

No. 18 -

IN THE SUPREME COURT OF THE UNITED STATES

JIMMY FLETCHER MEDERS,

Petitioner,

v.

WARDEN, GEORGIA DIAGNOSTIC PRISON,

Respondent

MOTION TO PROCEED *IN FORMA PAUPERIS*

THIS IS A CAPITAL CASE

Andru H. Volinsky*
Bernstein Shur
PO Box 1120
Manchester, NH 03105
603.623.8700
avolinsky@bernsteinsur.com

James K. Jenkins
Maloy Jenkins Parker
1506 Brandt Court
Boulder, CO 80303
303-443-9048
jenkins@mjplawyers.com

Attorneys for Petitioner
* *Counsel of Record*

MOTION TO PROCEED *IN FORMA PAUPERIS*

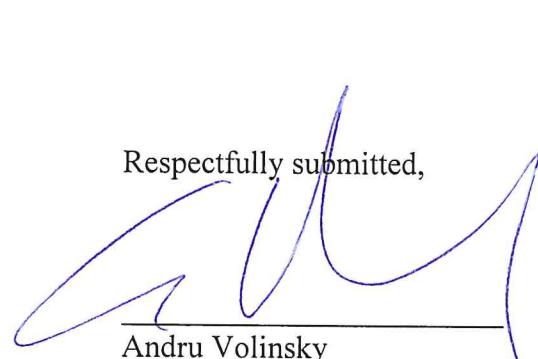
Pursuant to Supreme Court Rule 39, Petitioner, Jimmy Fletcher Meders, a Georgia death row prisoner, respectfully requests permission to proceed *in forma pauperis* with respect to the attached Application to Extend Time in which to File Petition for Writ of Certiorari to the United States Court of Appeals for the Eleventh Circuit.

Mr. Meders is represented by appointed counsel. Attached to this pleading are the orders of appointment for the below-named counsel, both of whom were appointed to represent Mr. Meders by the United States Court of Appeal for the Eleventh Circuit on October 26, 2015.

WHEREFORE, for the foregoing reasons, Petitioner respectfully requests this Court permit him to proceed *in forma pauperis* and for such other relief as is just and proper.

Dated this 3rd day of May, 2019.

Respectfully submitted,


Andru Volinsky
Counsel of Record
Bernstein Shur
PO Box 1120
Manchester, NH 03105
603.623.8700
avolinsky@bernsteinshur.com

James K. Jenkins
Maloy Jenkins Parker
1506 Brandt Court
Boulder, CO 80303
303-443-9048
jenkins@mjplawyers.com

*3.CJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev.12/03)

1. CIR./DIST./DIV. CODE GAUAT/11th Circuit	2. PERSON REPRESENTED JIMMY FLETCHER MEDERS			VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:07-cv-00090-LGW	5. APPEALS DKT./DEF. NUMBER 15-14734-P	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) Jimmy Meders v. Warden, GDP		8. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Other <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee	9. REPRESENTATION TYPE <input checked="" type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other (Specify) 1983		
10. 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. Death Penalty					
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Andru H. Volinsky PO BOX 1120 MANCHESTER, NH 03105-1120		12. 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 <input type="checkbox"/> V Standby Counsel			
		Prior Attorney's _____ Appointment Date: _____ (A) 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 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel _____ Appointment Date: _____ or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.			
		<i>Jan S Camp</i> Signature of Presiding Judge or By Order of the Court 10/26/2015 10/20/2015 Date of Order Date Pro Time Date			
(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO					
CLAIM FOR SERVICES AND EXPENSES					
14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.					
CAPITAL PROSECUTION <input type="checkbox"/> HABEAS CORPUS <input type="checkbox"/> OTHER PROCEEDING					
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the	l. <input type="checkbox"/> Stay of Execution	o. <input type="checkbox"/> Other
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the	h. <input type="checkbox"/> Evidentiary Hearing	U.S. Supreme	m. <input type="checkbox"/> Appeal of Denial of Stay	
c. <input type="checkbox"/> Sentencing	U.S. Supreme Court	i. <input type="checkbox"/> Dispositive Motions	Writ of Certiorari	n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S.	Supreme Court Regarding Denial of Stay
d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	j. <input type="checkbox"/> Appeal			
HOURS AND COMPENSATION CLAIMED					
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
a. In-Court Hearings (RATE PER HOUR = \$ 181.00)					IN COURT TOTAL, Category a
b. Interviews and Conferences with Client					IN COURT TOTAL, Category a
c. Witness Interviews					IN COURT TOTAL, Category a
d. Consultation with Investigators & Experts					IN COURT TOTAL, Category a
e. Obtaining & Reviewing the Court Record					IN COURT TOTAL, Category a
f. Obtaining & Reviewing Documents and Evidence					IN COURT TOTAL, Category a
g. Consulting with Expert Counsel					IN COURT TOTAL, Category a
h. Legal Research and Writing					IN COURT TOTAL, Category a
i. Travel					IN COURT TOTAL, Category a
j. Other (Specify on additional sheets)					IN COURT TOTAL, Category a
TOTALS: Categories b thru j (RATE PER HOUR = \$ 181.00)					IN COURT TOTAL, Category a
CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates)					
16. Travel Expenses (lodging, parking, meals, mileage, etc.)					
17. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20. CASE DISPOSITION	
21. 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 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.		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED	
27. SIGNATURE OF THE PRESIDING JUDGE			DATE	27a. JUDGE CODE	

