

22-6723

No. _____

FILED

NOV 14 2022

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

SYED K. RAFI

(Your Name)

— PETITIONER

YALE UNIVERSITY SCHOOL OF MEDICINE, DR. BALE,
ET AL. — 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):

1. UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT;
2. UNITED STATES DISTRICT COURT FOR THE DISTRICT OF -
CONNECTICUT.

☐ 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.

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SUPREME COURT, U.S.

(Signature)

12/25/2022

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

I, SYED K. RAFI, 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>UNEMPLOYED</u>	\$ <u>NOT MARRIED</u>	\$ <u>UNEMPLOYED</u>	\$ <u>NOT MARRIED</u>
Self-employment	\$ <u>NONE</u>	\$ _____	\$ <u>NONE</u>	\$ _____
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ _____	\$ <u>NONE</u>	\$ _____
Interest and dividends	\$ <u>NONE</u>	\$ _____	\$ <u>NONE</u>	\$ _____
Gifts	\$ <u>NONE</u>	\$ _____	\$ <u>NONE</u>	\$ _____
Alimony	\$ <u>NONE</u>	\$ _____	\$ <u>NONE</u>	\$ _____
Child Support	\$ <u>NONE</u>	\$ _____	\$ <u>NONE</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1060</u>	\$ _____	\$ <u>1160</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ _____	\$ <u>NONE</u>	\$ _____
Unemployment payments	\$ <u>NONE</u>	\$ _____	\$ <u>NONE</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ _____	\$ <u>NONE</u>	\$ _____
Other (specify): _____	\$ <u>NONE</u>	\$ _____	\$ <u>NONE</u>	\$ _____
Total monthly income:	\$ <u>1060</u>	\$ _____	\$ <u>1160</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
<u>UNEMPLOYED</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
<u>NOT MARRIED</u>	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
<u>WELLS FARGO - CHECKING</u>	<u>\$ 90.57</u>	<u>\$ NOT MARRIED</u>
<u>COMMERCE BANK - CHECKING</u>	<u>\$ 48.57</u>	<u>\$ "</u>
<u>WELLS FARGO - CREDITCARD DUE</u>	<u>\$ -349.36</u>	<u>\$ "</u>

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

☐ Home
Value _____

☐ Other real estate
Value _____

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

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

☐ Other assets
Description _____
Value _____

I SOLEMNLY DECLARE THAT I DO NOT POSSESS ANY OF THE ABOVE LISTED ASSETS.

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

NONE

\$ NONE

\$ UNMARRIED

\$ _____

\$ _____

\$ _____

\$ _____

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

NONE

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)

\$ 550.00

\$ NOT MARRIED

Are real estate taxes included? ☐ Yes ☒ No

Is property insurance included? ☐ Yes ☒ No

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

\$ 50.00

\$ "

Home maintenance (repairs and upkeep)

\$ NONE

\$ "

Food

\$ 425.00

\$ "

Clothing

\$ 10.00

\$ "

Laundry and dry-cleaning

\$ NIL

\$ "

Medical and dental expenses

\$ 15.00

\$ "

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>45.00</u>	\$ <u>NOT MARIED</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>—</u>	\$ <u>"</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NIL</u>	\$ <u>"</u>
Life	\$ <u>NIL</u>	\$ <u>"</u>
Health	\$ <u>NIL</u>	\$ <u>"</u>
Motor Vehicle	\$ <u>NIL</u>	\$ <u>"</u>
Other: _____	\$ <u>NIL</u>	\$ <u>"</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>TAX EXEMPTED</u>	\$ <u>NONE</u>	\$ <u>"</u>
<u>DUE TO LOW INCOME.</u>		
Installment payments		
Motor Vehicle	\$ <u>NONE</u>	\$ <u>"</u>
Credit card(s)	\$ <u>25.00</u>	\$ <u>"</u>
Department store(s)	\$ <u>NONE</u>	\$ <u>"</u>
Other: _____	\$ <u>NONE</u>	\$ <u>"</u>
Alimony, maintenance, and support paid to others	\$ <u>NONE</u>	\$ <u>"</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NONE</u>	\$ <u>"</u>
Other (specify): <u>CASE RELATED COPYING & FILING EXPENSES.</u>	\$ <u>25.00</u>	\$ <u>"</u>
Total monthly expenses:	\$ <u>1,145.00</u>	\$ <u>"</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? _____

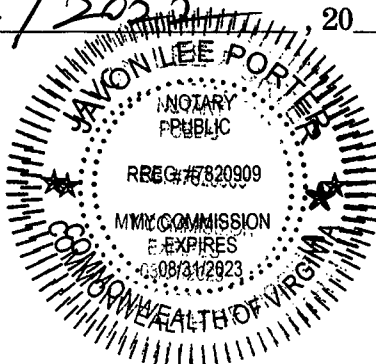
If yes, state the person's name, address, and telephone number:

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

DUE TO THE ALLEGED [BUT CONFIRMED AS TRUE] CONSPIRATORIAL RETALIATION AGAINST MY EMPLOYMENT PROSPECTS AND BLACKLISTING BY THE DEFENDANTS, EVERYONE OF MY PROFESSIONAL AND RELATED SCIENTIFIC CANDIDACIES HAVE BEEN
I declare under penalty of perjury that the foregoing is true and correct. *DENIED CONSIDERATION - IDN,*

Executed on: 12/25/2022, 20__

City/County of Fairfax
Commonwealth of Virginia
Sworn to and subscribed before me this 3
day of January, 2022
Witness my hand and official seal
[Signature] Notary Public



[Signature]
(Signature)