

No. TBA

20-5500

IN THE SUPREME COURT OF THE UNITED STATES

08/19/20

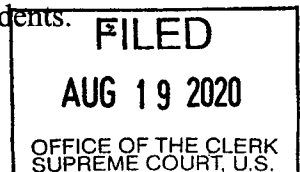
ORIGINAL

VALENTIN SPATARU, Petitioner,

vs.

PEDRO ANTONIO SUAREZ and SVITLANA KHRAMTSOVA, Respondents.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*



The petitioner, Valentin Spataru, asks leave to file the attached petition for rehearing 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): the Supreme Court of the United States, the Florida Supreme Court and below.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Respectfully submitted,

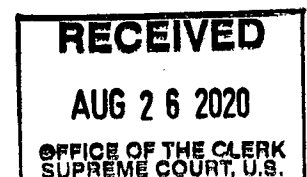
/s/ Valentin Spataru

c/o CILK - Center for Independent Living

103400 Overseas Hwy. #243, Key Largo, FL 33037

Mobile cell phone: 305 615 0061

Email: valentin.spataru.macc.cpa@gmail.com , valespa@outlook.com



2. 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	\$ n/a
Self-employment	\$ 0	\$ n/a	\$ 0	\$ n/a
Income from real property (such as rental income)	\$ 0	\$ n/a	\$ 0	\$ n/a
Interests and dividends	\$ 0	\$ n/a	\$ 0	\$ v
Gifts	\$ 0	\$ n/a	\$ 0	\$ n/a
Alimony	\$ 0	\$ n/a	\$ 0	\$ n/a
Child support	\$ 0	\$ n/a	\$ 0	\$ n/a
Retirement (such as Social Security, pensions, annuities, insurance)	\$ 0	\$ n/a	\$ 0	\$ n/a
Disability (such as Social Security, insurance payments)	\$ 1027	\$ n/a	\$ 1027	\$ n/a
Unemployment payments	\$ 0	\$ n/a	\$ 0	\$ n/a
Public-assistance (such as welfare) (Medical, . . .)	\$ 150	\$ n/a	\$ 150	\$ n/a
Other (specify): _____	\$ 0	\$ n/a	\$ 0	\$ n/a
Total monthly income:	\$ 1177	\$ n/a	\$ 1177	\$ n/a

3. List your 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			

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

n/a			
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5. How much cash do you and your spouse have? \$ 900

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
Bank of America	Hybrid checking and sav.	\$ 900	\$ n/a
Bank of America	Home purchase trust	\$ 171770	\$ n/a
	(keep it confidential)	\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

6. 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 (Value) Make & Year: Mazda 1997 Model: MPV Registration #:
Other Assets (Value) n/a	Other Assets (Value)	Motor Vehicle #2 (Value) Make & Year n/a Model: Registration #:

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 to you	Amount owed to your spouse
Pedro Suarez & Svitlana Khramtsova	\$5,000 -since 2013	n/a
(Please ask Police, NSA to find them ASAP and notify me)		

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

Name [or, if under 18, initials only]	Relationship	Age
n/a		

9. 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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ n/a
Are real-estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$ n/a
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 0	\$ n/a
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ n/a
Home maintenance (repairs and upkeep)	\$ 0	\$ n/a
Food	\$ 200	\$ n/a
Clothing	\$ 25	\$ n/a
Laundry and dry-cleaning	\$ 5	\$ n/a
Medical and dental expenses	\$ 65	\$ n/a
Transportation (not including motor vehicle payments)	\$ 70	\$ n/a
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ n/a
Insurance (not deducted from wages or included in mortgage payments)	\$ 0	\$ n/a
Homeowner's or renter's	\$ 0	\$ n/a
Life	\$ 0	\$ n/a
Health	\$ 135	\$ n/a
Motor Vehicle	\$ 25	\$ n/a
Other:	\$ 0	\$ n/a
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ n/a
Installment payments	\$ 0	\$ n/a
Motor Vehicle	\$ 0	\$ n/a
Credit card (name):	\$ 0	\$ n/a
Department store (name):	\$ 0	\$ n/a
Other:	\$ 0	\$ n/a

Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>n/a</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>n/a</u>
Other (specify): <u>motel rooms or other transitional housing</u>	\$ <u>652</u>	\$ <u>n/a</u>
Total monthly expenses	\$ <u>1177</u>	\$ <u>n/a</u>

10. 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.

11. Have you spent – or will you be spending – any money for expenses or attorney fees in connection with this lawsuit?

☐ Yes ☒ No If yes, how much: \$ _____

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I have been disabled by injuries, thus I am not able to keep a job, and my income is too low.
 My funds in my home purchase trust are too low to buy a decent home, thus I have to sleep in
 motels or other transitional housing until I will be able to buy a decent home.

13. State the city and state of your legal residence. Key Largo, FL

Your daytime phone number: (305) 615 0061

Your age: 46 Your years of schooling: 19

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

Executed on: 08/19/2020, 20

 (Signature)