

No. 19-5992

19-5992

IN THE SUPREME COURT OF THE UNITED STATES

From an action in United States Court of Appeals
for the First Circuit
Nos. 18-2158

United States District Court Nos.
16-11050-RGS

ORIGINAL

Demond Chatman Pro se,
petitioner

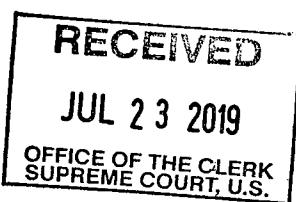
v

Douglas Demoura,
defendant, respondent,
appellee

ON A PETITION FOR WRIT OF CERTIORARI
TO THE FIRST CIRCUIT COURT OF APPEALS

PETITION FOR WRIT OF CERTIORARI

Demond Chatman Pro se petitioner
W70467
OCCC
1 Administration Rd.
Bridgewater, MA 02324



QUESTION PRESENTED:

Did the First Circuit Court of Appeals err in refusing to grant certificate of appealability where, contrary to their stated denial, petitioner presented a genuine Due Process and Right to Trial issue of competency to stand trial?

LIST OF PARTIES**Petitioner**

Demond Chatman Pro se
(he has included a motion
to be appointed counsel)
W70467
OCCC
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Respondent:

Douglas Demoura
(represented by:)
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OPINIONS BELOW:

June 5, 2000 a Massachusetts Suffolk County Grand Jury indicted Demond Chatman for the first degree murder of his mother, Record Appendix 1 hereinafter R.A.. From January 14, 2002 to January 24 2002 he was tried before Judge Rouse and a jury. Being found guilty he noticed appeal the next week, and the Massachusetts Supreme Judicial Court docketed his appeal Dec. 23, 2002 (R.A. 3).

May 6, 2008 through counsel he filed a motion for new trial (R.A. 21) and the motion judge denied R.A. 21 on Oct. 19, 2011, (R.A. 81). Chatman noticed appeal Oct. 19, 2011, R.A. 14) The Massachusetts Supreme Judicial Court held oral arguments on appeal May 10, 2013 (R.A. 408).

September 3, 2013 the Massachusetts Supreme Judicial Court reversed the trial court and ordered an evidentiary hearing on the issue of competency to stand trial (mental illness), Com v Chatman I 466 Mass 327, (2013) (R.A. 408).

* Petitioner is dead broke. Please see his financial printout. He has no outside help. He cannot afford to mail a copy of the United States District Court appendix' because its thousands of pages. Please have the clerk request the appendix' to be forwarded. The record appendix is R.A. The trial transcript is Tr. Vol. No. and the transcripts of the motion for new trial hearings M.H. and then the date of the hearing.

The trial court after hearings again denied the motion for new trial and (R.A. 17)(Nov. 5, 2014) Chatman noticed

appeal Dec. 10, 2014. The Massachusetts Supreme Judicial Court, after oral argument upheld the conviction March 16, 2016, Com v Chatman II 473 Mass 840 (2016).

Chatman assisted an inmate filed for federal habeas corpus June 2016. The US District Court granted numerous stays while the CPCS Innocence Program investigated claims of actual innocence, (still ongoing as these pleadings go forward). The Court grew weary of the stays and dismissed the petition without prejudice May 8, 2018- former counsel Edward Hayden agreed to brief the petition- filed an appearance and the petition was reinstated June 13, 2018. The US District Court, Stearns, D.J. again dismissed the petition October 29, 2018 (addendum pgs 1-10).
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In the same stroke of the pen the Court refused to grant certificate of appealability.

Chatman timely noticed appeal and after briefing the First Circuit Court of Appeals denied certificate of appealability May 8, 2019 in a one paragraph memo stating that Chatman had not, "made a substantial showing of the denial of a constitutional right..." (addendum pg 11).

Chatman then well within the 90 day limit filed the instant petition for certiorari pro se.
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PETITION FOR CERTIORARI TO OBTAIN CERTIFICATE OF APPEALABILITY

JURISDICTION: This Court has jurisdiction to grant a certificate of appealability where the First Circuit has not recognized the 6th and 14th Amendment rights involved in trying a man for murder when no fair assessment has been made of his competency to stand trial, 28 USC section 1254(1); Hohn v United States 118 S Ct 1969, 1970 (1998).

