

No. _____

19-7744

IN THE
SUPREME COURT OF THE UNITED STATES

PARTHA A RAI CHOWDHURY — PETITIONER
(Your Name)

VS.

SGT INC / KBR WYLE ET AL. — RESPONDENT(S)

ORIGINAL

FILED

DEC 24 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 FOR MARYLAND

HAVENT MOVED IN ANY OTHER COURT

☐ 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.


(Signature)

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

I, _____, 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	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Self-employment	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>60</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Gifts	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Alimony	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Child Support	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>60</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Total monthly income:	\$ <u>120</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>

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
MRI XPEDIAN	46560 FREMONT BLVD FREMONT CA 94538	AUG 24 2017 - JUN 6 2018	\$ 8000 (CONTRACT)
CNI TECHNOLOGY	4500 WESTOWN PKWY DES MOINES IA 52066	SEP 4 2018 - NOV 6 2018	\$ 7000 (CONTRACT)

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? \$
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
CORNING FEDERAL CREDIT UNION	CHECKING	\$ 1000	\$ NA
"	CASH CERTIFICATE	\$ 6146.55	\$ NA
"	CASH CERTIFICATE	\$ 10266.30	\$ NA

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

☐ Home
Value NA

☐ Other real estate
Value NA

☐ Motor Vehicle #1
Year, make & model FORD FOCUS 2000
Value 1000 ZX3

☐ Motor Vehicle #2
Year, make & model NA
Value

☐ Other assets
Description NA
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
NDAA, USDOC	\$ AROUND 1000	\$ NA
	\$	\$
	\$	\$

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

Name	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, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 650	\$ NA
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 150	\$ NA
Home maintenance (repairs and upkeep)	\$ 0	\$ NA
Food	\$ 500	\$ NA
Clothing	\$ 50	\$ NA
Laundry and dry-cleaning	\$ 25	\$ NA
Medical and dental expenses	\$ 0 (VA MEDICAID)	\$ NA

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>400</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>8</u>	\$ <u>NA</u>
Life	\$ <u>0</u>	\$ <u>NA</u>
Health	\$ <u>0 (VA MEDICAID)</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>60</u>	\$ <u>NA</u>
Other: <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>NA</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>NA</u>
Credit card(s)	\$ <u>0</u>	\$ <u>NA</u>
Department store(s)	\$ <u>0</u>	\$ <u>NA</u>
Other: _____	\$ <u>NA</u>	\$ <u>NA</u>
Alimony, maintenance, and support paid to others	\$ <u>NA</u>	\$ <u>NA</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>NA</u>	\$ <u>NA</u>
Total monthly expenses:	\$ <u>1843</u> <u>1843</u>	\$ <u>NA</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:

AROUND 26000

AROUND 15000

ANDREW NYOMBI, KNA PEARL LLC
8701 GEORGIA AVE #606 (301) 585-1379
SILVER SPRING MD 20910

ALAN LESCHT AND ASSOCIATES
1825 K STREET NW STE 750 (202) 463-6036
WASHINGTON
DC 20006

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:

N A

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

INJURED IN ACCIDENT, VEHICLE REPAIR COSTS PENDING. I DONT TAKE UNEMPLOYMENT
I HAVE INCONTINENCE WHICH ISN'T RESPONDING TO TREATMENT. IT BEGAN
DURING THE TIME I WORKED FOR RESPONDENTS. LIKEWISE I HAVE PLANTAR
FASCITIS AND SEVERE HALLUX VALGUS AND HAVE DIFFICULTY WORKING IN
STANDING POSITION. RECRUITERS AND COMPANIES RELUCTANT TO PROCEED ON EMPLOYING
ME WHILE I AM ILL.

