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General Counsel's Office

CR No. 19-5725

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JUN 26 2019

General Counsel's Office

IN THE

SUPREME COURT OF THE UNITED STATES

6/28/19

CHARLES ROCHESTER PETITIONER *pro-se*  
(Your Name)

VS.  
FORTUNE SOCIETY RESPONDENT(S)

ORIGINAL

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):

United States District Court. United States Court of Appeals and Lower Court S.Ct. Queens County

☐ 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)

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.

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

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. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

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.

Rent or home-mortgage payment  
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry-cleaning

Medical and dental expenses

You

\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_

Your spouse

\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_

*N/A*

	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>Public Assistance</u>	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ _____	\$ _____

\$ 215.00 Rent Paid directly to landlord  
 \$ 190.00 Food Stamp come on EBT Card  
 \$ 183.00 Cash / Bi weekly 91.50  
\$ 588.00

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. 10 Copies Certified Mail, Care Fare Lunch*

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

*Diana Ortiz whereabouts Now known as Daughter House 1166 Burke Ave Bronx N.Y. # SC 914-918-5743*

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:

*Charles Rochester* 20

*Charles Rochester*

(Signature)