

18-8817

No. \_\_\_\_\_

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

FILED  
MAR 20 2019

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

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

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Jennifer Pierre

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18-8817 ORIGINAL

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>                                   | \$ _____ | \$ _____                   | \$ _____ |
| Total monthly income:                                                | \$ <u>1015.00</u>                                | \$ _____ | \$ _____                   | \$ _____ |

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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 |
|---------------------|---------|---------------------|-------------------|
| <u>NOT Employed</u> | _____   | _____               | \$ _____          |
|                     | _____   | _____               | \$ _____          |
|                     | _____   | _____               | \$ _____          |

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+         | \$ _____                   |
| _____                                 | \$ _____           | \$ _____                   |
| _____                                 | \$ _____           | \$ _____                   |

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           | 25 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<br>(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,<br>water, sewer, and telephone)                               | \$ 0      | \$ _____            |
| Home maintenance (repairs and upkeep)                                                               | \$ 0      | \$ _____            |
| Food                                                                                                | \$ 190.00 | Food stamp \$ _____ |
| Clothing                                                                                            | \$ 20     | \$ _____            |
| Laundry and dry-cleaning                                                                            | \$ 20     | \$ _____            |
| Medical and dental expenses                                                                         | \$ 0      | \$ _____            |

|                                                                                             | <b>You</b>     | <b>Your spouse</b> |
|---------------------------------------------------------------------------------------------|----------------|--------------------|
| 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 (Pierce)  
Notary Public, State of New York  
Qualified in Schenectady County  
No. 01CH6359525  
Commission Expires May 30, 2021

Jennifer Rose Chase  
(Signature)

Jennifer Rose Chase  
(Signature)