

No. \_\_\_\_\_

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IN THE  
SUPREME COURT OF THE UNITED STATES

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LARRY RAY LINCKS,  
Petitioner,  
v.

UNITED STATES OF AMERICA,  
Respondent.

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

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

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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).

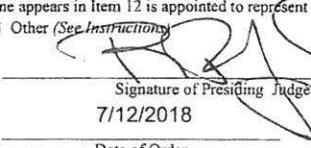
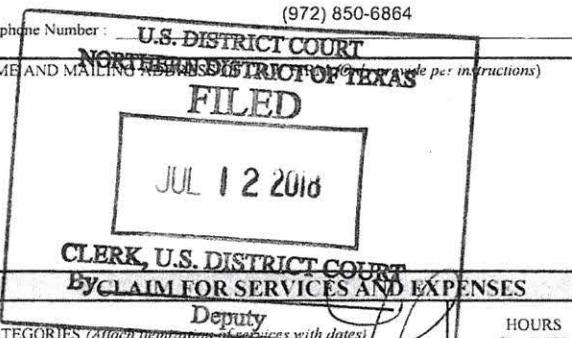
The filing of this petition is a continuation of the representation of the defendant under the Criminal Justice Act. The appointment order is attached herein. In accordance with § 3006A(d)(6), no affidavit need be filed per Supreme

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	6. OTHER DKT. 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			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		
14. NAME AND MAILING ADDRESS (See instructions)  			15. COURT USE ONLY 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		
16. BY CLAIM FOR SERVICES AND EXPENSES CATEGORIES (Attach itemization of services with dates) Deputy				17. FOR COURT USE ONLY HOURS CLAIMED      TOTAL AMOUNT CLAIMED      MATH/TECH. ADJUSTED HOURS      MATH/TECH. ADJUSTED AMOUNT      ADDITIONAL REVIEW	
18. 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)				19. 0.00      0.00      0.00      0.00	
(RATE PER HOUR = \$ )      TOTALS: 0.00				20. 0.00      0.00	
21. 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)				22. 0.00      0.00	
(RATE PER HOUR = \$ )      TOTALS: 0.00				23. 0.00      0.00	
24. Grand Totals (Claimed and Adjusted):				25. 0.00      0.00	
26. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____				27. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	
28. 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: _____					
29. APPROVED FOR PAYMENT — COURT USE ONLY					
30. IN COURT COMP.	31. OUT OF COURT COMP.	32. TRAVEL EXPENSES	33. OTHER EXPENSES	34. TOTAL AMT. APPR. CERT. \$0.00	
35. SIGNATURE OF THE PRESIDING JUDGE			36. DATE		37. JUDGE CODE
38. IN COURT COMP.	39. OUT OF COURT COMP.	40. TRAVEL EXPENSES	41. OTHER EXPENSES	42. TOTAL AMT. APPROVED \$0.00	
43. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			44. DATE		45. JUDGE CODE