

J.C.B

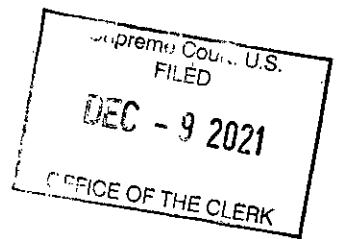
21-7403
No.

#USCA2 No 21-1442

ORIGIN

IN THE
SUPREME COURT OF THE UNITED STATES

THOMAS CARL BRUNI — PETITIONER
(Your Name)



VS.
CRAIG APPLE, SHERIFF
ALBANY COUNTY JAIL — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED IN *FORMA PAUPERIS*

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

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): NEW YORK APPELLATE DIVISION THIRD DEPARTMENT
#531008 #532910 #533776 - ATTORNEY MITCH KESSLER ESQ. - FAMILY
COURT APPEAL #528268 ATTORNEY PAUL J. CONNOLLY ESQ. - ACCESS
#529828 NEW YORK COURT OF APPEALS MO. NO. 2021-687

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

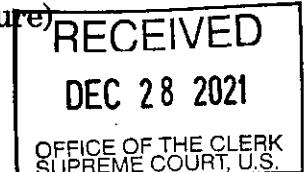
Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____
_____, or

a copy of the order of appointment is appended.

Thomas C. Bruni
(Signature)



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

I, Thomas C. Brin, 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
Employment	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>
Gifts <i>STIMULOUS CHECK PLUS GIFTS</i>	\$ <u>100</u> OR <u>200</u>	\$ <u>100</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>
<i>I AM NOT MARRIED AND HAVE NOT LIVED WITH MY SONS MOTHER "WIFE" IN 10 YRS. SHE ALSO TOOK AWAY MY SON MOST ALL MONEY EXHAUSTED WITH LEGAL WORK</i>		
<i>EXCEPT GIFTS/LOANS/STIMULOUS</i>		

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
			\$ <i>0</i>
			\$ <i>0</i>
			\$ <i>0</i>

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
			\$ <i>0</i>
			\$ <i>0</i>
			\$ <i>0</i>

4. How much cash do you and your spouse have? \$ *0*
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
I HAVE ONLY THE STIMULUS CHECKS EXHAUSTED AND LOANS ADDED TO PRESUMABLY PAY BACK WHEN RELEASED	\$ <i>0</i>	\$ <i>0</i>
	\$ <i>0</i>	\$ <i>0</i>
	\$ <i>0</i>	\$ <i>0</i>

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*

Other real estate

Value *0*

Motor Vehicle #1

Year, make & model *BY CITY*

Motor Vehicle #2

Year, make & model

Value

Value

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
	\$ <i>0</i>	\$ _____
	\$ <i>0</i>	\$ _____
	\$ <i>0</i>	\$ _____

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
<u>SANDRA BRUNI</u>	<u>MOTHER</u>	<u>86</u>
<u>LINDA KHOURY</u>	<u>SISTER</u>	<u>61</u>

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>0</i>	\$ _____
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)	\$ <i>0</i>	\$ _____
Home maintenance (repairs and upkeep)	\$ <i>0</i>	\$ _____
Food	\$ <i>5</i>	\$ <i>10</i> A WEEK
Clothing	\$ <i>0</i>	\$ _____
Laundry and dry-cleaning	\$ <i>0</i>	\$ _____
Medical and dental expenses	\$ <i>0</i>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>100</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>100</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>100</u>	\$ _____
Life	\$ <u>100</u>	\$ _____
Health	\$ <u>100</u>	\$ _____
Motor Vehicle	\$ <u>100</u>	\$ _____
Other: _____	\$ <u>100</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>100</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>100</u>	\$ _____
Credit card(s)	\$ <u>100</u>	\$ _____
Department store(s)	\$ <u>100</u>	\$ _____
Other: <u>JAIL COMMISSARY \$21.17</u>	\$ <u>100</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>100</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>100</u>	\$ _____
Other (specify): <u>COMMISSARY - COPIES AND LEGAL MAIL + COFFEE</u>	\$ <u>100</u>	\$ _____
Total monthly expenses:	<u>100</u>	\$ _____

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.

