

18-8787 ORIGINAL  
No. 18-8787

IN THE  
SUPREME COURT OF THE UNITED STATES

FILED  
JAN 08 2019  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

Reinhardt Daryl Deyser, Jr. PETITIONER  
(Your Name)

VS.

City of New York — 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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Was denied at New State Court of Appeals  
But was only in the Supreme Court of the State of New York

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.

284SC 1746

By Reinhardt Daryl Deyser, Jr.  
1-103  
(Signature)

# ORIGINAL

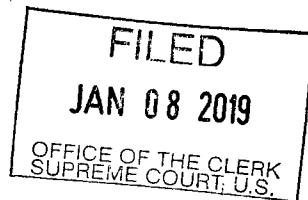
UNITED STATES Supreme Court  
In Re

Oliver Vaughn; Dorce Al Day Sui Juris )  
In Proptia Persona Consultex Rel. )  
Plaintiff )

v.

Enter today's date

THE OF NEW YORK et al.  
Defendant



18-8787

Case No.

In dox no. 250956/2014  
Mo. no. 2018-766

AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

1-308

Signed:

Oliver Vaughn; Dorce Al Day

Sui Juris

Date:

January 8, 2019

My issues on appeal are: permission from denied order, illegal taking in violation of 5th amend, private person Civil forfeiture violate The due process of law. Venue Statute Jurisdiction, planner lack Credential, violate 28 USC 530 B. Tumsey v. Paylor 229, 647.

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 <i>Name</i>	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment <i>No</i>	\$ -	\$ -	\$ -	\$ -
Self-employment <i>No</i>	\$ -	\$ -	\$ -	\$ -
Income from real property (such as rental income) <i>No</i>	\$ -	\$ -	\$ -	\$ -
Interest and dividends <i>No</i>	\$ -	\$ -	\$ -	\$ -
Gifts <i>No</i>	\$ -	\$ -	\$ -	\$ -
Alimony <i>No</i>	\$ -	\$ -	\$ -	\$ -
Child support <i>No</i>	\$ -	\$ -	\$ -	\$ -
Retirement (such as social security, pensions, annuities, insurance)	\$ <i>No</i>	\$ -	\$ -	\$ -
Disability (such as social security, insurance payments) <i>No</i>	\$ <i>No</i>	\$ -	\$ -	\$ -
Unemployment payments <i>No</i>	\$ <i>No</i>	\$ -	\$ -	\$ -
Public-assistance (such as welfare)	\$ <i>183</i>	\$ -	\$ -	\$ -
Other (specify): <i>Disability for Neck Back Shoulder pain</i>	\$ -	\$ -	\$ -	\$ -
<b>Total monthly income:</b>	<b>\$ <i>183</i></b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer <i>Name</i>	Address <i>-</i>	Dates of employment <i>-</i>	Gross monthly pay <i>\$ -</i>
<i>No</i>	<i>-</i>	<i>-</i>	<i>\$ -</i>
<i>No</i>	<i>-</i>	<i>-</i>	<i>\$ -</i>
<i>No</i>	<i>-</i>	<i>-</i>	<i>\$ -</i>

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.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
None	—	None	
	—	\$ —	\$ —
	—	\$ —	\$ —
	—	\$ —	\$ 0

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$ —
		Make and year: —
		Model: —
None	None	Registration #: —

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$ Sign your name	(Value) \$
Make and year:	no	no
Model:	no	no
Registration #:	no	no

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
in re illegal Taking	\$ —	\$ —
	\$ —	\$ —
	\$ —	\$ —
	\$ —	\$ —

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

Name [or, if under 18, initials only]	Relationship	Age
My Self	—	—

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 30	\$ -
Home maintenance (repairs and upkeep)	\$ -	\$ -
Food	\$ 183	\$ -
Clothing <i>Non bought in long time</i>	\$ -	\$ -
Laundry and dry-cleaning	\$ 10	\$ -
Medical and dental expenses <i>Medicins</i>	\$ 112	\$ -
Transportation (not including motor vehicle payments)	\$ Bus	\$ -
Recreation, entertainment, newspapers, magazines, etc.	\$ -	\$ -
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 139.36	\$ -
Life:	\$ -	\$ -
Health: <i>Not known</i>	\$ Not known	\$ -
Motor vehicle:	\$ -	\$ -
Other:	\$ -	\$ -
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ -	\$
Installment payments <i>✓</i>		
Motor Vehicle:	\$ -	\$ -
Credit card (name):	\$ -	\$ -
Department store (name):	\$ -	\$ -
Other:	\$ -	\$ -

Alimony, maintenance, and support paid to others	\$ <i>No</i>	\$ -
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <i>No</i>	\$ -
Other (specify): <i>Disability</i>	\$ <i>No</i>	\$ -
<b>Total monthly expenses:</b>	\$ <i>No</i>	\$ -

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 spent - or will you be spending - any money for expenses or attorney fees in connection with this lawsuit?  Yes  No

If yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. *have no money, see Hale v. Hankel a man should not be burden with cost and fees to them to the court to address is grievances for Relief. Not a Corporation*

12. State the city and state of your legal residence *lives at New York Republic  
State citizen private person*

Your daytime phone number: *321-501-0941*

Your age: *2-26-63* Your years of schooling: *Home Self Educated*

Last four digits of your social-security number: *5182*

*Auth Reply: Plaintiff Daniel P. Dey Sub. Testi  
under penalty of perjury 28 USC 1746  
1208 Clay Avenue Apartment 1 Suite  
Bronx ~~NY~~ New York 10466 9998*