STATEMENT OF THE CASE: Your pro se petitioner has a well documented mental illness both before his arrest, and well after his arrest. To his own detriment he falls into a category of mentally ill who, in response to paranoia do their utmost to conceal their mental illness from the very mental health professionals that could have assisted him with a defense. This paranoid concealment of mental health illness symptoms continues to the present. His trial attorney was unaware of any mental health history. The trial judge likewise was unaware. No competency to stand trial evaluation was done contemporaneously before trial, the concealment issue was only belatedly discovered well after his conviction of first degree murder. Once discovered numerous mental health professionals have examined petitioner Chatman and there is a consensus that he falls into the category of mentally ill who conceal their mental illness due to the paranoid aspects of the illness. This paranoia and concealment deprived him of an otherwise viable line of defense resulting in a miscarriage of justice.

In February 2000 Petitioner Chatman lived with his great aunt, Vessie Hill at 20 Maynard St in Roxbury section of Boston Massachusetts (Tr II pgs 150, 151 IV pgs 201, 211). Chatman's mother Mary, the victim, lived in Dorchester with her daughters, Kimberly, and Kelly, (Chatman's half sisters))(Tr II pgs 147-150). February 10, 2000 between 11:00am and noon, Chatman told his aunt Vessie he was going out to exercise at Franklin Park. He asked her where she kept the bucket because he planned to do some cleaning when he returned (Tr IV pgs 224-227). Aunt Vessie then watched tv until 2:00pm, when she left to visit friends (Tr IV pgs 227-230). At 2:30pm Chatman called the police to report his mother had been shot in his aunt's apartment (tr II pg 68). Officers arrived to find Chatman in the kitchen, and his mother's body in his aunt's room near an open window in a pool of blood, (Tr II pgs 72-74; 94-96; Tr III pg 74). The body was unclothed, but partly covered in bedding, and there was a wound on the left cheek, (Tr II pgs 94,95; Tr III pg 76, Tr VI pgs 75,76). Cause of death was a single gunshot wound to the back of the neck exiting from the left cheek, (Tr VI pgs 86-91) and the wound was inflicted from at least two feet away. Time of death was estimated at sometime before 2:30pm. Blood stains were in Chatman's bedroom, the hallway, the kitchen, and his aunt Vessie's bedroom which proved through DNA test to be his mother's blood, (Tr V pgs 165-187).

The blood was also on his sneakers.

Chatman talked to the police, and told them he had gone jogging between 10:00 am and 11:00 am, when he returned to the house, found his mother's body, and called police. (Tr II pg 76-79 Tr III pg 26,27). Chatman was interviewed at the station- the police described his demeanor as calm and passive and emotionless, so much so the police thought it suspicious, (tr V pgs 62, 63 Tr IV pg 38). In the taped statement Chatman said he heard his mother talking to his aunt Vessie, at which point he left to go jogging, (R.A. pg 47-49, Tr VII pg 49). He stated he came home around 2:00 to 2:30, and found his room a mess, walked down the hallway to his aunt's bedroom, and found the body by an open window, and he called police, while waiting for police he punched the wall numerous times, (R.A. pgs 51-59). Chatman was again interviewed two days later, but the police did not record that interview. Police testified that Chatman in this un recorded interview denied killing his mother, and as he was leaving the room said, "I'm a man and if it means if I get the death penalty or life in prison, I'll take it like a man.." (Tr IV pgs 32-44 Tr V pgs 69-79). He told the police he did not get along with his mother (Tr V pg 103).

