

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

LARRY RAY LINCKS,
Petitioner,

v.

UNITED STATES OF AMERICA,
Respondent.

**ON PETITION FOR WRIT OF CERTIORARI
TO THE UNITED STATES COURT OF
APPEALS FOR THE FIFTH CIRCUIT**

**MOTION FOR LEAVE TO PROCEED
*IN FORMA PAUPERIS***

Petitioner respectfully requests that this Court grant him leave to file the attached petition for writ of certiorari without prepayment of costs and to proceed *in forma pauperis* in accordance with Supreme Court Rule 39, Title 18, U.S.C. § 3006A(d)(6).

The filing of this petition is a continuation of the representation of the defendant under the Criminal Justice Act. The appointment order is attached herein. In accordance with § 3006A(d)(6), no affidavit need be filed per Supreme

Court Rule 39.



By: _____

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**ATTORNEY FOR PETITIONER,
LARRY RAY LINCKS**

May 13, 2019.

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 07/17)

1. CIR./DIST./DIV. CODE 05TXN3		2. PERSON REPRESENTED Larry Ray Lincks		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:17-cr-00017-B - 18		5. APPEALS DKT./DEF. NUMBER		
7. IN CASE/MATTER OF (Case Name) USA v. Vera et al		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" 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. APPEAL - 21 USC § 846 Conspiracy to Possess with Intent to Distribute a Controlled Substance						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Daniel R. Correa 2595 Dallas Parkway, Suite 420 Frisco, TX 75034 Telephone Number: (972) 850-6864			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 Appointment Dates: _____ <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 7/12/2018 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF PERSON FOR WHOM APPOINTED (See Instructions) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">U.S. DISTRICT COURT NORTHERN DISTRICT OF TEXAS FILED JUL 12 2018 CLERK, U.S. DISTRICT COURT</div>						
CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (Attach itemization of services with dates)		Deputy	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY	
					MATH/TECH. ADJUSTED HOURS	
					MATH/TECH. ADJUSTED AMOUNT	
					ADDITIONAL REVIEW	
In Court	15. 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	
Out of Court	16. 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 <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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		28a. JUDGE CODE		
28. SIGNATURE OF THE PRESIDING JUDGE		DATE		29. IN COURT COMP.		
30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES		
33. TOTAL AMT. APPROVED \$0.00		34a. JUDGE CODE		34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		