

No. 23-5932

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
OCT 27 2023
OFFICE OF THE CLERK
SUPREME COURT, U.S.

Imre Kifor — PETITIONER
(Your Name)

VS.

Commonwealth 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):

please see attached list

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.

10/27/2023

/s/ Imre Kifor, pro se

(Signature)

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SUPREME COURT, U.S.

LIST OF COURTS GRANTING LEAVE TO PROCEED *IN FORMA*
PAUPERIS (OR INDIGENCY)

1) United States District Court, District Of Massachusetts:

1:20-cv-11601-PBS

1:21-cv-11968-IT

1:22-cv-11141-PBS

1:22-cv-11948-PBS

2) Massachusetts Supreme Judicial Court:

SJ-2022-0041 & SJC-13263

SJ-2022-0193 & SJC-13310

SJ-2022-0271 & SJC-13339

SJ-2023-0122 & SJC-13427

SJ-2022-0407

SJ-2023-0028

3) United States Court of Appeals, First Circuit:

23-1008

23-1013

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

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

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
Quantapix, Inc.	32 Hickory Cliff Rd. Newton, MA 02464	June 2011-present	\$ 0
(Self employed, see attached Affidavit Of Indigency)			\$ _____

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? \$ _____
 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
Middlesex Savings Bank - Checking	\$ 23	\$ N/A
_____	\$ _____	\$ _____

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 \$ 0 _____	<input type="checkbox"/> Other real estate Value \$ 0 _____
<input type="checkbox"/> Motor Vehicle #1 Year, make & model _____ Value \$ 0 _____	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value \$ 0 _____
<input type="checkbox"/> Other assets Description _____ Value \$ 0 _____	

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>None</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>Evan and Anna</u>	<u>Twin Son and Daughter</u>	<u>19</u>
<u>Bl.</u>	<u>Son</u>	<u>14</u>
<u>Be.</u>	<u>Daughter</u>	<u>12</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)	\$ _____	\$ _____
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)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

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

(please see attached Affidavit of Indigency
for current surviving situation and homeless shelter)

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? _____

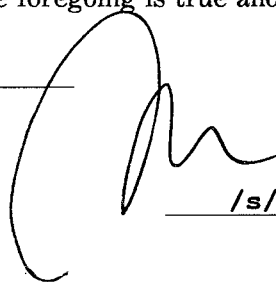
If yes, state the person's name, address, and telephone number:

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

**Please see the attached Affidavit of Indigency/Supplement
repeatedly filed with the state**

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

Executed on: October 27, 2023



/s/ Imre Kifor, pro se

(Signature)

Commonwealth of Massachusetts

AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS

(Note: If you are currently confined in a prison or jail and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), do not use this form. Obtain separate forms from the clerk.)

Appeals Court	Imre Kifor vs. Barbara Duchesne and Cynthia Oulton	
Court	Case Name and Number (if known)	
Name of applicant:	Imre Kifor	
Address:	32 Hickory Cliff Rd.	Newton MA 02464
(Street and number)	(City or town)	(State and Zip)

I have to move to a homeless shelter

SECTION 1: Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:
I AM INDIGENT in that (*check only one*):

- (A) I receive public assistance under (*check form of public assistance received*):
- Transitional Aid to Families with Dependent Children (TAFDC) Medicaid (MassHealth)
 - Emergency Aid to Elderly, Disabled or Children (EAEDC) Supplemental Security Income (SSI)
 - Massachusetts Veterans Benefits Programs; **or**

(B) My income, less taxes deducted from my pay, is \$ _____ per week biweekly month year
(*check the period that applies*) for a household of _____ persons, consisting of myself and _____ dependents;
which income is at or below the court system's poverty level; (*Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk or check online at: <https://www.mass.gov/doc/poverty-threshold-guidelines/download>. The court system's poverty level is updated each year.*)(List any other available household income for the checked period on this line: \$ _____); **or**

(C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

SECTION 2: (Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): (Check all that apply and, in any "\$ ____" blank, indicate your best guess as to the cost, if known.)

- Filing fee and any surcharge. \$ unknown
- Filing fee and any surcharge for appeal. \$ unknown
- Fees or costs for serving court summons, witness subpoenas or other court papers. \$ unknown
- Other fees or costs of \$ _____ for (specify): _____
- Substitution (specify): _____

SECTION 3: I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or paid for by the state:

- Cost, \$ _____, of expert services for testing, examination, testimony or other assistance (specify): _____
- Cost, \$ _____, of taking and/or transcribing a deposition of (specify name of person): _____
- Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for Public Counsel Services (CPCS-public defender).
- Appeal bond
- Cost, \$ unknown, of preparing written transcript of trial or other proceeding
- Other fees and costs, \$ unknown, for (specify): transportation costs to/from court if remote appearance not allowed
- Substitution (specify) _____

Date signed September 7, 2023	Signed under the penalties of perjury /s/ Imre Kifor, Pro Se x_____
By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.	
This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003. Fillable PDF created August 2013.	

