

23-6967
No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
FEB 20 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Victor Chen — PETITIONER
(Your Name)

VS.
Commissioner Ashwin Vasani, New York City Department of Health ; Director
Christopher Wray, Federal Bureau of Investigation ;
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):

U.S. District Court, Southern District of New York

☐ 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.

Victor Chen

(Signature)

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

I, Victor Chen, 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>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>383</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1545</u>	\$ _____	\$ <u>1590</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): <u>monthly contribution of room mate</u>	\$ <u>1000</u>	\$ _____	\$ <u>1000</u>	\$ _____
Total monthly income:	\$ <u>2878</u>	\$ _____	\$ <u>2590</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
(none)			\$
			\$
			\$

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
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 29
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
debit (checking)	\$ 3,350	\$
	\$	\$
	\$	\$

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 _____	<input type="checkbox"/> Other real estate Value _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description <u>common electronics - TV, radio, cellphone, laptop</u> Value <u>1,000</u>	

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>New York med. &</u>	\$ <u>un calculated to</u>	\$ _____
<u>corporations</u>	\$ <u>date.</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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>1629</u>	\$ _____
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		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>unknown</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>10</u>	\$ _____
Food	\$ <u>400</u>	\$ _____
Clothing	\$ <u>20</u>	\$ _____
Laundry and dry-cleaning	\$ <u>20</u>	\$ _____
Medical and dental expenses	\$ <u>40</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>10</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>100 100</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>—</u>	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>—</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>—</u>	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>210</u>	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ <u>2439</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? *I don't know.*

☐ 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 have no more money than is stated in this statement.

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

Executed on: Feb 17, 20 24

Jack Chan

(Signature)

Business expenses

Small Business - Feb 17, 2024 Invoices

Gifts \$1000 1/2
 1000 10/30
 1000 10/2
 1000 8/26 ?

Postage 8.43
 23
 16.20
 48/12 =
 \$4

~~4000~~
 4000
 ÷ 12 = 333
 7545
 1878 (monthly)

Carfare & taxi
 31.30 22
 21 14
 48.20 20
 11.78 45
 49 28/12
 200

Stationers + tax
 5.00, 11.00, 35, 20, 10, 142, 28, 42, 52, 6, 1
 Copying 619 4.35 19 3.25
 84 11.25 392 1
 8 14.25 26 5.90
 8 47 1.65
 318 85 10.
 7.25 28 16
 4.15 20 3
 6 20 276
 19 47 19

\$200
 - 12
 \$17
 monthly

16 15
 2645 4
 13 6.72
 3 5.50
 250 7.61
 12 7.62
 10 8
 8 2.55
 18 2
 23 3

\$4
 1
 23
 17
 165
 \$210/month