLED UNEMPLOYED WALKER, CRUTCHES, CANE

\$ _____
\$ _____
\$ _____

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
CARVER FEDERAL	\$ 2000.00	\$ _____
CARVER FEDERAL	\$ 983.00	\$ _____
CHASE BANK	\$ 12,382.70	\$ _____
CHASE BANK	\$ 2,062.69	\$ _____

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

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.M.C. - 06/01/99 - 07/04/00 - DENIED (F.T.C.A.) \$4,999,000.00 - PERMANENT SKIN DAMAGES AND HERC
V.A.M.C. - 06/01/99 - 07/04/00 - DENIED (F.T.C.A.) \$4,999,000.00 - PERMANENT SKIN DAMAGES AND HERC
H.S.C. - LIT 331/30122W - DENIED (F.T.C.A.) \$4,999,000.00 - PERMANENT SKIN DAMAGES AND HERC
H.S.C. - LIT 408/16 - 41/42/43 ALTS - DENIED - ~~THEY A SOKAWLSKI~~ - CRIMINAL TRESPASSING - AP 7L
H.S.C. - LIT 1078-90 ALT HAGER - DENIED \$1,575.25 - PENT MONEY PRE PAID, FORD PENT.
PASSAIC COUNTY N.J. CIV 0003 - ALT MORGARD # 200000 - ALT - SOKAWLSKI - DENIED
BROOKLYN N.Y. SIC ALT JLB - LIT 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)

\$ 337.20

§

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

HYGENIC

\$ 100.00

Utilities (electricity, heating fuel, water, sewer, and telephone) - *As*

Utilities (electricity, heating fuel, water, sewer, and telephone) - ~~APARTMENT~~ → \$ 125.00 MO.
 \$90.00 - COST VERIZON WIRELESS - MONTHLY CARD \$35.00 - ~~35.00~~ -
 PENDING ASSURANCE WIRELESS - MONTHLY CARD 15.00
 Home maintenance (repairs and upkeep) - ~~HARDWARE~~ \$ 50.00

Home maintenance (repairs and upkeep) - **HARDWARE**

\$105.00 - Food BENEFIT CARD REDUCED TO \$15.00 MONTHLY
FAIR HEARING - AUG. 2018 - \$95.00 MAY 2018 } \$ 300.00

Clothing - SHOES \$90.00 FULL SOLES AND HEALS - EIGHT PAIRS - APPEARS

\$ - 720.00 -

Laundry and dry-cleaning - ~~\$20.00~~ AND ~~\$60.00~~

\$ 20.00

~~SURGERY~~ ~~SURGERY~~
Medical and dental expenses

ARREARS \$
- \$275.00 TO \$
PENDING
SUP. CT. RULING-

\$350.00
TD

\$600.00
LEFT SHOULDER RIGHT KNEE - MENTSAAL
TRANSPLANT - KNEE REPLACEMENT
LUMBAR SPINE - DISC SURGERY
DERMATOLOGIST - INFECTIONS "SKIN DAMAGES"

\$ 27500.00
 \$ 500.00 SURGERY
 C/O PAYS FOOT
 CANALS CAPS
 AL CROWNS (IMPLANTS)
 (5/1000.00)
 \$ 3000.00
 "AGES"

BLOOD TRANSFUSIONS
 PENDING BECAUSE OF
 173128 AND 174036
 DELIBERATE ACCIDENTAL?
 FOUR BLOOD VIRAL
 INFECTIONS HSV1 - HSV2
 SYMPOUS SEPTICEMIA
 INFLUENZA VIRUS 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 MO.	\$
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>HAIRCUT</u>	\$ 15.00	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>0-</u>	\$ 0-	\$
Installment payments		
Motor Vehicle	\$ 0-	\$
Credit card(s)	\$ 0-	\$
Department store(s) <u>(SIX MONTHS)</u>	\$ 0-	\$
Other: <u>G.P.O. P.O. BOX 627</u>	\$ 56.00	\$
<u>WILLIAMS BRIDGE STA. BRONX N.Y.C. 10467</u>	\$ 0-	\$
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-P.M.</u>	\$ VARIES	\$
<u>E.R. \$25.00 TO \$45.00</u>	\$ 1,026.00	\$
Total monthly expenses:		

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 ADJUSTMENT FOR SEPT 2018 PENDING
V.A. DISABILITY (NON-SERVICE CONNECTED) OVER PAYMENT - FAIR
HEARING - PENDING - NO. 6 LINE 2-C.3

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?

V.S. DIST CT - SDNY - V.S. G.O.A. 2ND DIST.
ATTORNEY DENIALS - PENDING SUP. CT. WASH. D.C.
RULE 39 (E) AND (7) - ORDERING THE ABOVE TO APPOINT PRO SE
If yes, state the attorney's name, address, and telephone number: PLAINTIFF
ATTORNEY PENDING PRO CONVO ATTORNEY SERVICES.

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 - PARA LEGAL DENIALS

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

PARA LEGALS PENDING

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

* \$2,200.00 THUS FAR - V.S. G.P.O. CERTIFIED PRIORITY, PRIORITY
EXPRESS, CERTIFICATE OF MAILING FEDERAL EXPRESS MAIL
UNITED PARCEL, LEGAL SUPPLIES, DOCKETING FEE'S \$505.00
E.R. VISITS FOOD POISONING INSIDE APT # 20 (HOME DEPOT
DUPLICATED DEAD BOLT CYLINDER KEY), HOSPITAL CO-PAYMENTS,

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

Executed on: AUGUST 18, 2018

PRO-SE Gregory A. Kilpatrick
(Signature)

A TELEPHONE COMPLAINT WAS MADE TO THE ACCOUNT EXECUTIVE
AT HOME DEPOT, SGT. EMBAYO FORWARDED N.Y.P.D. COMPLAINT
TO CHURCH STREET STATION. D.A. DARCEL CLARK D.A. CYRUS VANCE,
MAYOR BILL DI GLASIO COULDN'T CARE LEISS. V.I.P. AT HOME
DEPOT DIDN'T RETURN CONSUMERS CALL.