

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

MATTHEW KARAHALIOS
Petitioner

vs.

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*.

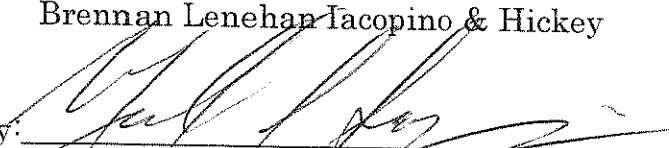
The Petitioner has previously been granted leave to proceed *in forma pauperis* in the United States Court of Appeals for the First Circuit and in the United States District Court for the District of New Hampshire.

Petitioner's affidavit or declaration is not attached because the United States District Court for the District of New Hampshire appointed counsel in the current proceeding pursuant to the Criminal Justice Act, 18 U.S.C. §3006A and the First Circuit Court of Appeals allowed the Petitioner to proceed *in forma pauperis*. Copies of the orders of appointments and Order of the First Circuit Court of Appeals are appended.

Respectfully submitted,
Matthew Karahalios, Petitioner
By his Attorneys,
Brennan Lenehan Iacopino & Hickey

Date: July 3, 2019

By:


Michael J. Iacopino, Esquire
Counsel for the Petitioner
Brennan Lenehan Iacopino & Hickey
85 Brook Street
Manchester N.H. 03104
Miacopino@brennanlenehan.com
(603) 668-8300

1. CIR./DIST./DIV. CODE NHX	2. PERSON REPRESENTED KARAHALIOS, MATTHEW			VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER 1:11-000052-002		4. DIST. DKT./DEF. NUMBER 1:11-000052-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) US v. KARAHALIOS		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case
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=ND.F -- NARCOTICS - SELL, DISTRIBUTE, OR DISPENSE				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS IACOPINO, MICHAEL J. Brennan Caron Lenehan Iacopino 85 Brook Street Manchester NH 03104 Telephone Number: (603) 668-8300		13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input checked="" type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (I) 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) /S/ Maryanne Michaelis Signature of Presiding Judicial Officer or By Order of the Court 02/03/2012 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) BRENNAN, CARON, LENEHAN, AND IACOPINO 85 BROOK STREET MANCHESTER NH 03104				
CLAIM FOR SERVICES AND EXPENSES				
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY
I D C o u r t	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 = \$) TOTALS:				
O u t o f C o u r t	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 = \$) 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 <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
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE

1. CIR./DIST./DIV. CODE NHX	2. PERSON REPRESENTED KARAHALIOS, MATTHEW			VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:11-000052-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
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12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS IACOPINO, MICHAEL J. Brennan Caron Lenehan Iacopino 85 Brook Street Manchester NH 03104		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" 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) /s/ Jennifer Sackos Signature of Presiding Judicial Officer or By Order of the Court 03/12/2015 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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In Court	a. Arraignment and/or Plea			
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	c. Motion Hearings			
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Signature of Attorney: _____ Date: _____				
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**United States Court of Appeals
For the First Circuit**

No. 16-2360

MATTHEW KARAHALIOS

Petitioner - Appellant

v.

UNITED STATES

Respondent - Appellee

ORDER OF COURT

Entered: December 9, 2016
Pursuant to 1st Cir. R. 27.0(d)

The motion to proceed in forma pauperis on appeal is moot as the district court has granted in forma pauperis status to appellant. Under Fed. R. App. P. 24(a)(3), appellant may proceed on appeal in forma pauperis without further authorization.

By the Court:

/s/ Margaret Carter, Clerk

cc:

Seth R. Aframe
Michael J. Iacopino
Matthew Karahalios