

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

JON M. STRAUSS — PETITIONER
(Your Name)

Kentucky Board of VS.
Medical Licensure — 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):

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.

JEAN M. STRAUSS
(Signature)

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

I, JON M STRAUSS, 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	\$ 0	\$ 4600	\$ 0	\$ 2300.00
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 4600.00	\$ 0	\$ 2300.00

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
NA	N/A	NA	\$ 0
			\$
			\$

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
Monroe Co.	Dept. of Finance office of Controller Co. office Bldg. 39 W. Main St Rochester NY 14604	1/2017-18	\$ 4600
			\$
			\$

4. How much cash do you and your spouse have? \$ 00.00
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
Chase	Checking	\$ 0	\$ 1087.29
		\$	\$
		\$	\$

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 NA
- Motor Vehicle #1 Year, make & model Mercury GM 2004 Value \$ 668
- Motor Vehicle #2 Year, make & model Nissan Xterra Value \$ 2830
- Other assets Description None Value _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 80	\$ 80 = 160
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 250
Insurance (not deducted from wages or included in mortgage payments)		

Homeowner's or renter's	\$ 115	\$ NA
Life	\$ NA	\$ NA
Health	\$ NA	\$ NA
Motor Vehicle	\$ 180	\$ NA
Other: _____	\$ _____	\$ _____

Taxes (not deducted from wages or included in mortgage payments)
 (specify): Property Tax (Madison Co.) \$ 250 ~~\$ NA~~
Berea town

Installment payments

Motor Vehicle	\$ NA	\$ NA
Credit card(s)	\$ NA	\$ NA
Department store(s)	\$ NA	\$ NA
Other: _____	\$ _____	\$ _____

Alimony, maintenance, and support paid to others

Regular expenses for operation of business, profession, or farm (attach detailed statement) <u>Time Warner</u>	\$ 90	\$ NA
Other (specify): _____	\$ NA	\$ NA
Total monthly expenses:	<u>\$ 4045</u>	\$ NA

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

NA

Amount owed to you

\$ _____
 \$ _____
 \$ _____

Amount owed to your spouse

\$ _____
 \$ _____
 \$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
Matthew Manuel Grauss	Son	18
_____	_____	_____
_____	_____	_____

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.

Rent or home-mortgage payment
 (include lot rented for mobile home)

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

You	Your spouse
\$ 935	\$ 0

Utilities (electricity, heating fuel, water, sewer, and telephone)

\$ 880	\$ 0
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Home maintenance (repairs and upkeep)

\$ 40	\$ NA
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Food

\$ 1100	\$ NA
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Clothing

\$ 30	\$ 0
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Laundry and dry-cleaning

\$ 30	\$ NA
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Medical and dental expenses

\$ NA	\$ 100
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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.

Last Month

Wife was involuntarily resigned from her job unknown next job or paycheck

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

No Current Job No Paycheck since Dec 14

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

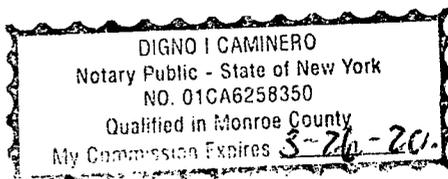
If yes, how much? _____

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 am a student; given what I was accused my age, health I am unemployable plus we have an autistic son but 2° wife's income I declare under penalty of perjury that the foregoing is true and correct. he gets no support

Executed on: January 23rd, 2019.



[Handwritten Signature]
(Signature)