

19-6463

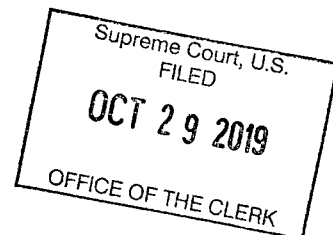
No. \_\_\_\_\_

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES  
NEW YORK COURT OF APPEALS

MICHAEL A. ALBERT - PETITIONER

VS



THE PEOPLE OF THE STATE OF NEW YORK- 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*.

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

Monroe County Court, New York; Appellate Division, Fourth Department, New York

☐ 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.

October 25<sup>th</sup>, 2019

A handwritten signature of Michael A. Albert in black ink, written over a horizontal line.

MICHAEL A. ALBERT



# AFFIDAVIT OR DECLARATION

## IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, **MICHAEL A. ALBERT**, 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 cost of this case or to give security therefore; 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-	\$ -0-	\$ -0-	\$ -0-
Self-employment	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Income from real Property (such as Rental income)	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Interest and Dividends	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Gifts	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Alimony	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Child Support	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Retirement (such as social security, pensions, annuities, insurance)	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Disability (such as social security, and insurance payments)	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Unemployment Payments	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Public-assistance (such as welfare)	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Other (specify)	\$ -0-	\$ -0-	\$ -0-	\$ -0-
<b>Total monthly income</b>	<b>\$ -0-</b>	<b>\$ -0-</b>	<b>\$ -0-</b>	<b>\$ -0-</b>

2. List the 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>NONE</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>-0-</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>-0-</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>-0-</u>

3. List your spouse's employment history for the last two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	\$ <u>-0-</u>
<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	\$ <u>-0-</u>
<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	\$ <u>-0-</u>

4. How much cash do you and your spouse have? \$ -0-

5. Below, state any money you and your spouse have in bank accounts or in any financial institution.

Financial Institution	Type of account	Amount you have	Amount your spouse has
<u>N/A</u>	<u>N/A</u>	\$ <u>-0-</u>	\$ <u>UNKOWN</u>
<u>N/A</u>	<u>N/A</u>	\$ <u>-0-</u>	\$ <u>UNKOWN</u>
<u>N/A</u>	<u>N/A</u>	\$ <u>-0-</u>	\$ <u>UNKOWN</u>

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

[ ] Home Value -0- [ ] Other real estate Value -0-

[ ] Motor Vehicle #1 Year, make & model N/A Value -0- [ ] Motor Vehicle #2 Year, make, & model N/A Value -0-

[ ] Other assets Description NONE Value -0-

7. 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 you	Amount owed to your spouse
<u>NONE</u>	\$ <u>-0-</u>	\$ <u>UNKNOWN</u>
<u>NONE</u>	\$ <u>-0-</u>	\$ <u>UNKNOWN</u>
<u>NONE</u>	\$ <u>-0-</u>	\$ <u>UNKNOWN</u>

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

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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 (Include lot rented for mobile home)	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
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)	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Home maintenance (repairs and upkeep)	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Food	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Clothing	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Laundry and dry-cleaning	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Medical and dental expenses	\$ <u>-0-</u>	\$ <u>Not Applicable</u>

	<b>You</b>	<b>Your Spouse</b>
Transportation (not including motor Vehicle payments)	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Recreation, entertainment, newspapers, Magazines, etc.	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Insurance (not deducted from wages, or included in mortgage payments)		
Homeowner's or renter's	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Life	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Health	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Motor Vehicle	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Other: _____	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Taxes (not deducted from wages, or included in mortgage payments)		
Specify: _____	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Installment payments		
Motor Vehicle	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Credit Card(s)	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Department Store(s)	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Alimony, maintenance, and support paid to others.	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Regular expenses for operation of business, Profession, or farm (attach detailed statement)	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
Other (specify): _____	\$ <u>-0-</u>	\$ <u>Not Applicable</u>
<b>Total monthly expenses:</b>	\$ <u>-0-</u>	\$ <u>Not Applicable</u>

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? \_\_\_\_\_

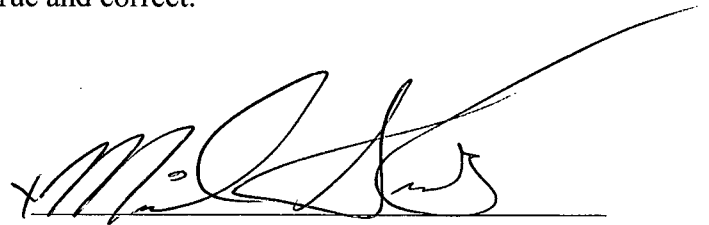
If yes, state the person's name, address, and telephone number:

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

**I AM INCARCERATED AND HAVE NO OUTSIDE INCOME FROM EMPLOYMENT OR PROPERTY, AND  
AND I HAVE ALWAYS BEEN GRANTED POOR PERSON STATUS THROUGHOUT THE PROCEEDINGS IN  
THE STATE COURTS**

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

Executed on October 25<sup>th</sup>, 2019



Michael Albert **DIN# 14B2334**  
Clinton C.F.  
P.O. Box 2001  
Dannemora, NY 12929