

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.O.A. 2nd CIRCUIT, 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.

ROSE - PLAINTIFF

Gregory L. Kilpatrick  
(Signature)

RECEIVED

SEP 10 2018

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, RECORD 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>	\$ _____
Disability (such as <u>social security, insurance payments</u> )	\$ <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% NON SVC. DISABILITY</u>	\$ <u>128.00</u>	\$ _____	\$ <u>128.00</u>	\$ _____
<b>Total monthly income:</b>	<b>\$ <u>1,176.00</u></b>	<b>\$ _____</b>	<b>\$ <u>1,176.00</u></b>	<b>\$ _____</b>

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", MOBILITY IMPAIRED - WALKER, CRUTCHES, CANE*

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., <u>checking or savings</u> )	Amount you have	Amount your spouse has
<u>CARVER FEDERAL</u>	\$ 2000.00	\$
<u>CARVER FEDERAL</u>	\$ 983.00	\$
<u>CHASE BANK</u>	\$ 12,382.70	\$
<u>CHASE BANK</u>	\$ 0,000.00	\$

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—

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.L-06679907-07.040-DENIED (F.T.CA) \$94974.00- PERMANENT SKIN DAMAGES AND HERPES		
V.A.M.L-0667331130122W-DENIED (F.T.CA) \$700.00 DATED TO 8/128.00 100% DISABILITY TO 100%		
H.S.C.LT 408116-414343 HINS-DENIED -THEFT & SOKAWILSKI-CRIMINAL TRESPASSING -APT 7L		
H.S.C.LT 1078-90 ALT HAGLER-DENIED \$1,515.25- PENT MONEY PRE PAID, FOOD PSNL.		
PASSAIC COUNTY N.J. CV 0603-ALT MONOGARDO & JOOVID-ALT-SOKAWILSKI - DENIED		
Brooklyn N.Y. S/C ALT JLR-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 Gregory D. Kilpatrick Relationship SELF Age 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.

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.	\$ 11.80 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> <u>WILLIAMS BRIDGE STA. BRONX N.Y.</u> Alimony, maintenance, and support paid to others	\$ 56.00	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ -0-	\$
Other (specify): <u>TAXI-EMERGENCY-P.M.</u> <u>E.R.-\$25.00 TO \$45.00</u>	\$ VARIES	\$
Total monthly expenses:	<u>\$ 1026.00</u>	\$

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 GUY BACK PREMIUMS (SOCIAL SECURITY)  
FOOD STAMP ADJUSTMENT FOR SEPT 2018 PENDING  
V.A. DISABILITY (NON SERVICE CONNECTED) - CNEP PAYMENT - FAIR  
HEALING - PENDING - NO. 6 LINE 2-10-3

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

V.S. DIST CT-S.D.N.Y. - U.S. C.O.A. 2nd Cir. Ct.  
If yes, how much? ATTORNEY DENIALS - PENDING SUP. CT. WASH. D.C.  
RULE 39(6) AND (7) - ORDERING THE ABOVE TO APPOINT PRO SE  
If yes, state the attorney's name, address, and telephone number: PLAINTIFF  
PRO BONO ATTORNEY  
SERVICES.

ATTORNEY PENDING

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.

\* \$3,200.00 THUS FAR - U.S. G.P.O. CERTIFIED PRIORITY, PRIORITY  
EXPRESS CERTIFICATE OF MAILING - FEDERAL EXPRESS MAIL  
UNITED PARCEL, LEGAL SUPPLIES DOCKETING FEE'S \$450.500  
E.R. VISITS FOOD POISONING INSIDE APT # 2C (HOME DEPOT  
DUPLICATED DEAD BOAT 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 R. Fitzgerald

(Signature)

A TELEPHONE COMPLAINT WAS MADE TO THE ACCOUNT EXECUTIVE  
AT HOME DEPOT, SGT. EMERSON FORWARDED N.Y.P.D. COMPLAINT  
TO CHURCH STREET STATION. D.A. DARREL CLARK D.A. CYRUS VANCE,  
MAYOR BILL DIGLASSIO COULDNT CARE LESS, V.P. AT HOME  
DEPOT DIDNT RETURN CONSUMERS CALL.