

18-9587
No. 10-

ORIGINAL

SUPREME COURT OF THE UNITED STATES

FILED

MAY 21 2019

OFFICE OF THE CLERK
SUPREME COURT U.S.

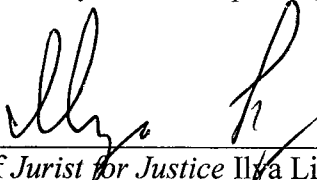
IN RE: ILYA LIVIZ

On Petition From
The Supreme Judicial Court of The Commonwealth of Massachusetts Order of Suspension By
Chief Justice of The Supreme Judicial Court of The Commonwealth of Massachusetts

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, Ilya Liviz, *Jurist for Justice*, the petitioner as leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed *in forma pauperis*. In further support I have been granted leave to proceed *in forma pauperis* previously by this court. An Affidavit in Support of Motion for Leave to Proceed *In Forma Pauperis* is attached herewith for your review.

Respectfully submitted *pro se*,



Chief *Jurist for Justice* Ilya Liviz Sr., D.L.D., J.D., M.Ed.

5/21/2019

Date: 05/21/2019

Certificate of Service

Copy of this, and other filings, are concurrently provided to the Supreme Judicial Court of Suffolk County via this electronic filing services; and hereby certify the aforementioned document is uploaded on the same day as signed *supra*.

"Land of the FREE and home of the BRAVE!"

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

I, Allye R, 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	\$ 800	\$	\$	\$
Self-employment	\$ NA	\$	\$	\$
Income from real property (such as rental income)	\$ NA	\$	\$	\$
Interest and dividends	\$ NA	\$	\$	\$
Gifts	\$ 100	\$	\$	\$
Alimony	\$ NA	\$	\$	\$
Child Support	\$ NA	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ NA	\$	\$	\$
Disability (such as social security, insurance payments)	\$ NA	\$	\$	\$
Unemployment payments	\$ NA	\$	\$	\$
Public-assistance (such as welfare)	\$ NA	\$	\$	\$
Other (specify): <u>Food stamps</u>	\$ 167	\$	\$	\$
	<u>Sub expenses</u>			
Total monthly income:	\$ 900	\$	\$	\$

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
Security		DON'T REMEMBER	\$ ~ 2,000
Blow unit		Various	\$ ~ 2,500 max over a year
			\$

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? \$ 0
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
		\$	\$
		\$	\$
		\$	\$

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

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____

☐ Other assets
Description PROPERATION H CROAK
Value 5 ~ \$5

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ 900	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 150	\$ _____
Home maintenance (repairs and upkeep)	\$ 0	\$ _____
Food	\$ 200	\$ _____
Clothing	\$ 20	\$ _____
Laundry and dry-cleaning	\$ 20	\$ _____
Medical and dental expenses	\$ 275	\$ _____

1657 Food
5mm

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 100	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 50	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ NA	\$
Life	\$ NA	\$
Health	\$ NA	\$
Motor Vehicle	\$ NA	\$
Other: _____	\$ NA	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ NA	\$
Installment payments		
Motor Vehicle	\$ NA	\$
Credit card(s)	\$ NA	\$
Department store(s)	\$ NA	\$
Other: _____	\$ NA	\$
Alimony, maintenance, and support paid to others	\$ NA	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ NA	\$
Other (specify): _____	\$ NA	\$
Total monthly expenses:	\$ NA	\$

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? _____

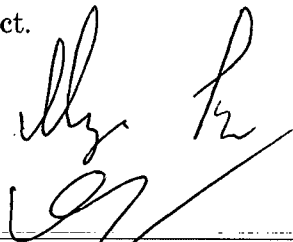
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I AM BROKE

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

Executed on: 5/21/2019 ~~2019~~


(Signature)