No. _____

_____

IN THE

SUPREME COURT OF THE UNITED STATES

_____

JOSEPH P. PACHECO – PETITIONER

VS.

UNITED STATES OF AMERICA – RESPONDENTS

MOTION FOR LEAVE TO FILE *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached Petition for Writ of Certiorari without prepayment of costs and to proceed *in forma pauperis*.

In support, petitioner asserts that he was ruled indigent at the district court level and remained indigent through the appeal process. A copy of the order of appointment is appended.

Respectfully Submitted

Gregory C. Robinson, #18960
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Lansing, Kansas 66043
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Attorney for Defendant

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER
KSX	PACHECO, JOSEPH P	

3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
	13-20068-01		

7. IN CASE/MATTER OF (Case Name)	8. PAYMENT CATEGORY	9. TYPE PERSON REPRESENTED	10. REPRESENTATION TYPE (See Instructions)
USA v. PACHECO	☑ Felony ☐ Petty Offense ☐ Misdemeanor ☐ Other ☐ Appeal	☑ Adult Defendant ☐ Appellant ☐ Juvenile Defendant ☐ Appellee ☐ Other	Criminal

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

1) 21 841A=CD.F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

Gregory C. Robinson
400 N. Main
Lansing, KS 66043

Telephone Number: (913) 727-5800

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

Same as above

13. COURT ORDER

☐ O Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☑ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's Name: Clinton Lee
Appointment Dates: 2/6/2014

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

Carlos Murguia
Signature of Presiding Judge or By Order of the Court

2/24/2014
Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment. ☐ YES ☐ NO

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court: a. Arraignment and/or Plea		0.00		0.00	
b. Bail and Detention Hearings		0.00		0.00	
c. Motion Hearings		0.00		0.00	
d. Trial		0.00		0.00	
e. Sentencing Hearings		0.00		0.00	
f. Revocation Hearings		0.00		0.00	
g. Appeals Court		0.00		0.00	
h. Other (Specify on additional sheets)		0.00		0.00	
(RATE PER HOUR = $) TOTALS:	0.00	0.00	0.00	0.00	
16. Out of Court: a. Interviews and Conferences		0.00		0.00	
b. Obtaining and reviewing records		0.00		0.00	
c. Legal research and brief writing		0.00		0.00	
d. Travel time		0.00		0.00	
e. Investigative and other work (Specify on additional sheets)		0.00		0.00	
(RATE PER HOUR = $) TOTALS:	0.00	0.00	0.00	0.00	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):		0.00		0.00	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
FROM: TO:

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS: ☐ Final Payment ☐ Interim Payment Number ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this: ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.
I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: Date:

APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR/CERT.
				$0.00

28. SIGNATURE OF THE PRESIDING JUDGE	DATE	28a. JUDGE CODE

29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
				$0.00

34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.	DATE	34a. JUDGE CODE