

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

18-7888

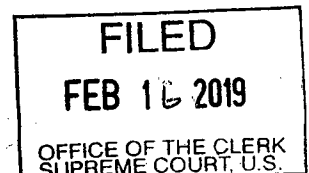
The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

☒ [X] Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

Third Circuit Court of Appeals; United States District Court of New Jersey; New Jersey Supreme Court; New Jersey Superior Court Appellate Division; and Union County Superior Court.

☐ [] 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.



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

I, Furn-Lee Salomon, 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	Past 12 Months		Expected Next Month	
You Spouse	You	Spouse	You	Spouse
Employment <i>None</i>	\$	\$	\$	\$
Self-Employment	\$	\$		\$
\$ 0				
Income from real property	\$		\$	\$
\$ 0				
Interest & dividends	\$	\$		\$
\$ 0				
Gifts	\$	\$		\$
\$ 0				
Alimony	\$	\$		\$
\$ 0				
Child Support	\$	\$		\$
\$ 0				
Retirement	\$	\$		\$
\$ 0				
Disability	\$	\$		\$
\$ 0				
Unemployment	\$	\$		\$
\$ 0				

Public-assistance	\$	\$	\$
\$ 0			
Other	\$	\$	\$
\$ 0			

TOTAL Monthly Income: \$ \$ \$
\$ none

2. List your employment history for the past two years, most recent one first. (Gross monthly pay is before taxes or other deductions). none

Employer	Address	Dates of Employment	Gross Pay
			\$
			\$
			\$

3. List your spouse's employment history for the past two years, most recent one first. none

Employer	Address	Dates of Employment	Gross Pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ none
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Type of account
Amount you have
Amount your institution spouse has

\$	\$
\$	\$
\$	\$

5. List the assets, and their values, which you and/or your spouse owns. Do not list clothing and ordinary household furnishings. none

[] Home [] Other real estate
Value Value

☐ Motor Vehicle #1 ☐ Motor Vehicle #2 *None*
 Year, make & model Year, make & model
 Value Value

☐ Other assets
 Description
 Value

6. State every person, business, or organization owing you or your spouse money, and the amount owed. *None*

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

NAME	RELATIONSHIP	AGE
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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. *None*

You	Your Spouse
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Rent or Home-mortgage payments	\$	0000	\$
Utilities	\$	0000	\$
Home Maintenance	\$	0000	\$
Food	\$	0000	\$
Clothing	\$	0000	\$
Laundry & Dry cleaning	\$	0000	\$
Medical & Dental expenses	\$	0000	\$
Transportation	\$	0000	\$
Recreation, entertainment, magazines, etc	\$	0000	\$
Insurance			
Homeowner's or renter's	\$	0000	\$
Life	\$	0000	\$
Health	\$	0000	\$
Motor Vehicle	\$	0000	\$
Other	\$	0000	\$
Taxes	\$	0000	\$
Installment Payments			
Motor Vehicle	\$	0000	\$
Credit Card(s)	\$	0000	\$
Department Store(s)	\$	0000	\$
Other	\$	0000	\$
Alimony, support paid to others	\$	0000	\$

Regular expenses for operation of
business, profession, or farm

\$ 00

\$

Other None

\$ 0

\$

TOTAL MONTHLY EXPENSES:

\$ 0

\$

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 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?

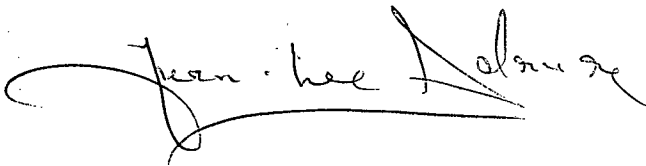
If yes, state the person's name, address, and telephone number:

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

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

Executed on

1-16-19

A handwritten signature in dark ink, appearing to read "Juan Lee Delacruz". The signature is written in a cursive style with a long horizontal flourish at the bottom.