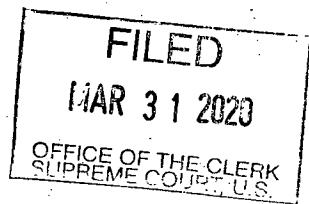


ORIGINAL

No. 20-5050



IN THE  
SUPREME COURT OF THE UNITED STATES

— PETITIONER  
(Your Name)

VS.

People of the State of N.Y. — 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):

County Court, Suffolk County, Appellate Division 2nd Dept, Eastern District of N.Y., and the Second Circuit Court of Appeals

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.

E. J. Gadeboi  
(Signature)

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

I, Ezra lev lie, 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	\$ 0	\$ N/A	\$ 0	\$ 0
Self-employment	\$ 0	\$ N/A	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ 0
Gifts	\$ 0	\$ N/A	\$ 0	\$ 0
Alimony	\$ 0	\$ N/A	\$ 0	\$ 0
Child Support	\$ 0	\$ N/A	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ N/A	\$ 0	\$ 0
<b>Total monthly income:</b>	\$ 120.00	\$ 0	\$ 0	\$ 0

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
N.Y. P.D. Dept.	One police Plaza N.Y. 10038	4-30-90 To 9-20-91	\$ 5416.00

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
N/A	N/A	N/A	\$ N/A

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
N/A	N/A	\$ N/A	\$ N/A

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

Home  
Value \_\_\_\_\_ *N/A*

Other real estate  
Value \_\_\_\_\_ *N/A*

Motor Vehicle #1  
Year, make & model \_\_\_\_\_ *N/A*  
Value \_\_\_\_\_

Motor Vehicle #2  
Year, make & model \_\_\_\_\_ *N/A*  
Value \_\_\_\_\_

Other assets  
Description \_\_\_\_\_ *N/A*  
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**

NA

\$ N/A

\$ N/A

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

**Name**

**Relationship**

**Age**

NA

W/H

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)

\$ N/A \$ N/A

Are real estate taxes included?  Yes  No  
Is property insurance included?  Yes  No

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ N/A \$ N/A

Home maintenance (repairs and upkeep)

\$ N/A \$ N/A

Food

\$ N/A \$ N/A

Clothing

\$ N/A \$ N/A

Laundry and dry-cleaning

\$ N/A \$ N/A

Medical and dental expenses

\$ N/A \$ N/A

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.

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

Executed on: March 30, 2020



(Signature)

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

**SUPREME COURT OF THE UNITED STATES**

Plaintiff,

vs.

Defendant.

**APPLICATION TO PROCEED  
WITHOUT FULL PAYMENT  
OF FEES; AFFIDAVIT AND  
AUTHORIZATION FORM**

**CASE NUMBER:** \_\_\_\_\_

I, Ezra Leslie, declare that I am the  petitioner/plaintiff/claimant,  other in the above-entitled proceedings; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No

If "Yes" state the place of incarceration: Clinton Correctional Facility

Are you employed at the institution?  Yes  No

Do you Received any payment from same?  Yes  No

**Notice to Inmates: The Certificate portion of this affidavit must be completed.**

2. Are you currently employed?  Yes  No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take home salary or wages and the name and address of your last employer:

3. In the past twelve months have you received any money from the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

d. Disability or workman's compensation payments  Yes  No

e. Gifts and inheritances  Yes  No

f. Any other sources  Yes  No

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive. *Food package sometimes, Some money for store  
maybe 75 dollars.*

4. Do you have any cash, checking or savings accounts?  Yes  No

If "Yes" state the amount \_\_\_\_\_.

5. Do you own any real estate, stocks, bonds securities, other financial instruments, automobiles and any other assets? *NO*

If "Yes" describe the property and state its value (attach additional sheets as necessary):

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support (attach additional sheets as necessary):

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

March 2, 2020

DATE

Eva Leslie

SIGNATURE OF APPLICANT

#### CERTIFICATE

(incarcerated applicants only)

(To be completed by appropriate official at the institution of incarceration).

I certify that the applicant named herein has the sum of \$ 110.02 on account to his/her credit at Clinton Correctional facility. I further certify that during the past six months the applicant's average balance was \$ 12.41.

3/4/20

DATE

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SIGNATURE OF AUTHORIZED OFFICER

#### Notice To Inmates:

Pursuant to the Federal Court Improvement Act of 1996, Pub. L. No. 104-317, 110 Stat. 3847, as of December 18, 1996, the filing fee for most civil actions was increased from \$120.00 to \$150.00. See *id.* at §401 (amending 28 U.S.C. §1914(a)). Also, pursuant to the Prison Litigation Reform Act. Pub. L. No. 104-134, 110 Stat. 1321, inmates are required to pay, over a period of time, the full filing fee.

(2)

**CERTIFIED COPY**

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**INMATE ACCOUNTS**