Commonwealth of Massachusetts

SUPPLEMENT TO AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS

(Note: If you checked (C) on the AFFIDAVIT OF INDIGENCY, you must complete this form.)

Appeals Court **Imre Kifor vs. Barbara Duchesne and Cynthia Oulton**

Court	Case Name and Number (if known)	
Imre Kifor		
Name of applicant:		
32 Hickory Cliff Rd.	Newton	MA 02464
Address: (Street and number)	(City or town)	(State and Zip)

I have to move to a homeless shelter

Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear or affirm as follows:

1. PERSONAL INFORMATION

- (a) Date of Birth: 1/10/1962
- (b) Highest Grade in School: Graduate Degree
- (c) Special Training: None
- (d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses:
None
- (e) Number of Dependents: 4

2. INCOME AFTER TAXES (monthly)

- (a) If from employment, list your occupation and employer's name and address:
 - Software Engineer, Quantapix, Inc.
 - self employed since June 11, 2011; I own 80% of the shares
 - the company has no assets, no cash, has not been able to have any revenue and has no receivables
- (b) Sources of income, if not from employment:
None (other than the \$600 and \$1,400 national COVID relief from the IRS on January 4, 2021)
- (c) My gross annual income for the past twelve months was: \$ 0.00

(d) Gross Income (monthly): \$ 0.00

(e) Taxes Deducted (monthly):

Federal Tax	\$	_____
State Tax	\$	_____
Social Security	\$	_____
Medicare	\$	_____
Other Taxes (specify) _____	\$	_____

Total Taxes Deducted \$ 0.00

(f) Total Income After Taxes (subtract 2(e) from 2(d)): \$ 0.00

(g) If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes:

3. NET INCOME (monthly)

(a) Income After Taxes (from line 2(f)): \$ 0.00

(b) Expenses (monthly):

Rent or Mortgage	\$	_____	Uninsured Medical Expenses	\$	_____
Food	\$	_____	Child Care	\$	_____
Electricity	\$	_____	Education Expenses for Children	\$	_____
Gas	\$	_____	Child Support	\$	_____
Oil	\$	_____	Clothing	\$	_____
Water	\$	_____	Laundry/Cleaning	\$	_____
Telephone	\$	_____	Car Insurance	\$	_____
Health Insurance	\$	_____	Transportation Expenses	\$	_____
Other (specify): _____	\$	_____			

Total Expenses \$ 0.00

(c) Income After Taxes Minus Expenses (monthly) (subtract 3(b) from 3(a)): \$ 0.00

4. ASSETS

(a) Own Home? Yes No Market Value \$ None Balance Owed \$ N/A

(b) Own Car? Yes No Year & Make I don't own a car
Market Value \$ None Balance Owed \$ N/A

(c) Bank Accounts (specify type and balance)

Middlesex Savings Bank, \$23

(d) Other Property including Real Estate (specify type and value)

None (see 6(a) below)

5. DEBTS

(a) Specify:

- \$345,000+ in-arrears child supports/expenses/insurance (~\$5,000 month, since 1/1/2018)
- ~\$2,836 monthly surviving expenses (a good faith estimate without any contract or agreement)
- ~\$10,000+ IRS
- ~\$1,300 American Express since 1/1/2018 when the card was canceled by Amex

6. MISCELLANEOUS

(a) Other facts which may be relevant to your ability to pay fees and costs?

I own 80% of the above Quantapix, Inc. The company has no assets, no cash, no receivables, etc. and all records since inception in June 2011 have been voluntarily disclosed and filed with the Appeals Court.
 The other 20% of the shares are held by Janet Qin, the person who is temporarily providing me with strictly food, shelter and internet connection. Ms. Qin has been already deposed, has offered to testify repeatedly.
 She is eager to end this deadlock. Other than old computers, that cannot be sold anymore, I own no other assets of any value that can be liquidated. No assets of any value are held for me in someone else's name. I also filed a voluntary full financial disclosure with the Appeals Court, including all my bank statements, tax returns, etc. all the way back to 2008.
 All my meticulously kept records are available.

Signed under the penalties of perjury: Signature: x /s/ Imre Kifor, Pro Se
 Type/Printed Name: Imre Kifor, Pro Se
 Address: 32 Hickory Cliff Rd.
 City: Newton State: MA Zip Code: 02464
 Date signed: September 7, 2023

By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.

This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003.
 Fillable PDF created August 2013.