

No. 22-\_\_\_\_\_

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IN THE  
SUPREME COURT OF THE UNITED STATES

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MARC FISHMAN,

Petitioner,  
VS.

OFFICE OF COURT ADMINISTRATION NEW YORK STATE COURTS, ET. AL,

Respondents.

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**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

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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 been granted leave to proceed *in forma pauperis* in the following courts:

1. United States District Court for the Southern District of New York; and
2. United States Court of Appeals for the Second Circuit.

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

Petitioner's counsel in this matter has been retained on a *pro bono* basis.

Dated: January 30, 2022

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

I, Marc Fishman, 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	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 2,000	\$ No Spouse	\$ 2,000	\$ No
Income from real property (such as rental income)	\$ 1000	\$	\$ 1000	\$ Spouse
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 95,00	\$	\$ 900	\$
Unemployment payments	\$	\$	\$ 0	\$
Public-assistance (such as welfare)	\$	\$	\$ 0	\$
Other (specify): <u>No Furl Accrue</u>	\$ 200	\$	\$ 1,000	\$
Total monthly income:	\$ 3,295	\$	\$ 1,900	\$

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
Non-Disclosed Mac Fisher Licent Re Bkfr	3800 Nerell Av Apt 6 Bronx, NY 10463	1/1/20 - 12/31/20 1/1/21 - 12/31/21 1/22	\$ 2,000/month \$ 2,000/month \$ 2,000

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.)

Employer	Address	Dates of Employment	Gross monthly pay
No	Spouse	N/A	\$

4. How much cash do you and your spouse have? \$ 8,000.00

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
Bank	\$ 8,000	\$ <u>/A</u>
	\$	\$
	\$	\$

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

Home Value 0 /rental  Other real estate Value 130,000 (Spt + front)

Motor Vehicle #1 Year, make & model None  Motor Vehicle #2 Year, make & model None  
Value \_\_\_\_\_

Other assets Description 10,000 personal property  
Value \_\_\_\_\_

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 800	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 100	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ _____
Life	\$ 150	\$ _____
Health	\$ 1200	\$ _____
Motor Vehicle	\$ 0	\$ _____
Other: <u>Accident</u> <u>Car Poly</u>	\$ 25 20	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 250	\$ _____
Installment payments		
Motor Vehicle	\$ 0	\$ _____
Credit card(s)	\$ 1,000	\$ _____
Department store(s)	\$ 0	\$ _____
Other: _____	\$ 0	\$ _____
Alimony, maintenance, and support paid to others	\$ 0	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 300	\$ _____
Other (specify): <u>child sppt</u>	\$ 2625	\$ _____
<b>Total monthly expenses:</b> <u>8 80</u>	<u>\$ 8,800</u>	\$ _____

\*\* Medical Bills Before Reimbursement

\*\* Cannot collect - Case Proceeding pending  
to lower Support since 2/2020 (pre covid)

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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
John	Mo	Spouse

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)	\$ 1,000	\$ _____
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		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 150	\$ _____
Home maintenance (repairs and upkeep)	\$ N/A	\$ _____
Food	\$ 500	\$ _____
Clothing	\$ 50	\$ _____
Laundry and dry-cleaning	\$ 250	\$ _____
Medical and dental expenses	\$ 1500	\$ _____

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.

None Expected

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? N/A

If yes, state the attorney's name, address, and telephone number:

None

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? N/A

If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Disabled from Car Accident. Have  
traumatic brain injury & Occipital Neuralgia.  
Cannot work due to recent Cancer, Inpatient and Post  
Surgery

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

Executed on: 1/26, 2022



(Signature)