

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Steven Gomez, Petitioner,

v.

United States of America, Respondent.

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*.

[X] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): U.S. District Court, Northern District of Texas, Dallas Division; United States Court of Appeals for the Fifth Circuit.

[] 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,

[X] the appointment was made under the following provision of law: 18 U.S.C. § 3006A, or

[X] a copy of the order of appointment is appended.

(Mr.) Leigh W. Davis

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

1. CIR./DIST./DIV. CODE TXN3	2. PERSON REPRESENTED Steven Gomez	VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 3:17-mj-00186-BK *SEALED	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v Gomez	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC	

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.

21 U.S.C. § 841(a)(1) and (b)(1)(C) Possession with Intent to Distribute a Controlled Substance

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Leigh W Davis 1901 Central Dr. Suite 708 LB57 Bedford, TX 76021 Telephone Number: 817/332-2121	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel
Prior Attorney's Name: Leigh W Davis Appointment Dates: 03/09/2017 <input type="checkbox"/> 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 <input type="checkbox"/> Other (See Instructions)	
Signature of Presiding Judge or By Order of the Court 03/09/2017 Date of Order None Pro Temp Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY				
CLERK, U.S. DISTRICT COURT CATEGORIES (Attach itemization of services with dates) Deputy			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(RATE PER HOUR = \$ 80) TOTALS:							
Out of Court	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and other work (Specify on additional sheets)						
(RATE PER HOUR = \$ 80) TOTALS:							
17. Travel Expenses (lodging, parking, meals, mileage, etc.)							
18. Other Expenses (other than expert, transcripts, etc.)							
GRAND TOTALS (CLAIMED AND ADJUSTED):							
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 PaymentHave you previously applied to the court for compensation and/or reimbursement for this 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, were you paid? YES NO

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