

18-9095

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

Supreme Court, U.S.

FILED

APR 18 2019

OFFICE OF THE CLERK

Motion for Leave to Proceed *In Forma Pauperis*

IN THE  
SUPREME COURT OF THE UNITED STATES

Michael Hall — PETITIONER

VS.

Brookdale University Hospital "et al" — 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):

United States Eastern District Court 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.

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



(Signature)

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

I, Michael Hall, 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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify): <u>SNAP</u>	\$ 197	\$ N/A	\$ 197	\$ N/A
<b>Total monthly income:</b>	<b>\$ 197</b>	<b>\$ N/A</b>	<b>\$ 197</b>	<b>\$ N/A</b>

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
None	None	None	\$ 0
None	None	None	\$ 0
None	None	None	\$ 0

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	\$ 0
None	None	None	\$ 0
None	None	None	\$ 0

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
ACV (Checking / Savings)	\$ 0	\$ 1/4
None	\$ 1/4	\$ 1/4
None	\$ 1/4	\$ 1/4

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

Home None  
Value \$ 0

Other real estate None  
Value \$ 0

Motor Vehicle #1  
Year, make & model None  
Value \$ 0

Motor Vehicle #2  
Year, make & model None  
Value \$ 0

Other assets  
Description None  
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
New York State	\$ 7,000,000	\$ N/A
Brookdale University Hospital	\$ 7,000,000	\$ N/A
Dr. Stephan Carlson	\$ 7,000,000	\$ N/A

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
Wade	Wade	N/A
Nore	Nore	N/A
Nore	Nore	N/A

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)	\$ 0	\$ N/A
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ N/A
Food	\$ 197	\$ N/A
Clothing	\$ 0	\$ N/A
Laundry and dry-cleaning	\$ 0	\$ N/A
Medical and dental expenses	\$ 0	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 114
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 114
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 114
Life	\$ 0	\$ 114
Health	\$ 0	\$ 114
Motor Vehicle	\$ 0	\$ 114
Other: <u>None</u>	\$ 0	\$ 114
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>180 Sales Tax</u>	\$ 0	\$ 114
Installment payments		
Motor Vehicle	\$ 0	\$ 114
Credit card(s)	\$ 0	\$ 114
Department store(s)	\$ 0	\$ 114
Other: <u>None</u>	\$ 0	\$ 114
Alimony, maintenance, and support paid to others	\$ 0	\$ 114
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 114
Other (specify): <u>None</u>	\$ 0	\$ 114
<b>Total monthly expenses:</b>	<b>\$ 0</b>	<b>\$ 114</b>

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 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? \_\_\_\_\_

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

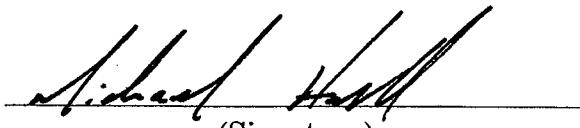
If yes, how much? \_\_\_\_\_

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.

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

Executed on: 4/16/2019, 20\_\_\_\_

  
(Signature)