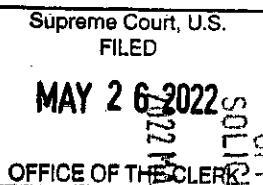


No. 21-7999

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



KRISTINE ARUTYUNYAN — PRO-SE
(Your Name) PETITIONER

FEDERAL BUREAU OF VS.
INVESTIGATION OF NEW YORK 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):
EASTERN DISTRICT COURT OF NEW YORK, 17-CV-5009, ORDER OCTOBER 18, 2017
COURT OF APPEALS FOR THE SECOND CIRCUIT OF NEW YORK, 17-3831, MARCH 26, 2018

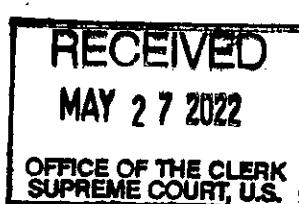
Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court.

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.



Shorey
(Signature)

CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

State of California

County of Los Angeles

On April 29, 2022 before me, Robin Desowitz - Notary Public
(Here insert name and title of the officer)

personally appeared Kristine Arutyunyan

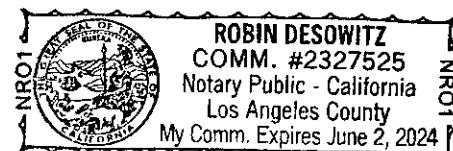
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

DESCRIPTION OF THE ATTACHED DOCUMENT	
<u>Supreme Court of The United States</u> (Title or description of attached document)	
<u>Motion for Leave to Proceed In Forma</u> (Title or description of attached document continued)	
Number of Pages	Document Date
(Additional information)	

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is 'are') or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

CAPACITY CLAIMED BY THE SIGNER	
<input type="checkbox"/> Individual (s)	
<input type="checkbox"/> Corporate Officer	
<hr/> (Title)	
<input type="checkbox"/> Partner(s)	
<input type="checkbox"/> Attorney-in-Fact	
<input type="checkbox"/> Trustee(s)	
<input type="checkbox"/> Other	

PETITION FOR THE WRIT OF CERTIORARI
TO THE UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT OF NEW YORK
PRO SE CIVIL CASE #21-1940

MOTION TO LEAVE TO PROCEED IN FORMA PAUPERIS

HEREBY, I, Kristine Arutyunyan, a pro se petitioner motion for leave to proceed in forma pauperis with the Supreme Court of the United States for Writ of Certiorari to the Court of Appeals for the Second Circuit of New York to petition the civil case "Kristine Arutyunyan v. Federal Bureau of Investigation of the State of New York". I have very strong, unarguable, undeniable reasons for requesting to grant the motion to leave to proceed in forma pauperis; which are the following: I, a pro se petitioner, cannot pay any amount of the docket fee of \$300, since I do not have means to earn any money because of my legal status in the U.S. and cannot have an official paid job; any attempt of "self-employment" as to find a job that would agree to hire me with my legal situation was not successful; as well as being in the midst of battling with courts of New York to settle this pro se civil lawsuit with consideration and acceptance of wrongdoing by the Federal Bureau of Investigation of State of New York; the emotional, financial and physical damages caused to me, because of false identity and image spread around me and about me, and years of struggles to meet my financial needs so I could maintain a human life with human desires, dreams and life plans; I focused all my attention to

making the both courts of New York meet the legal grounds for considering this particular pro se civil lawsuit as is.

Therefore, with this motion to leave to proceed in forma pauperis I claim that occurred situation around my identity left me in a situation that I can hardly be able to pay for the copies of the required documents to be sent to Washington DC. from Los Angeles, California, where I moved to on September 8th, 2018 from New York for a temporary residency, because of the occurred situation and unbearable amount of mental, emotional humiliation I received from public in New York. I tried to make things work for me in California and start anew while battling with the courts, but it is unfortunate to admit that those attempts were cut short as well, and I had to depend on few true humans around me, who did the impossible for me to be able to meet my daily needs and focus to proceed with getting a justice with my pro se civil lawsuit.

Hereby, taking into consideration the occurred situation and my status in the United States, I am not able to work and get any financial income to pay docket fee, especially that I have to take care of financial expenses of preparing the petition with all requirements mentioned in the Rules of the Court and send it to the Supreme Court of the United States in Washington DC by mail.

And as a positive result and acceptance of the emotional, physical and financial damages caused to me, social mistreatment and misbalance of life I was forced to lead, I seek to be granted ten million American dollars in money (\$10.000.000 in American dollars in money) to use it towards my comeback and breakthrough for the years of sought, but cut short life events, life opportunities and ideas that were intentionally put on hold or taken away at all from me.

