

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

JOSEPH P. PACHECO – PETITIONER

VS.

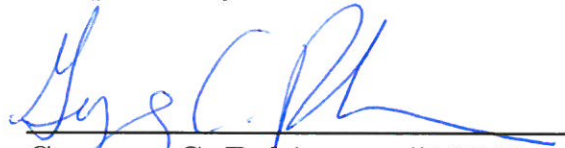
UNITED STATES OF AMERICA – RESPONDENTS

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

400 N. Main

Lansing, Kansas 66043

Tel: 913.727.5800

Fax: 913.727.1550

Email: grobinsonesq@aol.com

Attorney for Defendant

13.25.20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/05)

1. CIR. DIST. DIST. COURT KSX		2. PERSON REPRESENTED PACHECO, JOSEPH P		3. VOUCHER NUMBER	
4. MAG. DIST. DIST. NUMBER		5. DIST. DIST. DIST. NUMBER 13-20068-01		6. APPEALS DIST. DIST. NUMBER	
7. IN CASE MATTER OF (Case Name) USA v. PACHECO		8. PAYMENT CATEGORY ☒ Felony ☐ Petty Offense ☐ Misdemeanor ☐ Other ☐ Appeal		9. TYPE PERSON REPRESENTED ☒ Adult Defendant ☐ Appellant ☐ Juvenile Defendant ☐ Appellee ☐ Other	
				10. REPRESENTATION TYPE (See Instructions) Criminal	
11. OFFENSES CHARGED (Circle 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			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 and 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 appointment: ☐ YES ☐ NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Same as above					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
15. ATTORNEY'S (Check if Court-appointed services with diligent)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH TECH ADJUSTED HOURS
					MATH TECH ADJUSTED AMOUNT
					ADDITIONAL REVIEW
In Court	a. Arraignments, Arraignment			0.00	0.00
	b. Bail and Detention Hearings			0.00	0.00
	c. Motions 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
Out of Court	a. Trial, views 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
17. Travel Expenses (if denied, parking, meals, mileage, etc.)					
18. Other Expenses (other than a-g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
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 representation? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO Other than from this 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. APPROVED \$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 (if excess of the statutory threshold amount)			DATE	34a. JUDGE CODE	