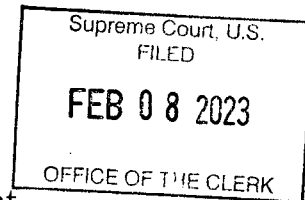


22-6841

In the Supreme Court of the United States

Bharani Padmanabhan MD PhD,
Petitioner
v.
Board of Registration in Medicine,
Respondent




On Petition for a Writ of Certiorari
to the Massachusetts Appeals Court
(21-P-0527)

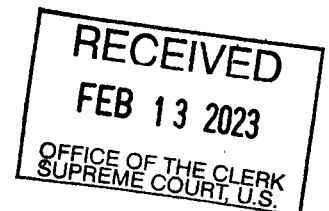
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner in this case respectfully moves pursuant to Rule 39 that he be permitted to proceed *in forma pauperis*. The petitioner has been declared indigent in the Massachusetts Appeals Court and the Supreme Judicial Court and allowed to proceed *in forma pauperis* in both courts.

Signed under the pains and penalties of perjury,


Bharani Padmanabhan MD PhD
Petitioner, *pro se*
30 Gardner Road, #6A
Brookline MA 02445
617 5666047
scleroplex@gmail.com

6 February 2023



UNITED STATES SUPREME COURT

Bharani Padmanabhan MD PhD

Petitioner

v.

Board of Registration in Medicine,

Respondent

Case No. _____

(21-P-0527)

AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

RECEIVED
FEB 13 2023

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Affidavit in Support of Motion

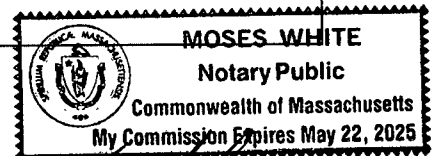
Instructions

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.)

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 in 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: _____

Bharani Padmanabhan



My issues on appeal are:

VIOLATION OF THE PRINCIPLE OF PARTY PRESENTATION

[Signature] 02/8/23

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

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
DR. SHELDON SCHWARTZ	5 ABERNATHY ROAD LEXINGTON, MA	06/20 - NOW	\$ 0

(MEDICAL LICENSE SUSPENDED)

			\$
			\$

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		\$
			\$
			\$

4. How much cash do you and your spouse have? \$ ZERO

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 OF AMERICA	CHECKING	\$ 0	\$ 0
		\$ 0	\$ 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) \$ N/A	(Value) \$ N/A	(Value) \$ 1600

		Make and year: 1998 Volvo
		Model: S70
		Registration #: 42AP46

Motor vehicle #2	Other assets	Other assets
(Value) \$ N/A	(Value) \$	(Value) \$
Make and year:	N/A	
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
NONE	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home) 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	\$ 2150	\$ NONE
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 170	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food	\$ 300	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 0	\$
Medical and dental expenses	\$ 50	\$
Transportation (not including motor vehicle payments)	\$ 40	\$
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:	\$ 67	\$
Other:	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ 0
Installment payments		
Motor Vehicle:	\$ 0	\$
Credit card (name):	\$ 0	\$
Department store (name):	\$ 0	\$
Other:	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 1
Other (specify):	\$ 0	\$ 1
Total monthly expenses:	\$ 2777	\$ 2

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.

ZERO INCOME DUE TO WHISTLEBLOWER
RETALIATION AND ZERO HELP FROM THE
COURTS

12. State the city and state of your legal residence.

BROOKLINE, MA

Your daytime phone number: (617) 5666047

Your age: 52 Your years of schooling: 18 (MDPH)

Last four digits of your social-security number: 9402