The Commonwealth presented testimony from Chatman's half sister Kimberly that she had called aunt Vessie's apartment and Chatman answered. Chatman gave the phone to aunt Vessie

without speaking to Kimberly. She heard him comment to aunt Vessie in the background, "Why do they always have to call here?" Kimberly later told her mother what Chatman had commented about them, (Tr II pgs 175-179). That was the Commonwealth's theory as to motive to kill. That his mother was angered by Chatman's comment and came to aunt Vessie's apartment to confront Chatman, at which point Chatman killed her without alerting aunt Vessie, (with a handgun). The Commonwealth's theory was that Chatman exited the house leaving the body, and came back later when aunt Vessie was'nt home and attempted to clean up the scene of the crime, failing that, attempted to throw the body out the window, failing that called the police and continued to clean, (Tr VII pgs 42-48).

Defense counsel called no witnesses, never had Chatman evaluated for competency to stand trial. His theory of defense was that Chatman returned home around 2:30 pm, and was surprised to find his mother's body, and called the police. He argued that the police proposed timeline was flawed and inaccurate, and questioned the trustworthiness of the proffered forensic science. He discounted the strength of the motive evidence.

Chatman underwent no mental health evaluations before norr during trial, and only years later in retrospect was he evaluated for competency and criminal responsibility.

In later years prison mental health officials noticed that Chatman had been pathologically concealing a major mental illness, which somehow came to the attention of public counsel. Had Chatman's then concealed mental illness been made evident the entire evidentiary posture of the case would have been different, so much so, that Chatman's right to a fair trial, and his Due Process rights were violated, as it is settled law that no man should be tried for murder while incompetent to stand trial.

Again it must be stressed that Chatman is very indigent. As you can see from the six month printout in favor of his motion to proceed in forma pauperis, he cannot afford the postage to mail all parties a copy of the appendix from US District Court which is thousands of pages long. He therefore requests the extraordinary that the clerk be directed to procure a copy(ies) for this Court, as defense counsel already has a full copy when he was served by pro bono counsel in US District Court. That and the voluminous post conviction hearings transcript all have to reach the Court, putting the expense on pro se petitioner an impossible hurdle for him to climb.

For the Court's primary focus: Should Demond Chatman be granted a certificate of appealability? The US District Court declined to do so. The United States Court of Appeals decline to do so. Rarely does this Court intervene on this issue, but this is that rare case as the psych experts in

this case have in retrospective evaluations determined that a major miscarriage of justice has occurred in this case due to Chatman's symptomatic concealment of his mental illness and extreme paranoia.

"A certificate of appealability should issue if an applicant has made a substantial showing of the denial of a constitutional right... 28 USC(c)(2)... by demonstrating that reasonable jurists would find it debatable or wrong... (that the habeas court denied relief)..."

Slack v McDaniel 529 US 473, 484 (2000)

Here, Chatman calls upon established Supreme Court precedent that it violated Due Process and associated rights under the Sixth Amendment to try a man for first degree murder if he was by mental illness incompetent to stand trial.

The Supreme Court occasionally does step in and grant COA where the Circuit Court has declined. In Banks v Dretke 540 US 668, 703, 704 (2004) this Court granted COA and reversed related to petitioner's Brady claim where the prosecution deliberately concealed impeachment evidence. By the same principle Chatman argues his own concealment of an avenue of defense, (his mental health problems) deprived him of Due Process and a fair trial. Chatman could not participate in his own defense in a meaningful way because of the impediment. Nowadays Chatman is forced under threat of a Court order to take anti psychotic medicine.

In Miller v Cockrell 537 US 322, 327 (2003) this Court decided a COA should issue by petitioner merely making a

substantial showing of denial of a constitutional right, (the First Circuit in denying COA cited this case, but failed to acknowledge the asserted Due Process and fair trial rights briefed), also Shellman v Camdra 531 US 1005 (2000).

Chatman's plight was aggravated by his delusions about mental health professionals and his delusions about the roles of judges, and prosecutors, and defense lawyers. the very components of a fair trial were what Chatman was most delusional about, as the excerpts from the post conviction hearings with mental health professionals testimony will demonstrate. Adding to that is Chatman's borderline status in intelligence quotient. Right on the border between low normal and defective brain development.

For the reasons briefed herein Chatman pleads that certiorari be granted, counsel appointed, and that the Court grant whatever other relief warranted. A COA should issue.