EXCEPT COURT FEES AFTER SENTENCING

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:

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: PETITIONER/APPELLANT

DEMONSTRATES EXEMPTION AS APPELLANT HAS CONCURRENT
COURT OF APPEALS N.Y. ACCESS CLAIM 2021-687 AND
3RD DIST WRIT APPEAL WITH LAWYER APPOINTED #529828 WITH POOR
PERSONS AND SWEARS THAT THE SAME FINANCIAL CIRCUMSTANCES EXIST TODAY.

12. Provide any other information that will help explain why you cannot pay the costs of this case.
MY CURRENT JAIL COMMISSARY IS \$20.17 - I HAVE
CONCURRENT ACCESS CLAIM 2021-687 IN N.Y. COURT OF APPEALS - MOST ALL
MY MONEY GOES TOWARDS MAIL AND PHOTOCOPIES AS THE INDIGENT
POLICY IS A SHUT OUT OF COURT POLICY ONLY ALLOWING 2 ONE OZ.
ENVELOPES A WEEK AND 10 PHOTOCOPIES A WEEK -
I declare under penalty of perjury that the foregoing is true and correct.

Executed on: NOVEMBER 29, 2021

Monica C. Brus

NOVEMBER 29 2021

(Signature)

Sworn to before me this
29th day of November 2021.

BONNI J. DEADY
Notary Public, State of New York
Qualified in Albany County
Reg. No. 01DE6291472
Commission Expires October 15, 2025

Bonni J. Dady

STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES
 ELMIRA CORRECTIONAL FACILITY
 INMATE STATEMENT FOR THE PERIOD 02/01/22 THRU 02/28/22

* NAME: BRUNI THOMAS

* DEPT ID: 22A0147 CELL LOC: 05-03-02B NYSID: 06884706L *

FACILITY	DATE	TRANSACTION ----	TR-NUM (COMMENTS)	RECEIPT (+)	DISBURS (-)	COLLECTED AMT	STATEWIDE SPENDABLE	
							STATEWIDE ACCT BAL	STATEWIDE ACCT BAL
ELMIRA DOWNSTATE	02/02/22	ESTABLISH ACCOUNT					.00	.00
ELMIRA	02/02/22	CLOSE ACCT					.00	.00
ELMIRA	02/09/22	ELECTRONIC RECEIPT	AU72848	100.00		56.25	43.75	100.00
ELMIRA	02/09/22	BEG ENC-GATE(M	\$40.00)			.00	43.75	100.00
ELMIRA	02/28/22	TRANSFER FUNDS	C15449	67.30		.00	111.05	167.30
		MONTHLY ENDING TOTALS		167.30	.00	56.25	111.05	167.30
		ENDING BALANCE AT ELMIRA						167.30
		20% OF AVERAGE 6 MO SPENDABLE BALANCE		3.70	20%	OF AVERAGE 6 MO DEPOSIT AMT		5.58

LAGGED PAYROLL, DAYS LAGGED - 0 AMOUNT LAGGED - 0.00
 THIS AMOUNT WILL BE ADDED TO YOUR ACCOUNT UPON RELEASE ONLY

INMATE HAS BEEN TRANSFERRED TO - ELMIRA
 FROM DOWNSTATE

REASON		DATE IMPOSED	NOTES	ENCUMBRANCE BREAKDOWN
GATE MONEY		02/09/22	AUTO GATE MONEY	TOTAL OWED
SURCHARGE		01/31/22	25CV/6-9362	COL MTDATE
DNA DATABANK FEE		01/31/22	6-9362	COL TO-DATE
				40.00
				325.00
				51.00
				21.88
				21.87
				21.88
				21.87
				28.13

* ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH.

Most Up To Date E/MIRA Financial Statement

WENT TO COMMISARY TUES, MARCH 15TH 2022 - I GO EVERY 2 TWO WEEKS SPENT ABOUT \$40.00 \$33.69
 UPON INFORMATION AND BELIEF COPIES ARE .06 CENTS I HAVE OVER 400
 COMMISARY DOES NOT SELL LEGAL ENVELOPES LEGAL MAIL SO FAR HAS BEEN FREE