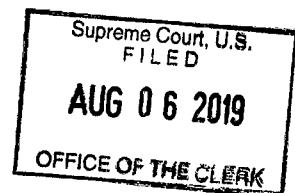


ORIGINAL

19-5585

SUPREME COURT OF THE UNITED STATES



Aljulah Cutts

v.

Motion To Proceed
In Forma Pauperis
Pursuant To S. CT. Rule 39

The State of New York

Case No. _____

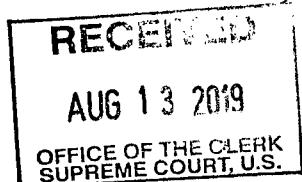
1. I, Aljulah Cutts, am the Petitioner in the above entitled proceeding seeking issuance of a Writ of Certiorari; and hereby move the Court for permission to proceed *in forma pauperis*,
2. In support of my request to proceed *in forma pauperis* pursuant to 28 USC §1915 and Rule 39 of the Rules of this Court, I declare that I am unable to pay the costs of these proceedings and that I believe that I am entitled to the relief sought.
3. I have annexed a financial disclosure form in the format of Federal Rules of Appellate Procedure, Form 4 as required by Rule 39 of the Rules of this Court.
4. I have previously been granted leave in the courts of New York State to proceed *in forma pauperis*, and was assigned court appointed counsel, pursuant to N.Y. County Law Article 18-b §722, at my trial in New York County Court and again upon my direct appeal in the Appellate Division, First Department.

I declare under penalty of perjury that the foregoing true and correct (28 USC §1746).



Aljulah Cutts, Petitioner, *Pro Se*

Executed On July 25 2019 in Washington County, N.Y.



1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past twelve 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, You	Spouse	Average monthly, You	Spouse
Employment	\$30.40	N/A	\$30.40	\$1200.00
Self-Employment	NO	N/A	NO	NO
Income from real property	NONE	N/A	NONE	NONE
Interest and dividends	NONE	N/A	NONE	NONE
Gifts	\$50.00	N/A	\$50.00	N/A
Alimony	NONE	N/A	NONE	NONE
Child support	NONE	N/A	NONE	NONE
Retirement	NONE	N/A	NONE	NONE
Disability	NONE	N/A	NONE	NONE
Unemployment	NONE	N/A	NONE	N/A
Public assistance	NONE	N/A	NONE	N/A
Other	NONE	N/A	NONE	NONE
Total monthly income	\$30.40	N/A	\$30.40	\$1200.00

List your employment history for the past two years, most recent employer first.

None-Incarcerated

Place of incarceration: Great Meadow Correctional Facility,
11739 State Rte 22, Comstock, N.Y. 12821-0051

Are you employed at the facility? Yes

Do you receive payment for this employment? Yes Monthly Rate?: \$30.40

List your spouse's employment history for the past two years, most recent employer first:

Employer	Address	Date of employment	Gross monthly pay
First student	600 Vine St. Ste 1200 CINN, OH 45202	8/2013	\$1200.00

How much cash do you and your spouse have? \$1400

List the amount of money that you and your spouse have in bank accounts or in any other financial institution. \$1200

Financial institution	Type of Account	Amount you have	Amount your spouse has
CHASE BANK	Checking	NONE	\$1200.00

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.

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

Home (value)	Other real estate (value)	Other assets (value)
NONE	NONE	NONE

Motor vehicles / make / model / year / registration # (value)

NONE

List 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
List the people who rely on you or your spouse for support		
Name (if under 18 initials only)	Relationship	Age

Querond Davidson	SON / STEPSON	24
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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 (include lot rent for mobile home)	NONE	N/A \$ 600. month
Are real estate taxes included? Yes/ No		
Is property insurance included? Yes/ No		
Utilities (electric, heating fuel, water, sewer, and telephone)	0	250 monthly
Home maintenance (repairs and upkeep)	0	NONE
Food	50.00	150.00
Clothing	0	25.00
Laundry and dry cleaning		
Medical and dental expenses		
Transportation (not including motor vehicle payments)	0	20.00
Recreation, entertainment, newspapers, magazines, etc	0	NONE

Insurance (not deducted from wages or included in mortgage payments)

0 0

Homeowner's or renter's:

0 0

Life:

0 0

Health:

0 0

Motor vehicle:

0 0

Other:

0 0

Taxes (not deducted from wages or included in mortgage payments) (specify):

0 0

Installment payments

0 0

Motor vehicle:

0 0

Credit card (name):

0 0

Department store (name):

0 0

Other:

0 0

Alimony, maintenance and support paid to

0 0

Others

0 0

Regular expenses for operation of business, profession, or farm (attach detailed statement)

0 0

Other (specify):

50.00 1,045

Total Monthly expenses:

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 so, describe in detail on an attached sheet

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? _____

Provide any other information that will help explain why you cannot pay docket fees for your appeal.

State the city and state of your legal residence. Cornstock, New York

Your daytime phone number NONE

Your age: 37 Your years of schooling 11th grade G.E.D.

Last four of your social security number: 5390

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

Executed On July 25, 2019 Washington County, N.Y.

Aljulah Cutts
Signature of Applicant