Motion for leave to proceed in forma pauperis previously was granted by the Eastern District Court of New York by the Order of the District Judge Ann M. Donnelly from October 18th, 2017; and by the Court of Appeals for the Second Circuit of New York Order from March 26th, 2018.

Upon financial reimbursement I am willing to pay off all the fees for both courts – Eastern District Court of New York and Court of Appeals for the Second Circuit of New York, as well as all required by the Supreme Court filing fees for granting petition to this particular pro se civil lawsuit without paying a docket fee.

shoekh

05/25/2022

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

I, Kastine Arutyunyan, 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	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 983.77	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 983.77	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 983.77	\$ 0	\$ 0	\$ 0

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
none	none	none	\$ none
			\$
			\$

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
none	none	none	\$ none
			\$
			\$

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
checkIng account	\$ 35.04	\$ 0
	\$ —	\$ 0
	\$ —	\$ 0

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

Home
 Value none

Other real estate
 Value none

Motor Vehicle #1
 Year, make & model none
 Value 0

Motor Vehicle #2
 Year, make & model none
 Value 0

Other assets
 Description none
 Value 0

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
<u>none</u>	\$ <u>0</u>	\$ <u>0</u>
	\$ <u>0</u>	\$ <u>0</u>
	\$ <u>0</u>	\$ <u>0</u>

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>none</u>	<u>none</u>	<u>none</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)	\$ <u>0</u>	\$ <u>0</u>
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)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>n/a</u>	\$ <u>0</u>
Clothing	\$ <u>n/a</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>n/a</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>n/a</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>n/a</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>none</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>none</u>	\$ <u>0</u>
Life	\$ <u>none</u>	\$ <u>0</u>
Health	\$ <u>none</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>none</u>	\$ <u>0</u>
Other: <u> </u>	\$ <u>none</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u> </u>	\$ <u>none</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>none</u>	\$ <u>0</u>
Credit card(s)	\$ <u>n/a</u>	\$ <u>0</u>
Department store(s)	\$ <u>n/a</u>	\$ <u>0</u>
Other: <u>being supported financially</u> <u>and the amount differs</u> <u>from month to month</u>	\$ <u>n/a</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>none</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>none</u>	\$ <u>0</u>
Other (specify): <u> </u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</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.

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? _____

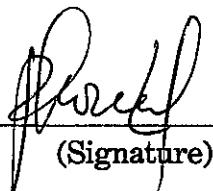
If yes, state the person's name, address, and telephone number:

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

Please see the attached list for question answer

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

Executed on: April 29th, 2022


(Signature)

UNITED STATES DISTRICT COURT
for the
Eastern DISTRICT OF New York

Arutyunyan,

Plaintiff

v.
Federal Bureau
of Investigation,

Defendant

)
Case No. 17-CV-5009
)
)
)
)
)

AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Arutyunyan

Date: 08/19/2021

My issues on appeal are: Lack of professional approach to this particular lawsuit, impartial conduct, unfair, one-sided, not neutral position of the judge towards this case, artificial extension of time and dragging of the lawsuit, considering my emotional, physical and financial situation and

1. For both you and your spouse estimate the average amount of money received from each struggle, 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	\$ 3,259	\$ 0	\$ 0	\$ 0
Self-employment	\$ 11,609.	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 3,377	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ 2,900	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 20,745	\$ 0	\$ 0	\$ 0

2. List your 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
1. Tarzana	Tarzana, California	May 17, 2021 -	\$ 3,259
Documentation Services		July 16, 2021	\$ —
			\$ —

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? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Bank	Checking Account	\$ 119.61	\$ 0
_____	_____	\$ _____	\$ 0
_____	_____	\$ _____	\$ 0

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

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.*

Name [or, if under 18, initials only]	Relationship	Age

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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ 0	\$ 0
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)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 11,825	\$ 0
Clothing	\$ 800.55	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 5,000	\$ 0
Transportation (not including motor vehicle payments)	\$ 3,200	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$ 0
Life:	\$ 0	\$ 0
Health:	\$ 0	\$ 0
Motor vehicle:	\$ 0	\$ 0
Other:	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ 0
Installment payments		
Motor Vehicle:	\$ 0	\$ 0
Credit card (name):	\$ 0	\$ 0
Department store (name):	\$ 0	\$ 0
Other:	\$ 0	\$ 0

Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

P.S. The sum of the expenses are approximate, rounded towards the bigger amount.

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 spent - or will you be spending any money for expenses or attorney fees in connection with this lawsuit? Yes No

If yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Considering my legal status in the country, I am not able to work and provide myself and pay the filing fees; therefore, I can not pay the docket fees of my appeal.

12. State the city and state of your legal residence
Currently I reside in the state of California since September 2018.

Your daytime phone number: 929-393-9383

Your age: 39 Your years of schooling: 18