

21-8136

ORIGINAL

No. 21-2774

Supreme Court, U.S.  
FILED

MAY 25 2022

OFFICE OF THE CLERK

IN THE  
SUPREME COURT OF THE UNITED STATES

DIANNE K. THOMPSON — PETITIONER  
(Your Name)

Morris Heights Health  
Center et al.

VS.

(See attached affidavit)

— 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):

Southern District of New York (SDNY)

☐ 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.

  
(Signature)

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

I, DIONNE K. THOMPSON, 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<br>the past 12 months |               | Amount expected<br>next month |               |
|--|---|---------------|-------------------------------|---------------|
|  | You   | Spouse        | You                           | Spouse        |
| Employment   | \$ <del>0</del>                                     | \$ <u>N/A</u> | \$ _____                      | \$ <u>N/A</u> |
| Self-employment  | \$ <del>0</del>                                     | \$ _____      | \$ _____                      | \$ _____      |
| Income from real property<br>(such as rental income)                       | \$ <del>0</del>                                     | \$ _____      | \$ _____                      | \$ _____      |
| Interest and dividends   | \$ <del>0</del>                                     | \$ _____      | \$ _____                      | \$ _____      |
| Gifts  | \$ <del>0</del>                                     | \$ _____      | \$ _____                      | \$ _____      |
| Alimony  | \$ <del>0</del>                                     | \$ _____      | \$ _____                      | \$ _____      |
| Child Support  | \$ <del>0</del>                                     | \$ _____      | \$ _____                      | \$ _____      |
| Retirement (such as social<br>security, pensions,<br>annuities, insurance) | \$ <del>0</del>                                     | \$ _____      | \$ _____                      | \$ _____      |
| Disability (such as social<br>security, insurance payments)                | APPROX.<br>\$ <u>1740-</u>                          | \$ _____      | APPROX.<br>\$ <u>1740</u>     | \$ _____      |
| Unemployment payments  | \$ <del>0</del>                                     | \$ _____      | \$ _____                      | \$ _____      |
| Public-assistance<br>(such as welfare)                                     | \$ <del>0</del>                                     | \$ _____      | \$ _____                      | \$ _____      |
| Other (specify): _____   | \$ _____  | \$ _____      | \$ _____                      | \$ _____      |
| <b>Total monthly income:</b>   | APPROX.<br>\$ <u>1740-</u>                          | \$ _____      | APPROX.<br>\$ <u>1740</u>     | \$ _____      |

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 |
|----------------------------|---------|---------------------|-------------------|
| Social Security Disability |         |                     | \$                |
|                            |         |                     | \$                |
|                            |         |                     | \$                |

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 |
|----------|---------|---------------------|-------------------|
| N/A      | N/A     | N/A                 | \$ N/A            |
|          |         |                     | \$                |
|          |         |                     | \$                |

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.

| Type of account (e.g., checking or savings) | Amount you have        | Amount your spouse has |
|---|------------------------|------------------------|
| Checking Acct approx. under \$200           | \$ approx. under \$200 | \$ N/A                 |

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

☐ Home  
Value N/A

☐ Other real estate  
Value N/A

☒ Motor Vehicle #1 Volkswagen Jetta  
Year, make & model 2016  
Value \$ under \$6,000 (no more than) 7,000

☒ Motor Vehicle #2 2013 Mercedes Benz  
Year, make & model C-Series  
Value \$8,000 (4matic)

☐ 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

N/A

N/A

N/A

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

N/A

N/A

N/A

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'm residing with family*

\$ 0

\$ 0

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ 0

\$ 0

Home maintenance (repairs and upkeep)

\$ 0

\$ 0

Food

\$ 700

\$ N/A

Clothing

\$ 150

\$ 0

Laundry and dry-cleaning

\$ 60

\$ 0

Medical and dental expenses

\$ 250 -

\$ 0

|   | You  | Your spouse   |
|---|--|---------------|
| Transportation (not including motor vehicle payments)                                       | \$ <u>75</u>                                 | \$ <u>N/A</u> |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$ <u>75</u>                                 | \$ _____      |
| Insurance (not deducted from wages or included in mortgage payments)                        |  |               |
| Homeowner's or renter's   | \$ _____                                     | \$ _____      |
| Life  | \$ _____                                     | \$ _____      |
| Health  | \$ <u>100 / month</u>                        | \$ _____      |
| Motor Vehicle   | \$ <u>1040</u> <u>approx. every 6 months</u> | \$ _____      |
| Other: _____  | \$ _____                                     | \$ _____      |
| Taxes (not deducted from wages or included in mortgage payments)                            |  |               |
| (specify): _____  | \$ _____                                     | \$ _____      |
| Installment payments  |  |               |
| Motor Vehicle   | \$ <u>300 monthly</u>                        | \$ _____      |
| Credit card(s)  | \$ <u>30.00</u> <u>monthly</u>               | \$ _____      |
| Department store(s)   | \$ <u>40.00</u> <u>monthly</u>               | \$ _____      |
| Other: <u>Mail expense - U.S.P.S</u>  | \$ <u>160</u>                                | \$ _____      |
| <u>Copies → to multiple parties "mail"</u>  | \$ <u>300 -</u>                              | \$ _____      |
| 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>  | \$ <u>3280</u>                               | \$ _____      |

|   | You                            | Your spouse |
|---|--------------------------------|-------------|
| Transportation (not including motor vehicle payments)                                       | \$ 75                          | \$ N/A      |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$ 75                          | \$          |
| Insurance (not deducted from wages or included in mortgage payments)                        |                                |             |
| Homeowner's or renter's   | \$                             | \$          |
| Life  | \$                             | \$          |
| Health  | \$ 100 / month                 | \$          |
| Motor Vehicle   | Approx. \$ 1040 every 6 months | \$          |
| Other: _____  | \$                             | \$          |
| Taxes (not deducted from wages or included in mortgage payments)                            |                                |             |
| (specify): _____  | \$                             | \$          |
| Installment payments  |                                |             |
| Motor Vehicle   | \$ 500 monthly                 | \$          |
| Credit card(s)  | \$ 30.00 monthly               | \$          |
| Department store(s)   | \$ 40.00 monthly               | \$          |
| Other: Mail expense - U.S.P.S. certified copies → to multiple parties mail                  | \$ 160                         | \$          |
| Alimony, maintenance, and support paid to others  | \$ 300 -                       | \$          |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$                             | \$          |
| Other (specify): _____  | \$                             | \$          |
| <b>Total monthly expenses:</b>  | \$ 3280                        | \$          |

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.

I am living below the poverty line, given all my monthly expenses. Thus, I cannot afford to fund this case.

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

Executed on: 6-8-2022, 20\_\_

By faith, as an "Anointed Vicegerent" for "Earth" and "Beneficiary" herein, I name: "YESHUA" as "SETTLOR". I name: the "COUNCILS" as "Trustee(s)" and the "Board of Governors" for Planet "Earth's" credit and monetary policies, supervising any "Central Banks" with the broadest powers (Matt. 5:22). Beneficiary's signature herein as "Trust Res" shall be equitably converted to: \_\_\_\_\_, producing inexhaustible riches; and, Trusts vest at the 7th day (S&O'DERED). Signature: \_\_\_\_\_

MAURICE NWOKOLO  
Notary Public, State of New York  
No. 01NV4978617  
Qualified in Bronx County  
Commission Expires 03-11-2023

Maurice  
Notary