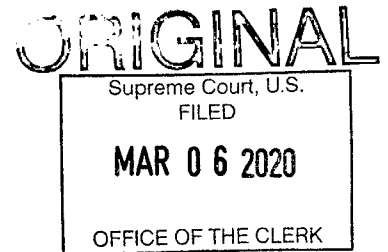


No. 19-7936

IN THE
SUPREME COURT OF THE UNITED STATES



JAMES ZAVAGLIA — PETITIONER
(Your Name)

BOSTON UNIVERSITY ^{VS.}
SCHOOL OF MEDICINE — 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*.

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 OF MASSACHUSETTS
UNITED STATES COURT OF APPEALS FOR THE FIRST CIRCUIT

☐ 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.

James Zavaglia PRO SE
(Signature)

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

I, JAMES ZAVAGLIA, 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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>1,150</u>	\$ <u>924.50</u>	\$ <u>1176.60</u>	\$ <u>938.60</u>
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance <u>EBT</u> (such as welfare)	\$ <u>217.00</u>	\$ _____	\$ <u>211.00</u>	\$ _____
Other (specify): <u>FUEL ASST.</u>	\$ <u>83.00</u>	\$ _____	\$ <u>66.00</u>	\$ _____
Total monthly income:	\$ <u>1,450</u>	\$ <u>924.50</u>	\$ <u>1453</u>	\$ <u>938.60</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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Checking	\$ 4,000	\$ _____
Savings	\$ 2,000	\$ _____
Savings	\$ _____	\$ 1,000

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

☒ Home
Value 200,000

☐ Other real estate
Value _____

☒ Motor Vehicle #1
Year, make & model 2009 KIA RIO S
Value 12,000

☒ Motor Vehicle #2 1994 Ford Taurus
Year, make & model 1994 Ford Taurus
Value \$10,000

☐ Other assets
Description RETIREMENT FUND (UNTOUCHABLE)
Value \$110,000

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	\$ 1057.18	\$ _____
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	172.00	
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	HELAL	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 300.00	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ 290	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>137.18</u>	\$ _____
Life	\$ _____	\$ _____
Health	\$ <u>144.00</u>	\$ <u>144.00</u>
Motor Vehicle	\$ <u>138.63</u>	\$ <u> </u>
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ <u>60.00</u>	\$ <u>30.00</u>
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ <u>2298.99</u>	\$ <u>174.00</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? _____

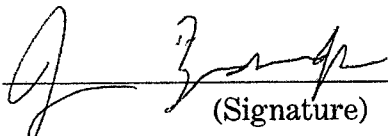
If yes, state the person's name, address, and telephone number:

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

PETITIONER AND SPOUSE ARE PERMANENTLY DISABLED
AND HAVE A FIXED INCOME. THEY ARE TRYING TO
RESOLVE MEDICAL ISSUES BUT HAVE HAD MEDICAL SETBACKS

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

Executed on: MARCH 3, 2020

 PROSE
(Signature)

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

JAMES ZAVAGLIA — PETITIONER
(Your Name)

VS.
BOSTON UNIVERSITY
SCHOOL OF MEDICINE — RESPONDENT(S)

PROOF OF SERVICE

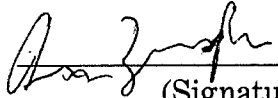
I, JAMES ZAVAGLIA, do swear or declare that on this date, MARCH 3,, 2020, as required by Supreme Court Rule 29 I have served the enclosed MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS* and PETITION FOR A WRIT OF CERTIORARI on each party to the above proceeding or that party's counsel, and on every other person required to be served, by depositing an envelope containing the above documents in the United States mail properly addressed to each of them and with first-class postage prepaid, or by delivery to a third-party commercial carrier for delivery within 3 calendar days.

The names and addresses of those served are as follows:

LISA A. TENENOWICZ BBO # 654188 LATEN@BU.EDU
OFFICE OF GENERAL COUNSEL BOSTON UNIVERSITY 125 BAY STATE RD
BOSTON, MA 02215 (617) 353-2326

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

Executed on MARCH 3,, 2020

 PRO SE
(Signature)