

No. 23-\_\_\_\_\_

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IN THE  
SUPREME COURT OF THE UNITED STATES

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MARC FISHMAN,

Petitioner,  
VS.

NEW YORK

Respondent.

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**MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

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The Petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has been granted leave to proceed *in forma pauperis* in the following courts:

1. United States District Court for the Southern District of New York; and
2. United States Court of Appeals for the Second Circuit.

Petitioner's declaration in support of this motion is attached hereto.

Dated: December 18, 2023



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

I, Mark Fishman, 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	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 2500	\$ 0	\$ 2500	\$ N/A
Income from real property (such as rental income)	\$ 1100	\$ N/A	\$ 1100	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 200	\$ N/A	\$ 400	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify): <u>No Funds Available</u>	\$ 500	\$ N/A	\$ 500	\$ N/A
<b>Total monthly income:</b>	<b>\$ 4,300</b>	<b>\$ 0</b>	<b>\$ 4500</b>	<b>\$ 0</b>

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
Mac Fishman License Rec Estate Buhr	3200 Nethund Ave Apt 6 Brow, MI 4963	1/1/21 to 12/31/22 1/1/22 to 12/31/22 1/1/23 to Present	\$ 2500/month \$ 2500/month \$ 2500/month

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 No Spouse		N/A	\$ \$ \$ N/A

4. How much cash do you and your spouse have? \$ 5,000.00

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
Bank	\$ 5,000	\$ 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 0 (rent)

Other real estate  
Value \$170,000 (Apt I rent)

Motor Vehicle #1  
Year, make & model None  
Value \_\_\_\_\_

Motor Vehicle #2  
Year, make & model None  
Value \_\_\_\_\_

Other assets  
Description 10,000 personal property  
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
<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>None</u>	<u>No</u>	<u>Spouse</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>1200.00</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		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>200.00</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>700</u>	\$ <u>N/A</u>
Clothing	\$ <u>400</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>200</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>2000</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 800	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 100	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 150	\$ N/A
Health	\$ 1200	\$ N/A
Motor Vehicle	\$ 0	\$ N/A
Other: _____	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 250	\$ N/A
Installment payments		
Motor Vehicle	\$ 0	\$ N/A
Credit card(s)	\$ 1250	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: _____	\$ 0	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 350	\$ N/A
Other (specify): <u>child suprt</u>	\$ 3300	\$ N/A
<b>Total monthly expenses:</b> <u>* * *</u>	<u>\$ 10,300</u>	<u>\$ N/A</u>

\* Cannot Afford Pending Proceed to Law Spt  
 - \* \* Medical Bills Before Reimbusement

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.

None Expected

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?

N/A

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

None

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?

N/A

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

N/A

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

Disabled from CAR Accident. Have Post Concussive Syndrome, Traumatic Brain Injury, Occipital Neuralgia, Severe Obstructive Sleep Apnea. Cannot work due to recent Cancer and Surgery / Rehabilitation.

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

Executed on:

9/25, 2023



(Signature)