

18-7907

No. _____

Supreme Court, U.S.
FILED

OCT 08 2018

OFFICE OF THE CLERK

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

JOHN HASSAN — PETITIONER
(Your Name)

VS.

MARKS, KERR, HBPOA, Inc. — 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.

John Hassan
(Signature)

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

I, JOHN HASSAN, 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>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	U.S. DEPT. OF VETERANS AFFAIRS \$ <u>2973.86</u>		\$ <u>2973.86</u>	
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>SOCIAL SECURITY</u>	\$ <u>761.⁰⁰</u>	\$ <u>0</u>	\$ <u>761.⁰⁰</u>	\$ <u>0</u>
Total monthly income:	\$ <u>3734.⁸⁶</u>		\$ <u>3734.⁸⁶</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
NONE		NONE	\$ NONE
"		"	\$ "
"		"	\$ "

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
NONE		NONE	\$ NONE
"		"	\$ "
"		"	\$ "

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

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

☐ Motor Vehicle #1
Year, make & model
Value

☐ Motor Vehicle #2
Year, make & model
Value

☐ Other assets
Description
Value

SEE
SEPARATE
SHEET

SEE
SEPARATE
SHEET

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
<u>NO ONE</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

SEE SEPARATE SHEET

I DON'T KNOW. I KNOW I PAY BILLS: TAXES INSURANCE FOOD FUEL ELECTRIC WATER TELEPHONE

	You	Your spouse
THERE MAY BE OTHERS. I DON'T KNOW ANY MONTHLY ESTIMATE REPAIRS / MAINTENANCE		
Rent or home-mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

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

\$ _____ \$ _____

Home maintenance (repairs and upkeep)

\$ _____ \$ _____

Food

\$ _____ \$ _____

Clothing

\$ _____ \$ _____

Laundry and dry-cleaning

\$ _____ \$ _____

Medical and dental expenses

\$ _____ \$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>400.00</u> MONTHLY	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>ABOUT \$200</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ _____	\$ _____

I NEVER THOUGHT ABOUT MY TOTAL MONTHLY EXPENSES. I NEVER TRIED TO KEEP RECORDS OR RECEIPTS SO I DON'T KNOW AND HAVEN'T GOT A GUESS. I'M MORE CONCERNED ABOUT MY HEALTH AND TRANSPORTATION AND ABILITY TO FUNCTION AND GET TO WHEREVER I HAVE OR WANT TO GO.

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 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? _____

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? AT LEAST \$100 - \$200 - \$300

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

I HAVE TO GET TRANSPORTATION TO AND PAY A UPS
STORE PRINTING AND MAILING

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

I CAN PAY THE \$300 FILING FEE BUT NOT THE LAWYER
OR TYPIST OR OTHER PROFESSIONAL SERVICES

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

Executed on: October 3, , 20 18

John Kassar

(Signature)

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MY INCOME FROM VETERANS DISABILITY IS DEPOSITED IN A FAMILY ACCOUNT (AND SOCIAL SECURITY) AND I DO NOT KEEP RECORDS OF IT OR ANY OTHER RECORDS. I HAVE ACCESS TO MY NECESSITIES AND I DO NOT WANT OR NEED ANYTHING ELSE. IF I WANT ANYTHING ELSE, I SPEAK TO MY FAMILY ABOUT IT. THEY HELP ME GET.

- 5 -

I DO NOT KNOW OR HAVE ANY IDEA OF THE VALUE OF MY HOME. I CAN'T AND WOULD NEVER WANT TO SELL IT. MY FAMILY HAS THE ENTIRE MORTGAGE OF THE PURCHASE PRICE OF \$26,500 + ACCRUED INTEREST AND I HAVE NO INTEREST IN THAT EITHER. I HAVE VERY SERIOUS SERVICE INJURIES ^{PHYSICAL IMMOBILITY} EYES HEART HEAD INJURY AND I GO TO THE VETERANS HOSPITAL FREQUENTLY. I ENJOY MY SECLUSION AND ISOLATION. I DO NOT USE TV OR COMPUTER EITHER. I ENJOY MY RADIO.

- 8 -

I NEVER THOUGHT ABOUT MY MONTHLY EXPENSES BUT I KNOW I PAY INSURANCE, MAINTENANCE, TAXES, TELEPHONE (OVER \$120) ELECTRIC (OVER \$100) WATER FOOD (BETWEEN \$100 AND \$200 WEEKLY) I NEED HANDICAPPED TRANSPORTATION AND FAMILY ASSISTANCE, FUEL