

No. _____

IN THE
SUPREME COURT OF THE UNITED
STATES

DAGHRIB SHAHEED, WAHEEDAH SHAHEED - PETITIONER

vs.

STEPHAN KROSKI, NEW YORK CITY POLICE OFFICER; IN AN INDIVIDUAL AND OFFICIAL CAPACITY, PAUL BLISS, NEW YORK CITY POLICE OFFICER; IN AN INDIVIDUAL AND OFFICIAL CAPACITY, LYDIA FIGUEROA, NEW YORK CITY POLICE OFFICER; IN AN INDIVIDUAL AND OFFICIAL CAPACITY, CITY OF NEW YORK – RESPONDENTS

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The Petitioners ask for leave to file the attached Petition for a Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*. The Petitioners made a prior application to proceed *in forma pauperis* in the following two courts, and the applications were denied: (1) the United States District Court for the Southern District of New York, and (2) the United States Court of Appeals for the Second Circuit. The Petitioners' affidavits in support of this motion are

attached hereto.

Lawrence P LaBrew

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

I, Ms. Daghrib Shaheed, 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 thereof; 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	\$ 3,876.50	N/A	\$ 3,876.50	N/A
Self-Employment	\$ 0	N/A	\$ 0	N/A
Income from real property (such as rental income)	\$ 0	N/A	\$ 0	N/A
Interest and dividends	\$ 0	N/A	\$ 0	N/A
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, insurance payments)	\$ 0	N/A	\$ 0	N/A
Disability ((such as social security, insurance payments)	\$ 0	N/A	\$ 0	N/A
Unemployment payments	\$ 0	N/A	\$ 0	N/A
Public-assistance (such as welfare)	\$ 0	N/A	\$ 0	N/A
Other (specify)	\$ 0	N/A	\$ 0	N/A
Total Monthly Income:	\$3,876.50	N/A	\$3,876.50	N/A

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
U.S. Postal Service	250 N. Boundary Rd. Jamaica, NY	10/17/2015 to the present	\$ 3,876.50

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.). This question is not applicable.

4. How much cash do you and your spouse have? \$ 156.77
Below, state any money you and your spouse have in bank accounts or in any other financial institutions.

Type of account (e.g., checking or savings.)	Amount you have	Amount your spouse has
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Checking \$ 156.77 N/A

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

- a. Home: Not applicable
- b. Other Real Estate: Not applicable
- c. Motor Vehicle: Not applicable
- d. Other Assets: None

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

None

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names.

Name	Relationship	Age
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Waheedah Shaheed Mother 63

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) I rent: I do not pay real estate taxes,	\$ 1,134.48	N/A

I do not pay for property insurance.

Utilities (electricity, heating fuel, water, sewer, and telephone) \$ 215.00 N/A

Home maintenance (repairs and upkeep) \$ 0 N/A

Food \$ 250.00 N/A

Clothing \$ 80.00 N/A

Laundry and dry cleaning \$ 40.00 N/A

Medical and Dental Expenses \$ 64.81 N/A

Transportation \$ 232.00 N/A

Recreation, entertainment, newspapers,
magazines, etc. \$ 30.00 N/A

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's insurance \$ 0 N/A

Life \$ 49.13 N/A

Health \$ 125.32 N/A

Motor Vehicle N/A N/A

Other (Dental and Vision Insurance) \$ 43.72 N/A

Taxes (not deducted from wages or included in mortgage payments)

(Specify): N/A N/A

Installment payments

Motor Vehicle \$ 0 N/A

Credit Cards \$65.00 N/A

Department Stores \$31.00 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):	\$ 0	N/A
Total monthly expenses	\$ 2360.46	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? No.
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? No.
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? No.
12. Provide any other information that will help explain why you cannot pay the costs of this case.

I declare under the penalty of perjury that the foregoing is true and correct. Executed on 30 March 2021.

