

Jc.B

No. 21-7493

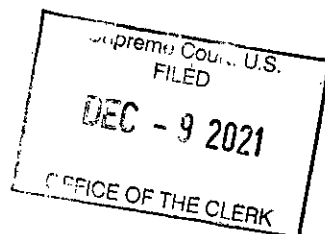
ORIGINAL

#USCA2 No. 21-1442

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.

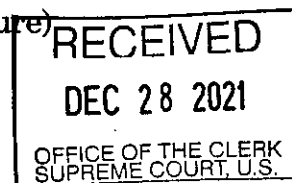
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ 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 Brn, 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	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts <u>STIMULOUS CHECK PLUS GIFTS</u>	<u>\$100</u>	<u>OR \$200</u>	<u>\$100</u>	<u>MOST ALL MONEY EXHAUSTED WITH LEGAL WORK</u>
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): <u></u>	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

EXCEPT GIFTS/LOANS/STIMULOUS

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>0</u>
			\$ <u>0</u>
			\$ <u>0</u>

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
			\$ _____
			\$ _____
			\$ _____

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	\$ <u>0</u>	\$ <u>0</u>
STIMULOUS CHECKS EXHAUSTED	\$ <u>0</u>	\$ _____
AND LOANS ADDED TO	\$ <u>0</u>	\$ _____
PRESUMABLY PAY BACK WHEN RELEASED		\$ _____

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

THE ONE I HAD WAS EMBEZZLED

☐ Motor Vehicle #1
Year, make & model BY CITY
Value _____

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description 0
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

\$ 0
\$ 0
\$ 0

\$ _____
\$ _____
\$ _____

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

SANDRA BRUNI
LINDA KHOURY

MOTHER
SISTER

86
61

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)

\$ 0 \$ _____

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ 0 \$ _____

Home maintenance (repairs and upkeep)

\$ 0 \$ _____

Food

\$ COFFEE 5⁰⁰ TO 10⁰⁰ A WEEK \$ _____

Clothing

\$ 0 \$ _____

Laundry and dry-cleaning

\$ 0 \$ _____

Medical and dental expenses

\$ 0 \$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ _____
Life	\$ 0	\$ _____
Health	\$ 0	\$ _____
Motor Vehicle	\$ 0	\$ _____
Other: _____	\$ 0	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ _____
Installment payments		
Motor Vehicle	\$ 0	\$ _____
Credit card(s)	\$ 0	\$ _____
Department store(s)	\$ 0	\$ _____
Other: <u>JAIL COMMISSARY 11/29/2021</u> <u>\$21.17</u>	\$ 0	\$ _____
Alimony, maintenance, and support paid to others	\$ 0	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ _____
Other (specify): <u>COMMISSARY - COPIES</u> <u>AND LEGAL MAL + COFFEE</u>	\$ 0	\$ _____
Total monthly expenses:	\$ 0	\$ _____

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 PHOTO COPIES 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

Thomas Cris
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. Deady

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: 0E-03-02B NYSID: 06884706L *

FACILITY	DATE	TRANSACTION (COMMENTS)	TR-NUM	RECEIPT(+)	DISBURS(-)	COLLECTED AMT	STATEWIDE SPENDABLE	STATEWIDE ACCT BAL
ELMIRA	02/02/22	ESTABLISH ACCOUNT						
DOWNSTATE	02/02/22	CLSE ACCT						
ELMIRA	02/09/22	ELECTRONIC RECEIPT	AU72848	100.00		56.25	43.75	100.00
ELMIRA	02/09/22	BEG ENC-GATEM	\$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

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	TOTAL OWED	COL MTDATE	COL TO-DATE	BALANCE DUE	CNTY/ORI CASE
GATE MONEY	02/09/22	AUTO GATE MONEY	40.00	12.50	12.50	27.50	ALBANY
SURCHARGE	01/31/22	25CV/6-9362	325.00	21.88	21.88	303.12	
DNA DATABASE FEE	01/31/22	6-9362	50.00	21.87	21.87	28.13	

* ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH.

MOST UP TO DATE ELMIRA FINANCIAL STATEMENT

WENT TO COMMISSARY 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

COMMISSARY DOES NOT SELL LEGAL ENVELOPES - LEGAL MAIL SO FAR HAS BEEN FREE