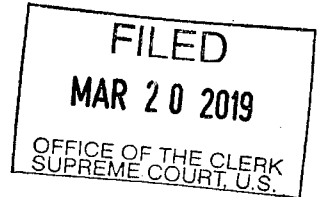


18-8817  
No.

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



Michael Clark PETITIONER  
(Your Name)

VS.

Northern District of New York  
Courts 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):

Northern District of New York, 2nd Circuit Court  
of Appeals, Fulton County Supreme Court, Albany County Supreme 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.

☐ 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

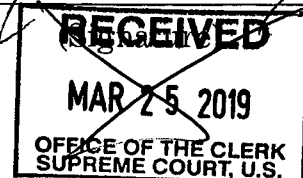
☐ a copy of the order of appointment is appended.

Before me, personally appeared

Michael Clark and  
Sworn to before me this 19 day  
of March, 2019

Jennifer Rose Chase (Pierre)  
Notary Public, State of New York  
Qualified in Schenectady County  
No. 01CH6359525  
Commission Expires May 30, 2021

Jennifer Pierre



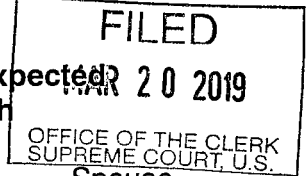
(10)

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

I, Michael Clark, 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>NONE</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>823.00</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>192.00</u> <sup>Food stamps</sup>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>NONE</u>	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ <u>1015.00</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
NOT Employed			\$
			\$
			\$

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? \$ 100.00  
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 NONE

☐ Other real estate  
Value NONE

☐ Motor Vehicle #1  
Year, make & model NONE  
Value NONE

☐ Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value NONE

☐ Other assets  
Description NONE  
Value \_\_\_\_\_

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
STATE OF New York	\$ 50,000 <sup>+</sup>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
Michael Clark	me	65 years old
_____	_____	_____
_____	_____	_____

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)	\$ 240.00	\$ _____
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)	\$ 0	\$ _____
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 190.00 <sup>food stamp</sup>	\$ _____
Clothing	\$ 20	\$ _____
Laundry and dry-cleaning	\$ 20	\$ _____
Medical and dental expenses	\$ 0	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
<b>Total monthly expenses:</b>	\$ <u>280.</u>	\$ _____

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.

*If Court settles issues.*

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? 0

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.

*Because of the STATE OF New York and Federal Courts not correcting violation of Full Faith and Credit concerning Court orders.*

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

Executed on: March 19, 2019

before me, personally appeared

Michael Clark and

sworn to before me this 19 day

of March, 2019

Jennifer Rose Chase (Pierre)  
Notary Public, State of New York  
Qualified in Schenectady County  
No. 01CH6359525  
Commission Expires May 30, 2021

*Jennifer Pierre*

(Signature)