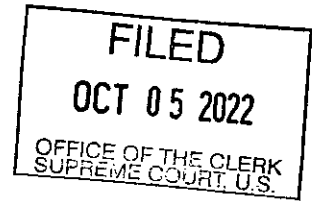


No. 22-5800 ORIGINAL



IN THE
SUPREME COURT OF THE UNITED STATES

Collin Kaiser — PETITIONER
(Your Name)

VS.

Sue Krecko And — RESPONDENT(S)
Fairfield Properties

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 of New York Central Islip

☐ 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.

Collin Kaiser
(Signature)

10/5/2022

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

I, Collin Kaiser, 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	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>45.00</u>	\$ <u>N/A</u>	\$ <u>45.00</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>45.00</u>	\$ <u>N/A</u>	\$ <u>45.00</u>	\$ <u>N/A</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
Corvair Financial	6901 Jericho Turnpike, Syosset NY	1/20/2018 - 8/2/2018	\$ 4583.33
Corvair Financial	6851 Jericho Turnpike, Syosset NY #245	8/28/2018 - 9/12/2018	\$ 4583.33

2018 last time employed

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
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

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	\$ 39.82	\$ N/A
	\$	\$ N/A
	\$	\$ N/A

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

<input type="checkbox"/> Home Value N/A	<input type="checkbox"/> Other real estate Value N/A
<input type="checkbox"/> Motor Vehicle #1 Year, make & model N/A Value N/A	<input type="checkbox"/> Motor Vehicle #2 Year, make & model N/A Value N/A
<input type="checkbox"/> Other assets Description N/A Value N/A	

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>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</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>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</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
<u>Rent or home-mortgage payment</u> (include lot rented for mobile home)	\$ <u>442.00</u>	\$ <u>N/A</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		
<u>Included</u> Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>N/A</u>
<u>EBB/ACP</u> Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food - I go to the local Food bank.	\$ <u>0</u>	\$ <u>N/A</u>
Branches in Middle Island NY since 12/10/2021	\$ <u>0</u>	\$ <u>N/A</u>
Clothing	\$ <u>1.25</u>	\$ <u>N/A</u>
Laundry and dry-cleaning - Soap	\$ <u>5.00</u>	\$ <u>N/A</u>
‡ Clean in the sink with soap.		
Medical and dental expenses		

- Mouth wash, tooth paste, Floss, tooth brush
- I own and always wear my orthodontic retainers. ‡ own 4 sets, top and bottom being one set.

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
I walk every where I have to go.	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 0	\$ N/A
Other: _____	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ N/A
Installment payments		
Motor Vehicle	\$ 0	\$ N/A
Credit card(s)	\$ 0	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: PACER	\$ 2.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): ⁵ Protonmail email, ² Gmail email,	\$ 12.00	\$ N/A
Toilet paper. 5	\$ 512.25	\$ N/A
Total monthly expenses:		

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.

Low income

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

Executed on: October 5, 2022

Colin Kaiser

(Signature)

Colin Kaiser

Collin Kaiser
Pro Se Petitioner

10-4-2022

To: Scott S. Harris The Clerk of Court of the UNITED STATES Supreme Court

UNITED STATES Supreme Court
1 First St NE, Washington, DC 20543
For case Kaiser v. Krecko Et. Al. (EDNY Central Islip: 20-CV-5399) (Second Circuit
Court of Appeals: 22-665) (U.S. Supreme Court: No case number)

**Statement from the Petitioner in regards to his Writ of Certiorari courtesy
copies.**

To the Clerk of Court Scott S. Harris. Hi my name is Collin and I am the Pro
Se Petitioner for this Writ of Certiorari. I am writing to you because of an issue that
I have having with supplying the UNITED STATES Supreme Court with the
required courtesy copies for my Writ of Certiorari. The issue is a financial one as my
source of income is directly distributed to me through my EBT card from the Suffolk
County NY Department of Social Services Coram location. The problem is that the
Coram Department of Social Services has reduced my cash benefit from \$91.50
bi-weekly to \$22.50 bi-weekly. This income is my only source of income and with
that said I do not have enough money to supply the UNITED STATES Supreme
Court the required courtesy copies for my Writ of Certiorari. At this time of writing
on 10-3-2022 I have \$48.93 in my bank account. With this money I plan to purchase
two priority USPS mailings. One for my UNITED STATES Supreme Court Writ of
Certiorari to go to the Supreme Court and one to serve my Writ of Certiorari on the
Respondent's Council. I plan to mail these out on Wednesday October 5 2022 from

the Selden NY U.S. Post Office. These two mailings plus the money required to print out all of the papers will add up to approximately \$35. I am requesting from you to have an exception on the required courtesy copies to be 5 rather than the default 10 and am also asking to have an extension of time on when I can get these courtesy copies to the court. I would prefer a 90 day extension if it is possible. I already considered requesting an extension of time for my Writ of Certiorari but that would have cost me more money. Without the guarantee of it being accepted, I would have lost my ability to petition the UNITED STATES Supreme Court with my Writ of Certiorari if the extension request got rejected.

It is believed that the Suffolk County NY Department of Social Services Coram location is taking part in the White Collar Crime and Public Corruption crime being carried out by the medical malpractice insurance company Empro/ PRI upon me. This I believe is the reason why the Coram Department of Social Services has reduced my cash benefit so drastically in an attempt to make it almost impossible to submit court documents involving this case.

The PACER billing customer service department has rejected my payment plan that I proposed to them. Because of this, PACER disabled my account. I am however continuing to pay down the debt of my account which they have been accepting but I no longer have access to the search feature in order to access the docket reports for my case from both lower courts EDNY Central Islip and the Second Circuit Court of Appeals. Due to this, I am not able to get access to the most recent up to date docket reports for both courts which includes The Mandate in the

docket reports. This Mandate was issued on 8-31-2022. I did however include The Mandate within my Writ of Certiorari Appendix. Thank you for your consideration of this request. I am looking forward to your response!

Respectfully submitted by,

Collin Kaiser *MBA*

A handwritten signature in black ink, appearing to read "Collin Kaiser", with a long, sweeping horizontal line extending to the right.

Pro Se Petitioner

October 4, 2022