

No. \_\_\_\_

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IN THE

# Supreme Court of the United States

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KEVIN CARROLL ANDERSON,

*Petitioner,*

*v.*

ARTHUR B. GREENE, ARTHUR B. GREENE & COMPANY, P.C.,  
MARKS, PANETH & SHRON LLP,

*Respondents,*

*and*

DOES 1-10, INCLUSIVE,

*Defendants.*

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## On Petition for a Writ of Certiorari to the United States Court of Appeals for the Second Circuit

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### MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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HILLEL I. PARNESS  
PARNESS LAW FIRM, PLLC  
Attorneys for Petitioner  
136 Madison Avenue, 6th Floor  
New York, New York 10016  
212-447-5299

September 18, 2019

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The Petitioner, Kevin Carroll Anderson, asks leave to file the enclosed Petition for Writ of Certiorari to the Supreme Court of the United States without prepayment of costs and to proceed *In Forma Pauperis* in accordance with Supreme Court Rule 39, and Title 18, U.S.C. 3006A(d)(6).

The Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

United States District Court for the Southern District of New York, *Anderson v. Greene, et al.*, No. 14-cv-10249 (S.D.N.Y.) (Oct. 24, 2017, July 11, 2018, Aug. 1, 2018, Sept. 5, 2018).

United States Court of Appeals for the Second Circuit, *Anderson v. Greene, et al.*, No. 18-1773 (2d Cir.) (Sept. 5, 2018) (on motion made to the District Court).

Petitioner's Affirmation in support of his Motion is attached hereto.

WHEREFORE, Petitioner, Kevin Carroll Anderson, prays for leave to proceed *In Forma Pauperis*.

September 18, 2019

Respectfully submitted,

/s/  
\_\_\_\_\_  
HILLEL I. PARNESS  
PARNESS LAW FIRM, PLLC  
136 Madison Ave., 6<sup>th</sup> Floor  
New York, New York 10016  
(212) 447-5299  
[hip@hiplaw.com](mailto:hip@hiplaw.com)  
*Counsel for Petitioner*  
*Kevin Carroll Anderson*

No. \_\_\_\_

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Supreme Court of the United States

KEVIN CARROLL ANDERSON,  
Petitioner,  
v.  
ARTHUR B. GREENE, ARTHUR B. GREENE &  
COMPANY, P.C., MARKS, PANETH & SHRON  
LLP,  
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and  
DOES 1-10, INCLUSIVE,  
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On Petition for a Writ of Certiorari to the United  
States Court of Appeals for the Second Circuit

**AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Kevin Anderson

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: Sept. 9, 2019

My issues on appeal are:

1. Whether Second Circuit erroneously affirmed application of summary judgment standard to claims on motions to dismiss, when the District Court said it would apply only to statute of limitations defense.
2. Whether Second Circuit erroneously affirmed District Court that I did not plead breach of contract.
3. Whether Second Circuit erroneously affirmed District Court's denial of equitable tolling.

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.*

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$1750.00	\$NA	\$0.00	\$NA
Self-employment	\$0.00	\$NA	\$0.00	\$NA
Income from real property (such as rental income)	\$0.00	\$NA	\$0.00	\$NA
Interest and dividends	\$0.00	\$NA	\$0.00	\$NA
Gifts	\$0.00	\$NA	\$0.00	\$NA
Alimony	\$0.00	\$NA	\$0.00	\$NA
Child support	\$0.00	\$NA	\$0.00	\$NA
Retirement (such as social security, pensions, annuities, insurance)	\$0.00	\$NA	\$0.00	\$NA
Disability (such as social security, insurance payments)	\$0.00	\$NA	\$0.00	\$NA
Unemployment payments	\$1024.00	\$NA	\$1024.00	\$NA
Public-assistance (such as welfare)	\$0.00	\$NA	\$0.00	\$NA
Other (specify):	\$0.00	\$NA	\$0.00	\$NA
<b>Total monthly income:</b>	<b>\$1387.00</b>	<b>\$NA</b>	<b>\$1024</b>	<b>\$NA</b>

2. *List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

<b>Employer</b>	<b>Address</b>	<b>Dates of employment</b>	<b>Gross monthly pay</b>
Seattle Repertory Theatre	155 Mercer Street, Seattle, WA 98109	December 18, 2018 – February 10, 2019	\$4000.00
Dean Christakis-Pro Phase Prod.	5445 S. Liverpool Rd, Hobart. IN 46342	December 6, 2018 – December 8, 2018	\$10,000.00

Alhambra Dinner Theatre – Theatre Partners LLC	12000 Beach Blvd, Jacksonville, FL 32246	October 8, 2018- November 18, 2018	\$2540.00
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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
NA	NA	NA	\$NA
			\$
			\$

4. *How much cash do you and your spouse have? \$1000.00*

*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
Morgan Stanley	Retirement	\$5300.00	\$NA
BCU	Checking	\$455.00	\$NA
Chase	Checking/Savings	\$430.00	\$NA

*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. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.*

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

Home	Other real estate	Motor vehicle #1
(Value) \$NA	(Value) \$NA	(Value) \$500.00
		Make and year: Toyota 1997

		Model:RAV 4
		Registration #:F1051725

Motor vehicle #2	Other assets	Other assets
(Value) \$2500.00	(Value) \$NA	(Value) \$NA
Make and year:Pontiac 2006		
Model:Grand Prix		
Registration #:P2208023		

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
NA	\$NA	\$NA
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if under 18, initials only]	Relationship	Age
NA	NA	NA

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, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
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Rent or home-mortgage payment (include lot rented for mobile home)	\$475.00	\$NA
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$55.00	\$NA
Home maintenance (repairs and upkeep)	\$0.00	\$NA
Food	\$200.00	\$NA
Clothing	\$0.00	\$NA
Laundry and dry-cleaning	\$0.00	\$NA
Medical and dental expenses	\$190.00	\$NA
Transportation (not including motor vehicle payments)	\$0.00	\$NA
Recreation, entertainment, newspapers, magazines, etc.	\$20.00	\$NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$0.00	\$NA
Life:	\$8.00	\$NA
Health:	\$0.00	\$NA
Motor vehicle:	\$100.00	\$NA
Other:	\$0.00	\$NA
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$234.00	\$NA
Installment payments		
Motor Vehicle:	\$0.00	\$NA
Credit card (name):	\$0.00	\$NA
Department store (name):	\$0.00	\$NA
Other:	\$NA	\$NA
Alimony, maintenance, and support paid to others	\$0.00	\$NA
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$35.00 Casting Networks	\$NA
Other (specify):	\$NA	\$NA

Total monthly expenses:	\$1262.00	\$NA
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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 [ x ] No                            If yes, describe on an attached sheet.

10. *Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? [x ] Yes [ ] No*

*If yes, how much? \$ 150,000.00 \_\_\_\_\_*

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

12. *State the city and state of your legal residence.*

Malibu, CA

*Your daytime phone number: ( 8056122790 ) \_\_\_\_\_*

*Your age: 59      Your years of schooling: 15*

*Last four digits of your social-security number: 0375*