

NO. 19-\_\_\_\_\_

**In The  
SUPREME COURT OF THE UNITED STATES**

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**Gary Patrick Lewis,  
*Petitioner,***

**v.**

**Michigan,  
*Respondent.***

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**On Petition for a Writ of Certiorari  
to the Michigan Supreme Court**

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

**ORDER APPOINTING COUNSEL**

**AFFIDAVIT OF INDIGENCY**

**PROOF OF SERVICE**

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ADRIENNE N. YOUNG  
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\*Counsel of Record.

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Petitioner Gary Patrick Lewis, through his appointed counsel, the State Appellate Defender Office (“SADO”), by Assistant Defenders Adrienne N. Young and Jacqueline J. McCann, respectfully asks this Honorable Court for leave to proceed *in forma pauperis* so that he may file the concurrently submitted Petition for Writ of Certiorari with this Court. The state trial court found Mr. Lewis to be indigent and it appointed SADO, Michigan’s state-wide appellate public defender office, to represent Mr. Lewis on appeal following his 2014 convictions. (See attached order of appointment). SADO has continuously represented Mr. Lewis since its appointment. Mr. Lewis remains indigent and has been incarcerated in connection with this matter since 2014. (See Mr. Lewis’s attached affidavit of indigency).

Respectfully submitted,

/s/ Jacqueline J. McCann  
Jacqueline J. McCann\*  
Assistant Defender

Dated: October 11, 2019

\*Counsel of Record.

## Order of Appointment

28132

<b>STATE OF MICHIGAN</b> <b>3rd JUDICIAL CIRCUIT</b> <b>WAYNE COUNTY</b>	<b>CLAIM OF APPEAL AND</b> <b>ORDER APPOINTING COUNSEL</b>	<b>CASE NO. AND SUFFIX</b> <b>14-6454</b> <b>01</b>
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Court Address  
1441 ST. ANTOINE, ROOM 917, DETROIT, MI 48226

Court Phone No.  
(313) 224-6221

<b>People of THE STATE OF MICHIGAN</b>			Date of Birth, Address, Inmate Number (if known)		12/28/1959
<b>V</b>			BAIRD DETENTION		2015001679
Defendant Name, Last			570 CLINTON		
LEWIS	First	Middle	DETROIT, MI 48226		
	GARY	PATRICK			

Offense Information							Terms of Incarceration							Intermediate Sanctions						
Description	PACC Code	H	C	A	S	Y	M	D	Y	M	D	K	P	J	Y	M	D	R	F	O
ARSON/PERSONAL PROPERTY	750.74	4				17			30				X							
ARSON/REAL PROPERTY/SECOND DEGREE	750.731	4				17			30				X							
ARSON/PERSONAL PROPERTY	750.74	4				17			30				X							
ARSON/PERSONAL PROPERTY	750.74	4				17			30				X							
ARSON/PERSONAL PROPERTY	750.74	4				17			30				X							

H=Habitual C=Conspiracy A=Attempt S=Solicitation Y=Year M=Month D=Day K=Consecutive P=Prison J=Jail F=Fine O=Other

The defendant claims an appeal from a final judgment or order entered on 12/23/2014 in the 3rd Circuit Court, WAYNE County, Michigan by Judge LAWRENCE S. TALON 36707. Copies of the final judgment or order being appealed and docket entries are attached for the Court of Appeals, appointed counsel, and Michigan Appellate Assigned Counsel System.

On 01/23/2015, the defendant filed a request for appointment of counsel and a declaration of indigency.

**IT IS ORDERED:**

STATE APPELLATE DEFENDER OFFICE

645 GRISWOLD, PENOBSCOT BLDG., SUITE 3300

Name of Appellate Counsel

Address

DETROIT, MI 48226

313-256-9833

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City, State, ZIP Code

Telephone No.

Bar No.

Is appointed counsel for the defendant in post-conviction proceedings. If appointed counsel can not or will not accept this appointment, he/she shall notify the court immediately. Copies of the final judgment or order being appealed and docket entries are attached for appointed counsel and Michigan Appellate Assigned Counsel System (MAACS).