STATE OF NEW YORK)


Ms. Daghrib Shaheed
Petitioner

) ss:

COUNTY OF BRONX)

On the 30 March 2021, before me personally appeared Ms. Daghrib Shaheed, personally known to me or proved to me on the basis of satisfactory evidence to be the individual

whose name in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Notary Public

LAWRENCE P. LABREW
Notary Public, State of New York
No. 02LA6121533
Qualified in Bronx County
Commission Expires 1-18-2025

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

I, Ms. Waheedah Shaheed, 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 thereof; 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	N/A
Self-Employment	\$ 0	N/A	\$ 0	N/A
Income from real property (such as rental income)	\$ 0	N/A	\$ 0	N/A
Interest and dividends	\$ 0	N/A	\$ 0	N/A
Gifts	\$ 300.00	N/A	\$ 1134.00	N/A
Alimony	\$ 0	N/A	\$ 0	N/A
Child Support	\$ 0	N/A	\$ 0	N/A

Retirement (such as social security, insurance payments)	\$ 0	N/A	\$ 0	N/A
Disability ((such as social security, insurance payments)	\$ 803.00	N/A	\$ 817.00	N/A
Unemployment payments	\$ 0	N/A	\$ 0	N/A
Public-assistance (such as welfare)	\$ 0	N/A	\$ 0	N/A
Other (specify)	\$ 0	N/A	\$ 0	N/A
Total Monthly Income:	\$1103.00	N/A	\$ 1951.00	N/A

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.). None (Cancer patient)
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.). This question is not applicable.
4. How much cash do you and your spouse have? \$2.90

Below, state any money you and your spouse have in bank accounts or in any other financial institutions.

Type of account (e.g., checking or savings.)	Amount you have	Amount your spouse has
Checking	\$ 2.90	N/A

5. List of assets, and their values, which you own or your spouse owns. Do not

list clothing and ordinary household furnishing.

- a. Home: Not applicable
- b. Other Real Estate: Not applicable
- c. Motor Vehicle: Not applicable
- d. Other Assets: None

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

None

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names.

Name	Relationship	Age
Abdul-Malik Abdur-Rahim	Son	20

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.

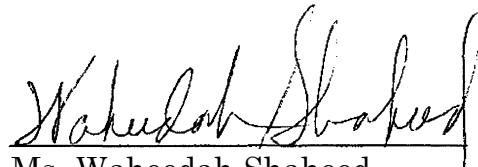
	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 1,134.48	N/A
I rent: I do not pay real estate taxes, I do not pay for property insurance.		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 185.00	N/A
Home maintenance (repairs and upkeep)	\$ 0	N/A

Food	\$ 250.00	N/A
Clothing	\$ 50.00	N/A
Laundry and dry cleaning	\$ 25.00	N/A
Medical and Dental Expenses	\$ 5.00	N/A
Transportation	\$ 10.00	N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 52.00	N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's insurance	\$ 0	N/A
Life	\$ 86.00	N/A
Health	\$ 0	N/A
Motor Vehicle	N/A	N/A
Other (Dental and Vision Insurance)	\$ 0	N/A
Taxes (not deducted from wages or included in mortgage payments)		
(Specify):	N/A	N/A
Installment payments		
Motor Vehicle	\$ 0	N/A
Credit Cards	\$ 120.00	N/A
Department Stores	\$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):	\$0	N/A
Total monthly expenses	\$1917.48	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? No.
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? No.
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? No.
12. Provide any other information that will help explain why you cannot pay the costs of this case. I am currently undergoing intense chemotherapy for true non-secretory multiple myeloma, and I do not expect to work soon.

I declare under the penalty of perjury that the foregoing is true and correct. Executed on 31 March 2021.



Ms. Waheedah Shaheed
Petitioner

STATE OF NEW YORK)
) ss:
COUNTY OF BRONX)

On the 31st day of March 2021. Before me personally appeared Ms. Waheedah Shaheed, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Notary Public

LAWRENCE P. LABREW
Notary Public, State of New York
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