

ORIGINAL
18-8287
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 PETITIONER
(Your Name)

WILLIAM D. HILLON VS. CHARLES 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: _____
_____, or

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, 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> </u>	\$ <u>—0—</u>	\$ <u> </u>
Self-employment	\$ <u>—0—</u>	\$ <u> </u>	\$ <u>—0—</u>	\$ <u> </u>
Income from real property (such as rental income)	\$ <u>—0—</u>	\$ <u> </u>	\$ <u>—0—</u>	\$ <u> </u>
Interest and dividends	\$ <u>—0—</u>	\$ <u> </u>	\$ <u>—0—</u>	\$ <u> </u>
Gifts	\$ <u>—0—</u>	\$ <u> </u>	\$ <u>—0—</u>	\$ <u> </u>
Alimony	\$ <u>—0—</u>	\$ <u> </u>	\$ <u>—0—</u>	\$ <u> </u>
Child Support	\$ <u>—0—</u>	\$ <u> </u>	\$ <u>—0—</u>	\$ <u> </u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>—0—</u>	\$ <u> </u>	\$ <u>—0—</u>	\$ <u> </u>
Disability (such as social security, insurance payments)	\$ <u>1,048.00</u>	\$ <u> </u>	\$ <u>1,048.00</u>	\$ <u> </u>
Unemployment payments	\$ <u>—0—</u>	\$ <u> </u>	\$ <u>—0—</u>	\$ <u> </u>
Public-assistance (such as welfare)	\$ <u>—0—</u>	\$ <u> </u>	\$ <u>—0—</u>	\$ <u> </u>
Other (specify): <u>V.A. 10%</u>	\$ <u>128.00</u>	\$ <u> </u>	\$ <u>128.00</u>	\$ <u> </u>
NON-SVC DISABILITY				
Total monthly income:	\$ <u>1,176.00</u>	\$ <u> </u>	\$ <u>1,176.00</u>	\$ <u> </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 AND UNEMPLOYED*

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

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	\$ 983.56.00	\$
CARVER FEDERAL	\$ 2,374.00	\$
CHASE BANK	\$ 2,540.89	\$
CHASE BANK	\$ 10,338.00	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home 10 Value 10

Other real estate 10 Value 10

Motor Vehicle #1 10 Year, make & model 10
Value 10

Motor Vehicle #2 10 Year, make & model 10
Value 10

Other assets 10 Description 10
Value 10

PROBLEM
HIGH
HEP.C
JNE 2014

Brake
Hosp.

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 - 06CV9907-072040 - DENIED (F.T.C.A.) \$9,999,000.00 PERMANENT SKIN DAMAGES
AND HEPATITIS C. (FENS)
VIA.M.C - REPLY 331/301LCW - DENIED (F.T.C.A.) \$81,200 ADDED TO \$1,28.00 = \$1000.00 OR
H.S.C. LT 40816 - 4/17/43 ALT. VS. DENIED THEFT \$5000.00 - \$CRIM.TRESPASS, APT 71 FOOD
H.S.C. LT 10-18-98 ALT HAGEL - DENIED \$151,25 PREPAID RENT - STIPULATION, SNC,
PASSAIC COUNTY N.J. LT CV 6663 DENED ED \$2000.00 - ALT \$ NONMANDATORY AND SOKAWISKI
V.A. BROOKLYN N.Y. S/C ALT - J.L.B 285/10 - \$350.00 DENIED IF IMPUDGE M
7 State the name and address of the party to whom the money is to be paid.

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 GREGORY KILPATRICK Relationship SELF Age 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 — \$

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

Is property insurance included? Yes No \$ 100.00

Utilities (electricity, heating fuel,
water, sewer, and telephone) - APARTMENT ~~100.00~~ 100.00

VERIZON WIRELESS MONTHLY CARD \$35.00 TEMPORARILY PENDING ASSURANCE WIRELESS MONTHLY CARD \$15.00

\$105.00 - Food - BENEFIT CARD REDUCED TO \$15.00
(MAY 2018) MONTHLY \$ THE CARD IS DEPARED TO \$0.00 MONTHLY \$

Clothing - SHOES ONE NEW PAIR - SOLE JUNE 2018 THEN BROKEN JULY 2018 \$ - 90.00 - APPEARS

~~\$350.00 - Laundry and dry-cleaning → \$400.00 ARREARS \$ 20.00~~ \$

Medical and dental expenses $\leftarrow \$275.00$ OCTO \$ VARIES PENDING

Medical and dental expenses ← \$275.00 TO \$500.00 VARIES PENDING
LEFT SHOULDER, RIGHT KNEE -
FALL, RIGHT KNEE, RELOCATION
\$100.00 SURGERY (IMPLANTS) RECON

SHOULDER - RIGHT KNEE -
- FULL RIGHT KNEE REPLACEMENT
- VMBAR SPINE - DIS SURGERY \$ 500.00 SURGERY
\$ 200.00 PAYS ROOTS (IMPLANTS) BLOOD
\$ 1000.00 IT CAN SEEM
CANALS TIPS

UMBAR SPINE - DIS SURGERY DERMATOLOGIST - INJECTIONS (PENIS) CANALS, GAPS, CROUNTS. \$1000.00 (CAN SEE PENDING RECAUSE)

DERMATOLOGIST - INJECTIONS (FENIS) PROCURS. TO PENDING
FOR SKIN DAMAGES PENDING \$83000.00 BECAUSE 73128-1

FOR SKIN DAMAGES PENDING
" 783000.00 3/20/28
1/31/28
ACCIDENT
REIMBURSED

"
ACCIDENT
DELIGER
HSVI-HS

SVBWAY-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-	\$
BAR-LEAD PIPE	\$ -0-	\$
Motor Vehicle	\$ -0-	\$
"STITCHES"	\$ -0-	\$
Other: HAIRCUT - I CUT MY OWN HAIR - ASSAULT \$ -25.00	\$ -25.00	\$
BLACK SPANISH, CAUCASIAN - JAGGED EDGE GAVE		
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)	\$ -0-	\$
EVERY SIX MONTHS - Other: G.P.O. Box 627 WILLIAMS BRIDGE STA. BRONX NYC 10467-9999	\$ 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. E.R. - \$25.00 TO \$45.00	\$ VARIES	\$
Total monthly expenses:	\$ 1,026.00	\$

CRIMINAL COURT CITY OF NEW YORK - PETRUS D. ESQUIRE
(1) DOCKET NUMBER-98 NO 82688 ATTORNEY - NARCISSA
(2) Q307733-73 NYSID-3044874P PLANTING - 350 ST THAVE
NEW YORK CITY N.Y. 10118
@ \$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 PAID AND THEY ARE NOT ON THE CLOCK. ?
PRO BONO ATTORNEY
WHERE? ?
EMERGENCY? ?
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 THIS FAR - U.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. 3C EGIN HILL LOCKSMITH - 704 E. 214 ST BRONX NYC

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

Executed on: OCTOBER 13

, 2018

BOTH DUPLICATED HOUSE
CYLINDER KEYS HOSPITAL
CO-PAYMENTS PENDING.

PRO SE Gregory D. Kilpatrick

(Signature)