

20-7578

No. _____

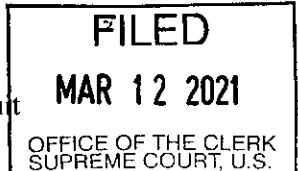
IN THE SUPREME COURT OF THE UNITED STATES

02/15/21

VALENTIN SPATARU, Petitioner
vs.
RICK RAMSAY, Etc., et al., Respondent.

ORIGINAL

On Petition For Writ Of Certiorari to the
The United States Court of Appeals for The Eleventh Circuit

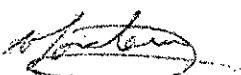


MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

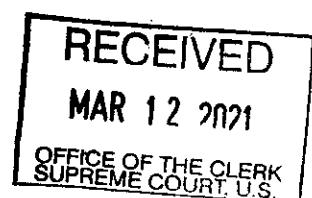
I, Valentin Spataru, ask leave to file the accompanying petition for writ of certiorari, without prepayment of costs, and to proceed in forma pauperis. I filed pro se in the United States Court of Appeals for The Eleventh Circuit and below and wrongly was not permitted to proceed in forma pauperis in those courts. My affidavit in support of this motion is attached.

Respectfully submitted,

/s/ Valentin Spataru



c/o CILK - Center for Independent Living
103400 Overseas Hwy. #243, Key Largo, FL 33037
Mobile cell phone: 305 301 3001
Email: valentin.spataru.macc.cpa@gmail.com , valespa@outlook.com



No. TBA

IN THE SUPREME COURT OF THE UNITED STATES
AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

VALENTIN SPATARU

20-11972-B

v

RICK RAMSAY, Etc., et al.

20-11972-B

Instructions: Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: 02/15/2021

Signed: /s/ VALENTIN SPATARU

1. My issues Please see my attached Petition.

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)	\$ 1047	\$ n/a	\$ 1047	\$ 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:	\$ 1197	\$ n/a	\$ 1197	\$ 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	_____	_____	_____
_____	_____	_____	_____

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	\$ 184,000	\$ n/a
		\$ (it is 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) n/a	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 Pedro Suarez & Svitlana Khramtsova (Please ask Police, FBI, NSA to find them ASAP and notify me)	Amount owed to you \$5,000 -since 2013	Amount owed to your spouse n/a
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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	\$ 0	\$ n/a
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ n/a
Other (specify): <u>transitional housing</u>	\$ 672	\$ n/a
Total monthly expenses	\$ 1197	\$ n/a

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. Also, my funds in my home purchase trust are too low now to buy a decent home, thus I have to save more money.

Medicaid allows the applicant's equity value in their home to be \$595,000 or less, although some states use a higher limit of \$893,000, before charging fees.

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

Your daytime phone number: (305) 330 3001
 Your age: 47 Your years of schooling: 19

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

Executed on: 02/15/2120, 20____

/s/ VALENTIN SPATARU

(Signature)