Demond Chatman has a history of mental health problems dating back to when he was ten years old, and continuing to the present, Com v Chatman I 466 Mass 327, 330-332 (2013) R.A. pg 152, Prosecution R.A. pg 132. Experts testified at the hearing for the motion for new trial that Chatman suffers from schizophrenia, schizoaffective disorder, paranoia, and delusions, (Joss, R.A. pg 186). Mental Health records show Chatman's mental health problems have persisted since his early teens. (R.A. p 237; M.H. April 1, 2014 pg 72(.

The experts also testified that Chatman's condition causes symptoms of distrust and misperception, (Smith, M.H. April 1, 2014 p 31; Joss R.A. p 189). They testified that these illnesses do not go away, but that medication controls the symptoms, (Smith, M.H. April 1, 2014 pgs 29, 30; Drebings, M.H. April 1, 2014 p 72; Joss, M.H. April 1, 2014 p 102). Demond Chatman was unmedicated prior to and during his trial leading to the permissible inference that his paranoia went unchecked, and his tendency to be mistrustful, and his tendency to conceal his mental illness heightened, (Smith, M.H. April 1, 2014 p 19, 20, R.A. p 271, 286).

Smith also testified that Chatman hides his mental illness symptoms, and she correctly opined that it is common for some schizophrenics to do this as an additional symptom of the illness, (Smith, R.A. p 19). As result, the judge, Chatman's own attorney, and possibly the prosecutor were unaware of his severe mental illness at the time of trial.

Chatman's motion hearing attorney proved at the hearing that the Commonwealth would not have been able to prove that he was competent to stand trial, nor criminal responsibility, IF the issue had been timely raised at trial, Com v Chatman I 466 Mass 327, 330-332 (2013). The Massachusetts Supreme Judicial Court decision in Com v Chatman II 473 Mass 840 (2016), and consequently U.S. District Court Judge Stearn's opinion in denying the habeas petition were based upon an unreasonable determination of the evidence presented at the motion hearings (motion for new trial retrospectively).

In 2005 appellate counsel retained Dr. Robert Joss, a forensic psychologist, to evaluate Demond Chatman for his competence as it would be in retrospect, at the time of trial, (R.A. p 183). Dr Joss in turn had Dr. Charles Drebing, a neuropsychologist, conduct an evaluation, (R.A. p 175). In October 2009 the trial court ordered a competency to participate in the new trial motion hearing done on Chatman. This was conducted by Dr. Naomi Leavitt, (M.H. Jan. 23, 2014 pg 45; R.A. p 196). All three of these experts testified at the motion for new trial hearing on April 11, 2014; (Joss, M.H. April 1, 2014 p 83; Drebing R.A. p 175; Leavitt p 427). The three experts written evaluations were entered into evidence, (Joss R.A. p 183; Drebing R.A. p 175, Leavitt R.A. p 196). There was further testimony for Chatman from Ray Walden (M.H. April 1, 2014 p 153; Dr. Mark Hanson, (M.H. May 13, 2014 p 18; Dr. Marion Smith (M.H. April 1, 2014 p 13) and Dr Joseph Grillo (M.H. June 10, 2014 p 5). All of these experts in the mental health field that had treated Chatman for mental illness, all in unanimous support of him, and Patricia Hilliard, director of a social service agency who had worked with Chatman testified in support as well, (M.H. May 13, 2014 p 4).

Trial counsel John Bonistalli testified in support, (M.H. January 23, 2014 p 11) and his second chair attorney Sharon Church testified in support of the new evidentiary posture (M.H. Jan. 23, 2014 p 30).

The parties stipulated to affidavits from people who had known Chatman earlier in his life attesting to symptoms that they at that time had picked up on, (Chambers R.A. p 209; Lacet p 211; Lewis p 212; Jones p 214).

Chatman's huge volume of records were introduced by agreement; The Army (R.A. 250); The Boston Schools (R.A. p 217, 235); Suffolk County Jail (R.A. p 235); Middlesex Jail (R.A. p 285); The Massachusetts Dept of Correction or DOC (R.A. p 290; The South End Community Health Center (R.A. p 237) The Dept of Social Services, now known as Dept of Children and Families (R.A. pg 227); and The Boston Medical Center (R.A. p 216).