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

Executed on: 26 DECEMBER, 2019

City/County of Prince William

Commonwealth of Virginia

The foregoing instrument was acknowledged before me

This 26 day of December, 2019

by Partha Rai Chowdhuri

Jane Nichols Notary Public

Reg. # 241374 Com. Exp. 30 Sept 2023

JANE NICHOLS
NOTARY PUBLIC
REGISTRATION #241376
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
SEPTEMBER 30, 2023

[Signature]
(Signature)


9, YES, ATTACHED SHEET.

MY VEHICLE HAS TO BE REPAIRED. IT HAS INSTALLATIONS IN IT WHICH ARE MEANT FOR MY PERSONAL SAFETY AND CONVENIENCE, AND WHICH AREN'T EASY TO GET ON OTHER MODELS OR VEHICLES.

I HAVE SOURCES FOR ALL SPARES, HOWEVER THE LABOR COST IS HIGH AND HAS BEEN QUOTED AT \$8700. HERE.

THE INSURANCE COMPANY OF THE OFFENDERS WHO WERE SPEEDING AND FOLLOWING TOO CLOSELY IS TRYING TO PUT MY CAR INTO SALVAGE, AND GIVING EXCUSES THAT THE COVERAGE OF THESE OFFENDERS WHO HIT ME FROM BEHIND, WRECKING MY CAR, WOULDN'T BE ABLE TO COVER THE COST OF REPAIRS, WHICH THEY THINK AREN'T GOING TO BE COVERED.

I WILL HAVE TO TAKE THE DAMAGED VEHICLE TO OHIO OR NORTH CAROLINA, WHERE SPARES, SKILLED CREW, AND LOWER PRICING ARE AVAILABLE AND WHERE DEALERSHIPS ARE WILLING TO DO REPAIRS WITHIN \$3300.

 Partha A Rai Chowdhuri

(PARTHA A RAI CHOWDHURI)

I PRESENTLY HAVE LITTLE MORE THAN \$10000 IN THE BANK
OUT OF A LIFE SAVINGS OF \$140000 IN 2014.

THE REPAIRS TO MY DAMAGED VEHICLE WERE QUOTED AS
HIGH AS \$8500 IN SOME REPAIR FACILITIES.

I AM HAVING DIFFICULTY GETTING EMPLOYMENT SINCE
IT BECAME KNOWN THAT I AM LITIGATING FORMER
EMPLOYERS.

MY BANK INFORMS ME MY 2019 LIVING EXPENSES
WERE AROUND \$40000 WHICH IS EVEN MORE THAN
WHEN I AM EMPLOYED.

MUCH OF THIS AMOUNT WAS BECAUSE OF REPEATED
REAR-ENDING AND HIT-AND-RUN ON MY VEHICLE WHICH
WAS WORTH REPURCHASE OFFERS OF ABOUT \$3250 WHEN
THESE ACCIDENTS BEGAN. THE INSURANCE COMPANIES
OF AT-FAULT DRIVERS REFUSED TO PAY.
POLICE DIDN'T RESPOND TO HIT-AND-RUN ATTEMPTS AND MY
REPORTS AGAINST HARRASSING AND AGGRESSIVE DRIVERS.
I AM CURRENTLY HAVING TO CONSIDER RETURNING TO MY
OWN COUNTRY. I HAVE NEVER RECEIVED UNEMPLOYMENT
AND USED MY MEDICAID ONLY TWICE. I WAS NEVER ABLE
TO USE MEDICAID TO CONTROL MY INCONTINENCE ATLMENT

WHICH I DID THROUGH MY OWN EFFORTS

City/County of
Commonwealth of Virginia
The foregoing instrument was acknowledged before me
This 18 day of February, 2020
by Heidy L. Caraballo Cintron
[Signature] Notary Public
Reg. # 7506152 Com. Exp. 04/30/2023

HEIDY L. CARABALLO CINTRON
NOTARY PUBLIC
REGISTRATION # 7506152
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
APRIL 30, 2023

[Signature]
2/18/2020

(PARTHA A RAI CHOWDHURI)