

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		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.L., 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 checked="" 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: _____ 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) _____ Signature of Presiding Judicial Officer or By Order of the Court <u>/s/ Maryanne Michaelis</u> Date of Order: <u>02/03/2012</u> 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	
					MATH/TECH ADJUSTED HOURS	
					MATH/TECH ADJUSTED AMOUNT	
					ADDITIONAL REVIEW	
In Court	15. 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:						
Out of Court	16. 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 or 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	
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9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Drugs Minus Two			
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	b. Bail and Detention Hearings				
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	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$) TOTALS:					
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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: _____					
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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