The prosecution did not have Chatman evaluated by any mental health expert. They did, however, have Dr Alison Fife review the record. Dr. Fife did not testify, yet his reports were somehow entered into the record as evidence. (M.H. Jan. 23. 2014 p 72; M.H. May 13, 2014 p 41). The shakiness of an absenced witness notwithstanding, the prosecution called no one as witness, doctor or otherwise.

The judge and the prosecution both conceded that Chatman is mentally ill, (Judge R.A. p 167); Prosecution (R.A. p 132), but they nullified Chatman's legal contention by theorizing that Chatman's symptoms waxed and waned- an explanation that Chatman may have been incompetent to stand trial one day, but the next day he may have been competent (Judge R.A. p 167) (Prosecution M.H. March 3, 2011 p 15). Judge Stearns in United States District Court adopted this unlikely scenario.

Why? It defies logic. There was no barometer presented to measure how and when and what parts of trial for which Chatman was competent and which parts he was not competent. This a clear case where the reluctance to overturn a jury verdict for murder has overcome an avalanche of credible medical opinion evidence that Chatman was not competent. If Chatman was not competent to stand trial that violated Due Process under the Fourteenth Amendment and the guarantee of a fair trial under the Sixth Amendment to the United States constitution.

The author of this theory of waxed and waned? Dr. Alison Fife who did not testify, so he could not be cross examined. It was a mail in report he delivered after reading the record and never having interviewed Chatman. Thats a denial of Due Process. A Certificate of Appealability should issue towards the end of reversing the conviction and granting a new trial. Counsel should be appointed, preferably in the person of attorney Hayden who has experience in this case. Chatman does not comprehend his own pleadings.

Dr. Joss:

Dr. Joss was the only expert to opine to Chatman's competence at the time of trial in retrospect, but his conclusion is supported by Dr Drebings, Dr Naomi Leavitt, Ray Walden, Dr. Mark Hanson, Dr. Marion Smith, Dr Joseph Grillo, and even Patricia Hilliard also offered her retrospective observations.

Due to mental illness at trial, Chatman failed both prongs

of the competency test. Dr Joss examined him in 2008; 2009 opined he suffers from "a longstanding mental disease that is best described as a schizoaffective disorder with paranoid delusions. This disease is a substantial disorder of thought mood, and perceptions which grossly impairs his judgement, behavior, and capacity to recognize reality..." (R.A. p 189: M.H. April 1, 2014 p 102).

This disorder was exhibited by Chatman before and during trial (R.A. p 189) and is the same illness that mental health workers had been diagnosing for years. Dr. Joss opined that Chatman had the illness from the age of 13 upwards to the present. He said the paranoia is unlikely to go away without medication (M.H. April 1, 2014 p 97, 103, 111). Dr Joss did not mention anywhere in his extensive evaluations that Chatman's symptoms waxed and waned, and no mental health providers ever mentioned anywhere this made-for-court-theory of waxing and waning as applied to Chatman.

Chatman's paranoia infected the attorney client relationship, and his appraisal of judicial proceedings was inaccurate, not consonant with reality. (M.H. April 1, 2014 p 95, 99, 100, 103, 109, 111). Chatman is also borderline mentally retarded. This undercut his ability to comprehend and participate in a defense, (Drebog M.H. April 1, 2014 p 63; R.A. p 179) Atkins v Virginia 536 US 304, 318 (2002)

The FACT that Chatman is both mentally ill and mentally retarded underscores the wrongness of the denial of habeas corpus.

Chatman pleads the Court acquire through the clerks copies of the voluminous appendix filed in US District Court that contains all the testimony of the expert witnesses, and other peripheral papers in support, and conclude that a miscarriage of justice will result if certificate of appealability is not granted.

Dr. Drebing:

Dr Joss requested Dr. Drebing, a neuropsychologist evaluate Chatman in 2005. He opined that he suffers from Paranoia, Schizoaffective Disorder,,or a psychosis not otherwise specified, (M.H. April 1, 2014 p 63). He opined the illness has been present since his early teens, that people with these illnesses will have them their whole life, (MH. April 1, 2014 p 72). He did not mention Chatman's symptoms waxing and waning, but that he conceals his symptoms, something all the experts agreed upon.

