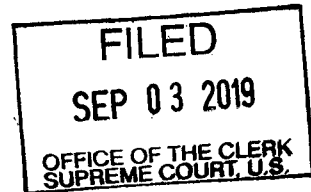


ORIGINAL

19-5873
No.



IN THE
SUPREME COURT OF THE UNITED STATES

RICHARD ARJUN KAL MD PETITIONER
(Your Name)

VS.

CHRISTOPHER J. CHRISTIE et al. 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*. mandamus

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 FOR THE
DISTRICT OF NEW JERSEY

☐ 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.

P.K.I.

(Signature)

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

I, RICHARD ARJUN KAL, MD, 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	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Self-employment	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Interest and dividends	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Gifts	\$ 200.00	\$ N/A	\$ 200.00	\$ N/A
Alimony	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Child Support	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Unemployment payments	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Public-assistance (such as welfare)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Other (specify): <u>NONE</u>	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Total monthly income:	\$ 200.00	\$ N/A	\$ 200.00	\$ N/A

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
UNEMPLOYED FOR THE		7.	\$ 0.00
PAST TWO YEARS			\$
			\$

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 - Divorced in 2011			\$ N/A
			\$
			\$

4. How much cash do you ~~and your spouse~~ have? \$ 166.00
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
NONE	NONE	\$ 0.00	\$ N/A
		\$	\$
		\$	\$

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 - NO HOUSE Value 0.00	<input type="checkbox"/> Other real estate Value 0.00
<input type="checkbox"/> Motor Vehicle #1 - NO CAR Year, make & model N/A Value 0.00	<input type="checkbox"/> Motor Vehicle #2 - NO CAR Year, make & model N/A Value 0.00

☒ Other assets
Description NONE except computer / printer / scanner / clothes (very few)
Value 0.00

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
HEALTH INSURANCE COMPANIES, INCLUDING ALLSTATE + GEICO	\$ 45 MILLION	\$ 600,000
_____	_____	_____
_____	_____	_____

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

Name	Relationship	Age
MRK	SON	16
SMK	DAUGHTER	14
_____	_____	_____
_____	_____	_____

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)	\$ 0.00	\$ N/A-DIVORCED
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)	\$ 0.00	\$ N/A-DIVORCED
Home maintenance (repairs and upkeep)	\$ 0.00	\$ N/A-DIVORCED
Food	\$ 200.00	\$ N/A-DIVORCED
Clothing	\$ 0.00	\$ N/A-DIVORCED
Laundry and dry-cleaning	\$ 0.00	\$ N/A-DIVORCED
Medical and dental expenses	\$ 0.00	\$ N/A-DIVORCED

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A - Divorced
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A - Divorced
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0.00	\$ N/A - Divorced
Life	\$ 0.00	\$ N/A - Divorced
Health	\$ 0.00	\$ N/A - Divorced
Motor Vehicle	\$ 0.00	\$ N/A - Divorced
Other: <u>NONE</u>	\$ 0.00	\$ N/A - Divorced
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0.00	\$ N/A - Divorced
Installment payments		
Motor Vehicle	\$ 0.00	\$ N/A - Divorced
Credit card(s)	\$ 0.00	\$ N/A - Divorced
Department store(s)	\$ 0.00	\$ N/A - Divorced
Other: <u>NONE</u>	\$ 0.00	\$ N/A - Divorced
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A - Divorced
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A - Divorced
Other (specify): <u>NONE</u>	\$ 0.00	\$ N/A - Divorced
Total monthly expenses:	\$ 200.00	\$ N/A - Divorced

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.

Since the suspension/revocation of my New Jersey medical license in 2012/2014, and the attendant destruction of my reputation, I lost everything I owned, and have been unable to find work.

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

Executed on: August 27, 2019

P.K.I.

(Signature)