

No. 20-6955

IN THE
SUPREME COURT OF THE UNITED STATES

ORIGINAL

Theresa Skillings — PETITIONER
(Your Name)

VS.

The City of New York — RESPONDENT(S)

FILED

NOV 05 2020

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):

Queens County Supreme Court, New York

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.

Theresa Skillings

(Signature)

RECEIVED

NOV 13 2020

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Theresa Skillings, 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>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Self-employment | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Income from real property (such as rental income) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Interest and dividends | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Gifts | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Alimony | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Child Support | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Disability (such as social security, insurance payments) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Unemployment payments | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Other (specify): _____ | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</u> |
| Total monthly income: | \$ <u>0</u> | \$ <u>N/A</u> | \$ <u>0</u> | \$ <u>N/A</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 |
|------------|---------|---------------------|-----------------------------------|
| Unemployed | N/A | N/A | \$ <input type="text" value="0"/> |
| | | | \$ <input type="text" value="0"/> |
| | | | \$ <input type="text" value="0"/> |

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 | \$ <input type="text" value="N/A"/> |
| | | | \$ <input type="text" value="0"/> |
| | | | \$ <input type="text" value="0"/> |

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 |
|---|-----------------------------------|-------------------------------------|
| N/A | \$ <input type="text" value="0"/> | \$ <input type="text" value="N/A"/> |
| | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| | \$ <input type="text" value="0"/> | \$ <input type="text" value="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

Other real estate
Value

Motor Vehicle #1
Year, make & model
Value

Motor Vehicle #2
Year, make & model
Value

Other assets
Description
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 |
|---------------------------------------|--------------------|----------------------------|
| <u>W/A</u> | \$ <u>0</u> | \$ <u>W/A</u> |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

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 |
|-------------|-----------------|----------------|
| <u>K.S.</u> | <u>daughter</u> | <u>11 yrs.</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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) | \$ <u>0</u> | \$ <u>W/A</u> |
| 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 | <u>W/A</u> | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ <u>0</u> | \$ <u>W/A</u> |
| Home maintenance (repairs and upkeep) | \$ <u>0</u> | \$ <u>W/A</u> |
| Food | \$ <u>0</u> | \$ <u>W/A</u> |
| Clothing | \$ <u>0</u> | \$ <u>W/A</u> |
| Laundry and dry-cleaning | \$ <u>0</u> | \$ <u>W/A</u> |
| Medical and dental expenses | \$ <u>0</u> | \$ <u>W/A</u> |

| | You | Your spouse |
|---|--------------------------|---------------|
| Transportation (not including motor vehicle payments) | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Life | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Health | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Motor Vehicle | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Other: _____ | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Installment payments | | |
| Motor Vehicle | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Credit card(s) | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Department store(s) | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Other: _____ | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Alimony, maintenance, and support paid to others | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Other (specify): _____ | \$ <input type="radio"/> | \$ <u>N/A</u> |
| Total monthly expenses: | \$ <input type="radio"/> | \$ <u>N/A</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 is unemployed, has no income, and is currently staying with relatives. Petitioner receives Food Stamps and Medicaid.

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

Executed on: October 20, 2020



(Signature)

Declaration in Support of Motion for Leave
to Proceed in Forma Pauperis

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

Executed on October 20, 2020

YheerShay



FILED

JUL 19 2016

COUNTY CLERK
QUEENS COUNTYPoor Person Application
Pending Determination

At IAS Part _____ of the
Supreme Court of the Queens County
Courthouse, located at 88-11 Sutphin Blvd.,
Jamaica, NY 11435
This 19 day of July, 2016

PRESENT: Hon. A. Culley

Theresa Skillings

Plaintiff/Petitioner,

-against-

Administration for Children's Services

Defendant/Respondent.

POOR PERSON ORDER
PURSUANT TO
CPLR § 1101(d)

Index No. 7066/16

Upon reading and filing the affidavit of the Plaintiff/Petitioner, sworn to on the 19
day of July, 2016, seeking to commence an action/special proceeding for
_____, and due deliberation having been had thereon, it is:

ORDERED, that the application of the Plaintiff/Petitioner for leave to proceed as a poor person is GRANTED, and all fees and costs relating to the filing of the pleadings and the Request for Judicial Intervention (RJI) are waived.

ORDERED, that the application of the Plaintiff/Petitioner for leave to proceed as a poor person is DENIED. Plaintiff must pay the statutory Index Number fee and all accompanying fees within 120 days from the date of this order or the action is deemed dismissed without prejudice.

ORDERED, that all fees and costs relating to filing an appeal of this Order are waived.

ENTER:

A. Culley
J.S.C.
HON. ANNA CULLEY