

18-8287

ORIGINAL

No.

FILED

FEB 27 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

PRO SE GREGORY D. KILPATRICK

(Your Name)

PETITIONER

UTTAM DHILLON VS. CHUCK ROSENBERG-182152
D.E.A. ADMINISTRATOR-CHARLES — RESPONDENT(S) (18CV1412)

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):

UNITED STATES COURT OF APPEALS - 2ND CIRCT.
UNITED STATES 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: _____

☐ a copy of the order of appointment is appended.

PRO SE Gregory D. Kilpatrick
(Signature)

RECEIVED

MAR - 5 2019

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, CAROL 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. 100%</u> <u>NON-SVC DISABILITY</u>	\$ <u>128.00</u>	\$ _____	\$ <u>128.00</u>	\$ _____
Total monthly income:	\$ <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.)

11 INFECTED" MOBILITY IMPAIRED - WALKER, CRUTCH, CANE, WHEEL CHAIR, PENDING

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
<i>CARVER FEDERAL</i>	\$ <i>983.5600</i>	\$
<i>CARVER FEDERAL</i>	\$ <i>2,374.00</i>	\$
<i>CHASE BANK</i>	\$ <i>2,546.89</i>	\$
<i>CHASE BANK</i>	\$ <i>10,558.00</i>	\$

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.C. - 06/19/07 - 07/20/10 - DENIED (F.T.C.A.) \$9,999,000.00
 V.A.M.C. - 331/30122W - DENIED (F.T.C.A.) \$812.00 ADDED TO \$128.00 = \$1000.00 OR
 H.S.C. LT 40876 - 41/02/43 ALT. V. DENIED THEFT \$5000.00
 H.S.C. LT 1018 - 90 ALT. HAGER - DENIED \$1515.25 PREPAID RENT - STIPULATION
 PASSAIC COUNTY N.J. LT CV600 \$3 DENIED \$2000.00 - ALT. MONKARD AND SOKAWISKI
 V.A. BROOKLYN N.Y. S/C ALT - J.L.B. 285710 - \$350.00 DENIED "PIMP JUDGE"

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.

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)

You Your spouse

\$ 337.00 \$

\$ 100.00

VERIZON WIRELESS - MONTHLY CARD \$35.00 TEMP. DISC. -35.00-
 PENDING ASSURANCE WIRELESS MONTHLY CARD \$15.00

\$ 100.00 \$

\$ 50.00 - HARDWARE \$

\$105.00 - Food - BENEFIT CARD REDUCED TO \$15.00
 MAY 2018 MONTHLY \$35.00 THEN UPGRADED TO \$95.00 MONTHLY
 JUNE 2018
 JULY 2018

\$ \$

Clothing - SHOES ONE NEW PAIR - SOLE CUT REPAIR \$90.00

\$ -90.00 - ARREARS \$

\$350.00 TO \$600.00 - Laundry and dry-cleaning - \$400.00 ARREARS

\$ 20.00 \$

Medical and dental expenses

EFT SHOULDER, RIGHT KNEE - FULL RIGHT KNEE REPLACEMENT - LUMBAR SPINE - DIS SURGERY - DERMATOLOGIST - INJECTIONS (PENIS) FOR SKIN DAMAGES PENDING

\$275.00 TO \$ VARIES PENDING

\$500.00 SURGERY 2/0 PAYS ROOT CANALS CAPS, CROWNS.

IMPLANTS \$1000.00 TO \$3000.00

BLOOD TRANSFUSIONS PENDING BECAUSE OF ACCIDENTAL - DELIBERATE H5V1 - H5V2

SUBWAY-BUS \$19.20
(TAXI-EMERGENCY)

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:

\$ -25.00- \$

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

(specify):

\$ -0- \$

Installment payments

Motor Vehicle

\$ -0- \$

Credit card(s)

\$ -0- \$

Department store(s)

\$ -0- \$

- Other: G.P.O. Box 627

\$ 56.00 \$

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.

\$ VARIES \$

Total monthly expenses:

\$ 1,026.00 \$

CROW BAR-LEAD PIPE
45 STITCHES"
MALES

HAIRCUT-I CUT MY OWN
HAIR-ASSAULT
BLACK SPANISH, CAUCASIAN-JAGGED EDGE

EVERY SIX MONTHS
WILLIAMS BRIDGE STA. BRONX N.Y.C.
10467-9999

CRIMINAL COURT CITY OF NEW YORK - PETRUS D. ESQUIRE
(1) DOCKET NUMBER - 98 NO 82688 ATTORNEY - NARCOTIC
(2) Q307733-73 NYSID-3044874 PLANTING - 350 5TH AVE
NEW YORK CITY, N.Y. 10018
@ E. 34TH ST (12) 564 2440
\$10,000.00 - TEN THOUSAND

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 OR DECEMBER 2018 - JANUARY 2019
V.A. DISABILITY (NON SERVICE CONNECTED) - OVERPAYMENT - FAIR HEARING
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 PENDING.

If yes, how much? CONTACT ATTORNEY - PRESENTLY ATTORNEY
NON REPRESENTATION

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

"RACISM"
PRIVATE WANT TO BE ? PRO BONO ATTORNEY
PAID AND THEY ARE WHERE?
NOT ON THE CLOCK. WHERE?

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.
\$3000.00 THUS FAR - V.S.C.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. 2C EGUN HILL LOCKSMITH - 704 E 21ST BRONX NYC
(E.R. MONTIFILORE) 10/6/07

I declare under penalty of perjury that the foregoing is true and correct. AND HOME DEPT
Executed on: OCTOBER 13, 2018 BOTH DUPLICATED HOUSE
CYLINDER KEYS. HOSPITAL
CO-PAYMENTS PENDING.

PRO SE Gregory D. Kilpatrick
(Signature)