Dr Leavitt:

Dr Naomi Leavitt, the court psychologist completed two evaluations of Chatman at the judge's request. The first, in which Chatman was unmedicated at the time found him incompetent to participate in the new trial motion hearings, that the mental illness has existed for many years, that he has delusions about law, about his attorney, he had suspicions that myself (Dr. Leavitt) and his attorney Hayden were cooperating with the dept of correction to set him up or provoke him, (M.H. Jan. 23, 2014 p 46, 47)

Dr Leavitt opined Chatman heard voices in addition to his delusions (M.H. Jan 23, 2014 p 49) that he has difficulty concentrating and putting thoughts together, and delusional that people were out to hurt him when that was not the case, (M.H. Jan 23 2014 p 49) and she diagnosed him as schizophrenic paranoid type, and schizoaffective disorder (M.H. Jan 23, 2014 p 48 R.A. p 200). She opined that his relationship with counsel was impaired by his paranoia and distrust of his own attorney(s). (R.A. p 190). Dr Joss noted these same impairments with counsel, specifically that the judge was working with the prosecutor (R.A. pgs 188, 202), and that his trial counsel worked for the prosecution (M.H. Jan 23 2014 pgs 46,47). The motion judge agreed Chatman was incompetent to proceed with the motion hearings, but ultimately disagreed on the self same evidence that Chatman was incompetent when he attended trial years before.

In Chatman I 466 Mass 327, 339 (2013) the Massachusetts High Court noted the similarity between the first evaluations of Dr Leavitt and Dr Joss that the former "Made a diagnosis of longstanding mental illness virtually identical to that of Dr. Joss." "Like Dr Joss, Dr Leavitt determined that the defendant's inability to trust his lawyer was a significant factor in her reports..." Id at 339, and the Court reversed. Unfortunately for Chatman the Court changed course in Chatman II 473 Mass 840 (2016) and sought to distinguish Dr Joss' opinion from that of Dr Leavitt, affirming.

None of the experts who actually testified mentioned any kind of theory that Chatman's symptoms waxed and waned, rather they opined that since he remained unmedicated the entire relevant period amidst a psychotic state of mind, he concealed his symptoms as many schizophrenics do (R.A. p 205).

Dr Marion Smith:

Once Chatman was convicted he came to the attention of Dr Smith. Her job is to evaluate and prescribe medication for mentally ill prisoners. She discovered him to be very ill with schizoaffective disorder, delusions and paranoia; (M.H., April 1, 2014 pgs 17-19) after further investigation she found evidence of schizophrenia p 26. She opined that he had these symptoms prior to his coming to prison, (M.A. April 1, 2014 p 17). She remembered his case because it was so unusual (April 1, 2014 pg 35,36) and she said she was "horrified by the fact that he was so psychotic and it apparently had not been picked up or considered in his trial getting to prison, that there was no documentation that he had mental illness..." (M.H. April 1, 2014 p 47, 48) her opinions consistent with Dr Joss and Dr Leavitt- mentioning nothing about his symptoms waxing and waning.

Dr Joseph Grillo:

Dr Grillo, a psychologist from the dept of correction opined Chatman had difficulties at an early age- not a typical case, (M.H. June 10, 2014 p 8). Chatman's intitial days in prison displayed symptoms of paranoid schizophrenia, and schizoaffective disorder which he later adjusted to diagnosing

to simply schizoaffective disorder, (M.H. June 10, 2014 p 14). Dr Grillo opines the disease is persistent and longstanding. It does not spontaneously remit, but can be managed with medications (June 10, 2014 p 12). Dr Grillo did not support the theory that Chatman's illness waxed and waned, and he did support Dr Joss' conclusions.