The court reporter(s)/recorder(s) shall file with the trial court clerk the transcripts checked below and any other transcripts requested by counsel in this case not previously transcribed. Transcripts shall be filed within 28 days for pleas or 91 days for trials from the date ordered or requested [MCR 7.20(B)]. Reporter(s)/recorder(s) shall be paid as provided by law.

Transcripts Ordered	Reporter/Recorder Name	Other Description	Previously		Reporter Number	Date(s) of Proceeding
			Ordered	Filed		
JURY TRIAL	ANNETTE SEGUIN					11/03/2014
JURY TRIAL	ANNETTE SEGUIN					11/05/2014
JURY TRIAL	ANNETTE SEGUIN					11/06/2014
JURY TRIAL	ANNETTE SEGUIN					11/10/2014
JURY TRIAL	ANNETTE SEGUIN					11/11/2014
SENTENCE	ANNETTE SEGUIN					12/01/2014
SENTENCE	ANNETTE SEGUIN					12/02/2014
SENTENCE	ANNETTE SEGUIN					12/12/2014
SENTENCE	ZELDA RELEFORD					12/23/2014

The clerk shall immediately send to counsel a copy of the transcripts ordered above or requested by counsel as they become available. The clerk shall forward documents upon request by counsel [MCR 6.433].

**RECEIVED**

1/27/2015

Date

Robert J. Colombo Jr.

ROBERT J. COLOMBO, JR.  
Judge

25806  
Bar No.

**CERTIFICATE OF MAILING**

I certify that on this date I mailed a copy of this claim of appeal to appointed counsel, defendant, court reporter(s)/recorder(s), prosecutor, Court of Appeals, and the Michigan Appellate Assigned Counsel System (MAACS). I also mailed a copy of the final judgment or order being appealed and the docket entries to appointed counsel, the Court of Appeals, and MAACS. I also mailed a copy of the defendant's request for appointment of counsel to appointed counsel, the prosecutor, and MAACS.

1/27/2015

Date

A. J.

Signature

## Affidavit of Indigency

**AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, GARY P. LEWIS, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>NONE</u>	\$ <u>NOT married</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Self-employment	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Gifts	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Alimony	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Child Support	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Other (specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
			\$
			\$

4. How much cash do you and your spouse have? \$ N/A  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
NONE	NONE	\$ NONE	\$ NONE
		\$	\$
		\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home  
Value N/A

☐ Other real estate  
Value None

☐ Motor Vehicle #1  
Year, make & model None  
Value N/A

☐ Motor Vehicle #2  
Year, make & model None  
Value N/A

☐ Other assets  
Description None  
Value N/A



6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

Amount owed to you

Amount owed to your spouse

NONE

\$ NONE

\$ N/A

7. State the persons who rely on you or your spouse for support.

Name  
N/A

Relationship  
N/A

Age  
N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

Rent or home-mortgage payment  
(include lot rented for mobile home)

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

You

Your spouse

\$ NONE

\$ N/A

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ NONE

\$ N/A

Home maintenance (repairs and upkeep)

\$ NONE

\$ N/A

Food

\$ NONE

\$ N/A

Clothing

\$ NONE

\$ N/A

Laundry and dry-cleaning

\$ NONE

\$ N/A

Medical and dental expenses

\$ NONE

\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>None</u>	\$ <u>N/A</u>
Life	\$ <u>None</u>	\$ <u>N/A</u>
Health	\$ <u>NONE</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>NONE</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>None</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>NONE</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>None</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>None</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>None</u>	\$ <u>N/A</u>
Other (specify): <u>None</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	\$ <u>None</u>	\$ <u>N/A</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes

☒ No

If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? N/A

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes

☒ No

If yes, how much? N/A

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I AM INCARCERATED IN A MICHIGAN STATE PRISON, AND MY FAMILY DON'T EVEN KNOW OR CARE, AND THEY IN MARYLAND. BEFORE MY INCARCERATION I LIVED IN A HOMELESS SHELTER FROM TIME TO TIME. I WORKED 2 DAYS SOMETIME AT A TEMP SERVICE, I HAVE NOTHING.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: JUNE 10, 2019

Darryl P. Keenan  
(Signature)