

No. _____

19-5628

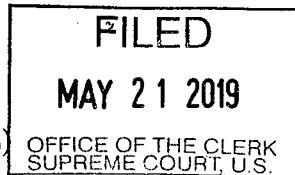
IN THE

SUPREME COURT OF THE UNITED STATES

Charles Rochester PETITIONER

(Your Name)

vs.
New York State Division Human Rights RESPONDENT(S)



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)	<u>Bi/weekly \$ 91.50</u>	<u>\$ 7/4</u>	<u>\$ 398.00</u>	\$ _____
Other (specify): <u>Cash \$ 91.50</u>	\$ _____	\$ _____	\$ _____	\$ _____

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

① Cash Total \$ 183.00 ③ Rent \$ 15.00 Per Month
② Food Stamp \$ 190.00 Paid By Public Assista
- monthly -

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
			\$ \$ \$

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
N/A			\$ \$ \$

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
	\$ \$ \$	\$ \$ \$

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>	\$ _____	\$ _____
Total monthly expenses:	\$ _____	\$ _____

*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, Court Filing

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

Diana Ortiz, whereabouts unknown at the moment, I have contact by phone. 914-918-5743

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 18th, 2019

Charles Rochester
(Signature)

ITEM NUMBER 000007458
BUDGET NUMBER 000000
BUDGET EFFECTIVE DATE

MONTHLY CASE
LEVEL ENTRIES

MONTHLY SUFFIX LEVEL ENTITIES

100 OFFICE 045 WORK
SHOP OFFICE 045 WORK
CASE NAME ROCHESTER CHARLES

		SUFFIX DATA ENTRIES		
40. LRR		PR SUF ID	01	
PRO IND		CATEGORY	SNMC	
SHELF TY		STATUS	AC	
ACT. SHELF	215.00	PA SHELF	215.50	
NO. BOMBS		NO. IN SUF	1	
WATER AMT		RTC CODE		
FSUN IND	X	ADDL. TYPE		
HEAT TYPE		ADDL. ACT		
FSUR AMT		FUEL CODE		
FSUT IND		RESOURCE	NO ENTRY	
FSUT AMT		SNAP SUF ID	01	
DISP AMT		STATUS	AC	CHILD
PHONE IND		NO. IN SUF	1	
PHONE AMT		RTC CODE		
INST TYPE		CE CODE		HEAP
TNST GMT				

LM ID 03
 SUR ID 01
 CIN ZE247433
 IND CAT 03
 FA/SMART ST AC/A00
 DOB 08/02/1956
 NAME CHARLES
 A/D X
 EDC DTE
 SPEC/REL CD /

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