

SUPREME COURT OF THE UNITED STATES

ROTIMI SALU,

Petitioner,

MOTION OF
ROTIMI SALU
FOR LEAVE TO PROCEED
IN FORMA PAUPERIS

vs.

NEW YORK STATE JUSTICE CENTER,

Respondent.

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 U.S. District Court (SDNY) granted in *Salu et ano v. Miranda et al*, 18 Civ. 10399. No *in forma pauperis* application was made in the New York State courts below. Petitioners have **not** previously been granted leave to proceed *in forma pauperis* in any other court in this case.

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

Dated: Stony Point, New York
October 30, 2021



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SUPREME COURT OF THE UNITED STATES

ROTIMI SALU

Petitioner,

v.

NEW YORK STATE JUSTICE CENTER,

Respondent.

DECLARATION OF
ROTIMI SALU
REQUESTING LEAVE TO PROCEED
In Forma Pauperis

ROTIMI SALU declares under penalty of perjury as follows:

1. I am the petitioner herein, represented by my attorney herein Michael D. Diederich, Jr. *pro bono publico*, who has drafted the accompanying Motion to Proceed in Forma Pauperis and Petition for a Writ of Certiorari.
2. I was treated unfairly by this agency of the State of New York, the N.Y.S. Justice Center for the Protection of People with Special Needs. As my attorney argues in the Petition, the Justice Center finds healthcare workers such as me guilty of neglect without permitting us to face our accusers to establish our innocence. Citizens accused of wrongdoing by the State should be entitled to face his or her accuser, even in an agency proceeding.
3. My financial situation, using the form found from this Court's website, is annexed.
4. I request leave to proceed *in forma pauperis*. It will be an undue and perhaps impossible burden for me to finance a *certiorari* petition for which I do not have sufficient funds.

WHEREFORE, I request leave to file my accompanying petition for certiorari *in forma pauperis*.

Declared under penalty of perjury

this 26 October 2021



ROTIMI SALU

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

I, Rotimi Salu, 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	\$ 4,000	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 4,000	\$	\$	\$

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
Mount Sinai Hospital	1 Gustave L Levy Pl	10/2018 - Present	\$ 4,000
	New York, NY 10029		\$

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
no spouse			\$
			\$
			\$

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
Checking	\$ 127.87	\$
Savings	\$ 235.00	\$
	\$	\$

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

<input type="checkbox"/> Home Value NONE	<input type="checkbox"/> Other real estate Value NONE
<input type="checkbox"/> Motor Vehicle #1 no vehicle Year, make & model Value	<input type="checkbox"/> Motor Vehicle #2 Year, make & model Value
<input type="checkbox"/> Other assets NO 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
none	\$	\$
	\$	\$
	\$	\$

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
none		

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)	\$ 1845	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 300	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$ 150	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$ 30	\$
Medical and dental expenses	\$	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 400	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 50	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$	\$
Department store(s)	\$	\$
Other: _____	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify): _____	\$	\$
Total monthly expenses:	\$ 2775	\$

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:

My attorney, Michael Diederich, is not charging me for this appeal.

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 have had serious medical problems and associated debt, including student debt, and have only recently obtained my current gainful employment.

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

Executed on: October 26, 2021



Rotimi Salu