

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Jason J. Colera
(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

___ Civ. ___ () ()

**REQUEST TO PROCEED
IN FORMA PAUPERIS**

-against-
John Robert Dennis
Aspy
(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, Jason L. Colera, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
a) give the name and address of your employer
b) state the amount of your earnings per month

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2. If you are NOT PRESENTLY EMPLOYED:
a) state the date of start and termination of your last employment
b) state your earnings per month

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

PR paid money

a) Are you receiving any public benefits?

No.

Yes, \$ PR

b) Do you receive any income from any other source?

No.

Yes, \$ PR

4. Do you have any money, including any money in a checking or savings account? If so, how much?

No. Yes, \$ 5.00

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

No. Yes, \$ unknown have to be appraised

6. Do you pay for rent or for a mortgage? If so, how much each month?

No. Yes, _____

7. List the person(s) that you pay money to support and the amount you pay each month.

180 Nyanya Oliver daughter

8. State any special financial circumstances which the Court should consider.

Just add what was stated needed will pay at another date. have already talked of Court if payments made

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

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

Signed this 28 day of April, 11 year

[Signature]
Signature

SOCIAL SECURITY ADMINISTRATION

Date: April 25, 2014
Claim Number: XXX-XX-1695A
XXX-XX-1695DI

JASON L COLEMAN
ODYSSEY HOUSE INC
TINTON AVE FACILITY
880 TINTON AVENUE
APT 2E
BRONX NY 10456-7404

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2013, the full monthly
Social Security benefit before any deductions is.....\$ 856.70

We deduct \$104.90 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 751.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 855-531-1687. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
3RD FL
820 CONCOURSE VLG WEST
BRONX, NY 10451

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

OFFICE MANAGER