The pattern established here is that all the 'hands-on' mental health experts who testified and have interviewed Chatman agree that he has a longstanding persistent mental illness that does not improve without intervention including psycho tropic medicines, and none of these experts opined that his symptoms or illness waxed and waned, but that a particular symptom he has causes him to conceal his symptoms due to his paranoia. Only Dr Alison Fife who never testified and only mailed in his opinions and never interviewed Chatman provided the professional opinion that Chatman's illness waxed and waned. The actual experts who testified and were subject to the crucible of cross examination agreed with each other.

Chatman's paranoia and distrust caused him to be unable to participate in his defense- he didn't trust the attorneys, drew conclusions about the prosecutor and judge that were inconsistent with reality, and deprived himself of a viable avenue of defense- insanity. His case falling neatly between the cracks deprived him of Due Process under the XIV Amendment and any semblance of fair trial under the VI Amendment.

Clinicians who treated Chatman in his early years diagnosed him with rare mental health problems (M.H. April 1, 2014 p 156), and that he had hallucinations back then (R.A. p 239); that he saw the world back then as extremely frightening, and dangerous, and that he was mentally defective which is the lowest 2% of the population (R.A. p 243). In 1991 Boston Public Schools psychologist Mark Hanson opined he had Delusional Paranoid Disorder (M.H. May 13, 2014 p 20-26) and the motion judge questioned Dr Hanson to learn that he had interviewed Chatman 12-24 times and that is his diagnosis is very rare, and unlikely to go away.

Legal Argument:

State prisoners are entitled to relief on habeas corpus only upon proving that their detention violates fundamental liberties of the person, safeguarded by the Federal Constitution, Townsend v Sain 372 US 293 312; 83 S Ct 745 (1963).

The conviction or sentencing of a person charged with a criminal offense while he is legally incompetent violates his rights to Due Process under the XIV AMendment to the United States Constitution...Cooper v Oklahoma 517 US 348 (1996); Godinez v Moran 509 US 390 396 (1993), (a criminal defendant may not be tried unless competent); Drope v Missouri 420 US 162, 171 (1975); Medina v California 505 US 437, 439 (1992), "it is well established that the Due Process Clause of the XIV Amendment prohibits the criminal prosecution of a defendant who is not competent to stand trial.."

Chatman falls under the spread of that Federal umbrella and both a COA should issue and the Writ be fully granted.

As the evidence has been presented, but brushed aside in favor of a 'mail-in' report untested by cross examination (Dr Fife's mail-in testimonial without cross examination) Chatman lacked understanding in reality because of his overarching and pervasive paranoia- a longstanding affliction. This also impaired the jury's function when they evaluate a defendant's behavior, manner, facial expressions, and emotional responses during trial... Riggins v Nevada 504 US 127, 143 (1992) (Kennedy concurring). An incompetent defendant is impaired in all these areas- all exacerbated by Chatman's paranoid delusions about the justice system, his own attorneys, the judge...in some grand conspiracy.

The theory that Chatman's illness waxed and waned lacks evidentiary support and Chatman pleads the last bastion of relief to grant COA and also grant The Writ.

Conclusion:

Chatman is an urban youth grown adult that fell through the cracks in the criminal justice system. It was not until he was convicted of First Degree murder and under the care of prison psychiatrist Marion Smith that an in depth study of his illness and actual treatment was finally afforded. All of the experts who actually had the temerity to testify agreed that Chatman's illness is genuine and that rather than waxing and waning Chatman conceals his illness out of fear.

He pleads this Court do the extraordinary and take up his case and its daunting volumes of trial record, post conviction record, and peripheral papers, appoint counsel... all towards the aim of granted COA and the Writ itself.

Respectfully,

Demond Chatman

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Certificate of Compliance:

Although I am not an attorney I believe I have complied with the rules of the Supreme Court of the United States in the preparation of this petition.

July 10, 2019 DC

Proof of Service:

I Demond Chatman the pro se petitioner hereby certify that I did serve upon Eric Haskell A.A.G..One Ashburton Place Boston, MA 02018 one copy of this petition and peripheral motions:

non conforming petition
in forma pauperis ex parte *
motion to appoint counsel
First Class mail;

Date: _____

signed:

Desmond Chotins

July 10, 2019