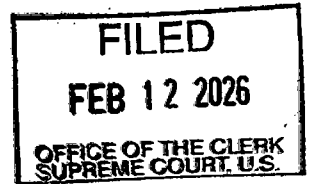


No. **25-7645**

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



In re Lidia M. Orrego — PETITIONER
(Your Name)

VS.

United States Court of Appeals for the Second Circuit; Hon. Sanket J. Bulsara, U.S. District Judge (recused), in his official capacity; Hon. Anne Y. Shields, U.S. Magistrate Judge (recused), in her official capacity; and the United States District Court for the Eastern District of New York, — RESPONDENT(S).

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a **Writ of Mandamus under Rule 20** without prepayment of costs and to proceed in forma pauperis pursuant to Rule 39.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

United States Court of Appeals For The Second Circuit see attached , Order Dated 11/21/2025.
See Attached Exhibit "A"

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.

A handwritten signature in black ink, appearing to be "P. Orrego", written over a horizontal line.

(Signature)

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

I, Lidia M. Orrego, 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>4.159,96.-</u>	\$ <u>0.-</u>	\$ <u>4.159,96.-</u>	\$ <u>0.-</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>4.159,96.-</u>	\$ <u>0.-</u>	\$ <u>4.159,96.-</u>	\$ <u>0.-</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
DOHMH	30-30 47th Ave, LIC, NY 11101	Jul. 2024 to present	\$ 4.159,96.-
LHH	100 E 77th St, New York, NY 10075	Nov.2021 to Jun.2024	\$ 3.748,00.-
			\$

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
DOTC	3537 36th, Astoria NY 11106	August 2021 to 2024	\$ 4.159,00.-
			\$
			\$

4. How much cash do you and your spouse have? \$ 250,00.-

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
Saving	\$ 111,00.-	\$
Cheking	\$ 410,00.-	\$
		\$

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

☐ Home
Value N/A

☐ Other real estate
Value N/A

☐ Motor Vehicle #1
Year, make & model N/A
Value N/A

☐ Motor Vehicle #2
Year, make & model N/A
Value N/A

☐ 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
Kevin and Stephanieanna Knipfing	\$ 1.501.090,00.- (due and owing \$ 0.- as of July 2025.)	
N/A	\$ 0.-	\$ 0.-
N/A	\$ 0.-	\$ 0.-

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
T.J.	Child	11
L. Ibarra	Grandmother	85

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)	\$ 1.200,00.-	\$ 0.-
Are real estate taxes included? ☒ Yes ☐ No		
Is property insurance included? ☐ Yes ☒ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 180,00.-	\$ 0.-
Home maintenance (repairs and upkeep)	\$ 0.-	\$ 0.-
Food	\$ 350,00.-	\$ 0.-
Clothing	\$ 0.-	\$ 0.-
Laundry and dry-cleaning	\$ 50,00.-	\$ 0.-
Medical and dental expenses	\$ 50,00.-	\$ 0.-

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.-	\$ 0.-
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.-	\$ 0.-
Insurance (not deducted from wages or included in mortgage payments)		\$ 0.-
Homeowner's or renter's	\$ 0.-	\$ 0.-
Life	\$ 0.-	\$ 0.-
Health	\$ 0.-	0.-
Motor Vehicle	\$ 0.-	\$ 0.-
Other: _____	\$ 0.-	\$ 0.-
Taxes (not deducted from wages or included in mortgage payments)		
(specify): 0.-	\$ 0.-	\$ 0.-
Installment payments		
Motor Vehicle	\$ 0.-	\$ 0.-
Credit card(s)	\$ 1,210,00.-	\$ 0.-
Department store(s)	\$ 0.-	\$ 0.-
Other: <u>Loan</u>	\$ 0.-	\$ 0.-
Alimony, maintenance, and support paid to others	\$ 910,00.-	\$ 0.-
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.-	\$ 0.-
Other (specify): <u>Remittance Medical Expenses</u>	\$ 865,00.-	\$ 0.-
Total monthly expenses:	\$ 4,815,00.-	\$ 0.-

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.

- Petitioner's Debts Credit Cards over \$ 45,000.00.-

- My employers, Kevin and Stephanieanna Knipfing, owe \$1,501,090.00 in unpaid wages and benefits, covering through July 2025, with additional amounts through February 11, 2026 pending calculation. They committed illegal acts and crimes, supported by documentary evidence. This claim relates to WCB Case No. G2584330, currently being reopened, and seeks full payment, including interest and penalties (Exhibit "B").

- Petitioner's debts are part of accrued expenses for legal expenses (non-attorney)

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

Initially 1,500.00.-Approx. Estimate 10,000.00.- or More Expenses and Fees

If yes, how much? e.g. Interlocutory Appeals 2023

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? Initially 1,500.00.-Approx. Estimate 10,000.00.- or More Expenses and Fees
e.g. Interlocutory Appeals 2023

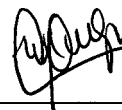
If yes, state the person's name, address, and telephone number:

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

In my last IFP application January 30, 2026 affidavit (Case No. 25-3234; 23-cv-06507-SJB-AYS), I state under penalty of perjury that I cannot afford appellate fees or a bond. My sole income is \$4,159.96 gross monthly from DOHMH (~\$3,132 net), while expenses of \$4,815—including rent, utilities, food, medical costs, debt payments, and support for my 12-year-old child and 85-year-old grandmother—exceed my income, leaving me over \$45,000 in debt. I have \$461 in checking, no assets, and pending wage claims of \$1,501,090 (NYSDOL Claim LM25006216; WCB Case G2584330). My financial and medical condition has worsened since November 21, 2025, when I was last granted IFP status, further confirming my inability to pay fees for a U.S. Supreme Court Mandamus petition.

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

correct. Executed on: March 18 , 2026



(Signature)