

SUPREME COURT OF THE UNITED STATES

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ROTINI SALU,

*Petitioner,*

MOTION OF  
ROTINI SALU  
FOR LEAVE TO PROCEED  
*IN FORMA PAUPERIS*

vs.

NEW YORK STATE JUSTICE CENTER,

*Respondent.*

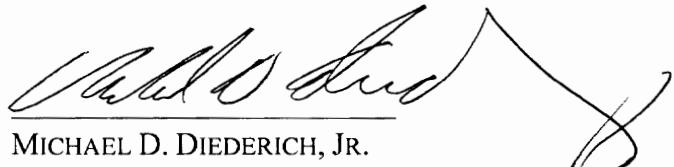
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The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the U.S. District Court (SDNY) granted in *Salu et al 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



MICHAEL D. DIEDERICH, JR.  
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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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
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): _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	<b>\$ 4,000</b>			

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

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
Mount Sinai Hospital	1 Gustave L Levy Pl New York, NY 10029	10/2018 - Present	\$ \$ 4,000 \$

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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
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.

<b>Type of account (e.g., checking or savings)</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
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.

Home      NONE  
Value \_\_\_\_\_

Other real estate  
Value \_\_\_\_\_

Motor Vehicle #1      no vehicle  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

Other assets      NO OTHER ASSETS  
Description \_\_\_\_\_  
Value \_\_\_\_\_

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

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
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").

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
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.

	<b>You</b>	<b>Your spouse</b>
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	\$ _____	\$ _____

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 400	\$ _____
	50	
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
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): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	<b>\$ 2775</b>	\$ _____

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, 20 21



Rotimi Salu