SGA

SCJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE GAUAT/11th Circuit	2. PERSON REPRESENTED JIMMY FLETCHER MEDERS		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER 2:07-cv-00090-LGW		4. DIST. DKT./DEF. NUMBER 2:07-cv-00090-LGW	5. APPEALS DKT./DEF. NUMBER 15-14734-P	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) Jimmy Meders v. Warden, GDP		8. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Other <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee	9. REPRESENTATION TYPE <input checked="" type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other (Specify) 1983			
10. 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. Death Penalty						
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS James K. Jenkins 75 14TH ST NE STE 2500 ATLANTA, GA 30309-3676		12. 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 <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Date: _____ (A) 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 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL, <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel _____ Appointment Date: _____ or Lend Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.				
13. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)		Signature of Presiding Judge or By Order of the Court Jan E. Clamp 10/26/2015 10/20/2015 Date of Order None Pro Tune Date				
(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO						
CLAIM FOR SERVICES AND EXPENSES						
14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.						
CAPITAL PROSECUTION		HABEAS CORPUS		OTHER PROCEEDING		
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the	l. <input type="checkbox"/> Stay of Execution		
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the	h. <input type="checkbox"/> Evidentiary Hearing	U.S. Supreme	m. <input type="checkbox"/> Appeal of Denial of Stay		
c. <input type="checkbox"/> Sentencing	U.S. Supreme Court	i. <input type="checkbox"/> Dispositive Motions	Writ of Certiorari	n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S.		
d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	j. <input type="checkbox"/> Appeal		Supreme Court Regarding Denial of Stay		
HOURS AND COMPENSATION CLAIMED				FOR COURT USE ONLY		
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (RATE PER HOUR = \$ 181.00)						IN COURT TOTAL, Category a
b. Interviews and Conferences with Client						
c. Witness Interviews						
d. Consultation with Investigators & Experts						
e. Obtaining & Reviewing the Court Record						
f. Obtaining & Reviewing Documents and Evidence						
g. Consulting with Expert Counsel						
h. Legal Research and Writing						
i. Travel						
j. Other (Specify on additional sheets)						
TOTALS: Categories b thru j (RATE PER HOUR = \$ 181.00)						
CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates)						
16. Travel Expenses (lodging, parking, meals, mileage, etc.)						
17. Other Expenses (Other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED):						
18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION			20. CASE DISPOSITION	
21. 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 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, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO						
I swear or affirm the truth or correctness of the above statements.						
Signature of Attorney _____ Date _____						
APPROVED FOR PAYMENT — COURT USE ONLY						
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED		
27. SIGNATURE OF THE PRESIDING JUDGE			DATE	27a. JUDGE CODE		

S6A