

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

IN THE  
SUPREME COURT OF THE UNITED STATES

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

LESLIE M. ARP - CHIEF INVESTIGATOR - 18304(17CV9864)  
CATHERYN LEAHY SCOTT - INSPECTOR GENERAL - 18306(17CV9865)  
VS  
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. COURT OF APPEALS - FOR THE SECOND CIRCUIT - FOLEY SQ.  
U.S. DISTRICT 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.

PLAINTIFF - 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	\$ <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 social security, 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>				
<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", 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., checking or savings)	Amount you have	Amount your spouse has
CARVER FEDERAL	\$ 2000.00	\$
CARVER FEDERAL	\$ 983.00	\$
CHASE BANK	\$ 15,387.70	\$
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

HARRIS HOSP. →  
 TUBED HEP. C  
 JUNE 30/14-  
 3005  
 BROOKLYN V.A.  
 HOSP.  
 TWO LANCING  
 MALE  
 ORTHOPEDICS  
 ONE CAUCASIAN  
 FEMALE  
 ORTHOPEDIC  
 RESIDENT  
 4/6-2005

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. - 060V9907-072040 - DENIED (F.T.C.A) \$9,444,000.00 PERMANENT SKIN DAMAGES AND HEPATITIS C  
 V.A.M.C. - REPLY 331/30122 IN - DENIED (F.T.C.A) \$428.00 ADDED TO \$128.00 - 10% DISABILITY TO 100%  
 H.S.R. LET 408/16-414243 ALT. VS. - DENIED - THERE \$5,000.00 PRIM. \$25,000.00 APT. - FND PSNG.  
 H.S.R. LET 1078-40 ALT HAGLER - DENIED \$151.25 - PRE PAID RENT  
 PASSAIC COUNTY N.J. CV0603 - ALT MONICA \$2,000.00 - ALT SOKAULSKI DENIED  
 BROOKLYN N.Y. S/C AFT JLB - LET-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 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 MO.	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 100.00 MO.	
Utilities (electricity, heating fuel, water, sewer, and telephone) - APARTMENT →	\$ 125.00 MO.	\$
\$90.00 COST VERIZON WIRELESS - MONTHLY CARD \$35.00	\$ - 35.00 -	
PENDING ASS. WIRELESS - MONTHLY CARD - \$15.00	\$ 50.00	\$
Home maintenance (repairs and upkeep) - HARDWARE	\$	\$
\$105.00 - Food BENEFIT CARD REDUCED TO \$15.00 MO. MAY 2018 JUNE 2018	\$ 300.00	\$
Clothing - SHOES \$90.00 FULL SOLE JULY 2018 AND HEELS - EIGHT PAIRS - APPEARS \$100.00	\$ - 720.00 -	\$
Laundry and dry-cleaning - \$20.00 AND \$60.00 APPEARS	\$ 20.00	\$
Medical and dental expenses (SURGERY) (SURGERY) ← \$275.00 TO \$500.00 SURGERY - BLOOD TRANSFUSIONS	\$ VARIES - PENDING	\$
LEFT SHOULDER RIGHT KNEE - MENISCAL TRANSPLANT - FULL RIGHT KNEE REPLACEMENT LUMBAR SPINE - DISC SURGERY DERMATOLOGIST - INJECTIONS FOR SKIN DAMAGES PENDING.	\$1,000.00 TO \$3,000.00	\$
	C/O PAYS FOOT CANALS, CAPS, CROWNS. (IMPLANTS) PENDING - BECAUSE OF IT31 AND 174036 - DELIBERATE- ACCIDENTAL - FOUR BLOOD VIRAL INFECTIONS HSV1- HSV2 - SOYAMOUS EPITHELIAL URINE MUCUS CONTAMINATIONS.	

SUBWAY-BUS \$ 19.20  
(TAXI-EMERGENCY-A.M.-E.R. HOSP.)

You

Your spouse

Transportation (not including motor vehicle payments)

\$ 38.40 MO.

\$

Recreation, entertainment, newspapers, 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:

HAIR CUT

\$ 15.00

\$

Taxes (not deducted from wages or included in mortgage payments)

(specify):

-0-

\$ -0-

\$

Installment payments

Motor Vehicle

\$ -0-

\$

Credit card(s)

\$ -0-

\$

Department store(s) (SIX MONTHS)

\$ -0-

\$

Other:

G.P.O. P.O. Box 627

\$ 56.00

\$

WILLIAMS BRIDGE STA. BRONX NY 10467

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-P.M.  
E.R. - \$ 25.00 TO \$ 45.00

\$ VARIES

\$

Total monthly expenses:

\$ 1,276.00

\$

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 ADJUSTMENT FOR SEPT 2018 PENDING  
V.A. DISABILITY (NON SERVICE CONNECTED) OVER PAYMENT - FAIR HEARING - PENDING -

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

U.S. DIST. CT. - S.D.N.Y. - U.S. C.D.A. 2ND CIRCT  
UNKNOWN - If yes, how much? ATTORNEY DENIALS - PENDING SUP. CT. WASH D.C. "REPLY"  
RULE 39(6) AND (7) - ORDERING THE ABOVE TO APPOINT PRO-SE 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 LEGAL PENDING

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

\$2,200.00 THUS FAR - U.S.G.P.O. CERTIFIED PRIORITY, PRIORITY EXPRESS, CERTIFICATE OF MAILING, FEDERAL EXPRESS MAIL, UNITED PARCEL LEGAL SUPPLIES DOCKETING FEES \$505.00  
E.R. VISITS FOOD POISONING INSIDE APT #30 (HOME DEPOT  
DUPLICATED DEAD BOLT CYLINDER KEY) HOSPITAL CO-PAYMENTS

I declare under penalty of perjury that the foregoing is true and correct. PHOTOGRAPHS OF DAMAGED SKIN

Executed on: AUGUST 18, 2018

Pro-Se Gregory H. Kilpatrick  
(Signature) ACCOUNT

A TELEPHONE COMPLAINT WAS MADE TO THE EXECUTIVE AT HOME DEPOT. SGT. EMBROID FORWARDED N.Y.P.D. COMPLAINT TO CHURCH STREET STATION. D.A. BARCEL CHACK D.A. CYRUS VANCE, MAYOR BIL DI BLASIO COULDN'T CARE LESS. V.P. AT HOME DEPOT DIDN'T RETURN CONSUMERS CALL.