

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

**19-5628**

IN THE

SUPREME COURT OF THE UNITED STATES

Charles Rochester — PETITIONER  
(Your Name)

VS.

New York State Division Human Rights — RESPONDENT(S)

FILED

MAY 21 2019

OFFICE OF THE CLERK  
SUPREME COURT, U.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): Supreme Court State of New York  
County of Queens, United States District 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.

Charles Rochester  
(Signature)

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

I, Charles Rochester 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	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	Bi/weekly \$91.50	N/A	\$398.00	\$
Other (specify): <u>Cash</u>	\$91.50	\$	\$	\$

Total monthly income: \$183.00 \$ \$ \$

① Cash Total \$183.00  
② Food Stamp \$190.00  
- monthly -

③ Rent \$15.00 Per Month  
Paid By Public Assistance

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>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</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
<u>N/A</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	\$ <u>/</u>

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
<u>/</u>	\$ <u>/</u>	\$ <u>/</u>
<u>/</u>	\$ <u>/</u>	\$ <u>/</u>
<u>/</u>	\$ <u>/</u>	\$ <u>/</u>

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

☐ Home  
Value N/A

☐ Other real estate  
Value N/A

☐ Motor Vehicle #1  
Year, make & model N/A  
Value /

☐ Motor Vehicle #2  
Year, make & model N/A  
Value /

☐ Other assets  
Description N/A  
Value /

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

*All expenses come  
From Public Ass't.*

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?

*\$900.00 → Copies, Certified Mail, Cure Fare*

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

*Diana Ortiz, whereabouts unknown at the moment, I have contact by Phone. 914-018-5743*

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

*Bugit Letter Attached*

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

Executed on: JUNE 18<sup>th</sup>, 2019

*Charles Rochester*

(Signature)

WAGE NUMBER 00/03/7438

BUDGET NUMBER 0000 (BASIS)

BUDGET EFFECTIVE DATE 10/6/18 - / /

WELFARE MANAGEMENT SYSTEM  
WMS REPORT WINR0527  
BUDGET ENTRY SUPERVISOR SUMMARY

PC OFFICE 045 WORKS  
SNAP OFFICE 045 WORKS  
PAGE  
CASE NAME ROCHESTER CHARLES

MONTHLY CASE  
LEVEL ENTRIES

PR CODE  
NO. LRR  
PRO IND  
SHELT TY  
ACT. SHELT 215.00  
NO. BDRMS  
WATER AMT  
ESUA IND  
HEAT TYPE  
ESUA AMT  
FSUT IND  
FSUT AMT  
DISP AMT  
PHONE IND  
PHONE AMT  
INST TYPE  
INST AMT

MONTHLY SUFFIX LEVEL ENTRIES

SUFFIX DATA ENTRIES

PR SUF ID 01  
CATEGORY SNMC  
STATUS AC  
PA SHELT 215.00  
NO. IN SUF 1  
RTG CODE  
ADDL. TYPE  
ADDL. AMT  
FUEL CODE  
RESOURCE - NO ENTRY  
SNAP SUF ID 01  
STATUS AC CHILD  
NO. IN SUF 1  
RTG CODE  
CE CODE Y HEAP

MONTHLY INDIVIDUAL LEVEL ENTRIES

INDIVIDUAL DATA ENTRIES

LN ID 01  
SUF ID 01  
CIN ZE347433  
IND CAT 09  
PA/SNAP ST AC/AC  
DOB 08/02/1956  
NAME CHARLES  
A/D X  
EDC DTE  
SPEC/REL CD /

MONTHLY SNAP CALC

LESS INC 308.00  
LESS: DED 154.00  
ADD INC 194.00

NAME SNAP/555 R ROCHESTER OWN  
ADDRESS 305 SEVENTH AVE. 7TH FLO  
NEW YORK NY 10021

SHELT EXP 215.00

SUF TH 000000 INDICATOR

A/U/P EXP 800.00

ADDRESS

PHONE EXP

OTHER EXP

WATER EXP

HEAT EXP

ESUA INC 194.00

CL. FIX 01

ESUA INC 194.00

BASIC ALLOW 79.00

ESUA INC 194.00

SHELT ALLOW 107.00

ESUA INC 194.00

WATER 7.00

ESUA INC 194.00

HEAT 7.00

ESUA INC 194.00

FUEL ALLOW

ESUA INC 194.00

WATER ALLOW

BENEFIT 192.00

PREG ALLOW

LESS: RECUP

REST ALLOW

ADD. BENEFIT 192.00

OTHER NEEDS

TOTAL NEEDS 199.00

LESS: NET INC

RUD. DEFICIT 199.00

LESS: RECUP 19.00

GRANT TSS 179.10

Concourse Job Center #45  
1365 Jerome Avenue, 2nd Floor  
Bronx, New York 10452