

19-7129  
No.

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

Brian Moore - PETITIONER

VS,

State of New Jersey - 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):


United States District Court of New Jersey

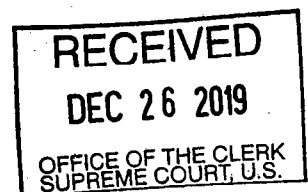
Supreme Court of New Jersey

Superior Court of New Jersey, Appellate Division

[ ☐ ] Petitioner has NOT previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner affidavits or declaration in support in support of this motion is attached hereto.

  
[signature]



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

I, **Brian Moore**, 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 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	-15-	-0-	-15-	-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, insurance payments)	-0-	-0-	-0-	-0-
Disability (such as social security, insurance payments)	-0-	-0-	-0-	-0-
Unemployment payments	-0-	-0-	-0-	-0-
Public-assistance (such as welfare)	-0-	-0-	-0-	-0-
Other Specify): NONE	-0-	-0-	-0-	-0-
<b>TOTAL MONTHLY INCOME:</b>	<b>-15-</b>	<b>-0-</b>	<b>-15-</b>	<b>-0-</b>

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

Employer	Address	Date of Employment	Gross monthly pay
prison			15

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	Date of Employment	Gross monthly pay
None			-0-

4. How much cash do you and your spouse have? \$-0-  
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 spouse has
-0-	none	-0-	-0-

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

Home Value:-NONE-	Other real estate Value:-NONE-
Motor Vehicle #1 Value:-NONE-	Motor Vehicle #2 Value:-NONE-
Other assets Description:-NONE- Value:-0-	

6. State every person, business, or organization owing you or spouse money, and the amount owed.

-NONE- -0- amount

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

-NONE-

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	SPOUSE
Rent or home-mortgage payment (include lot rented for mobile home)	-0-	-0-
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-	-0-
Home maintenance (repairs and upkeep)	-0-	-0-
Food	-0-	-0-
Clothing	-0-	-0-
Laundry and dry-cleaning	-0-	-0-
Medical and dental expenses	-0-	-0-
Transportation (not including motor vehicle payments)	-0-	-0-
Recreation, entertainment, newspapers Magazines, ect.	-0-	-0-
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or Renter's	-0-	-0-
Life	-0-	-0-
Health	-0-	-0-
Motor Vehicle	-0-	-0-
Other:	-0-	-0-
Taxes (not deducted from wages or included in mortgage payments) (specify):-NONE-	-0-	-0-
Installment payments		
Motor Vehicle	-0-	-0-
Credit card(s)	-0-	-0-
Department Store(s)	-0-	-0-
Other:-NONE-	-0-	-0-

Alimony, maintenance, and support paid to others	-0-	-0-
Regular expenses for operation of business, profession, or farm	-0-	-0-
Other (specify):-NONE-	-0-	-0-
<b>TOTAL MONTHLY EXPENSES:</b>	<b>-0-</b>	<b>-0-</b>

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 this case.

I am provided with exactly \$15 per month.

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

Executed on: December 8, 2019

  
 (Signature)