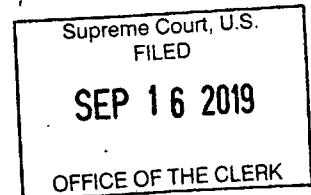


19-8058

ORIGINAL

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES



MAURICE BRACK PETITIONER
(Your Name)

VS.

New Jersey — RESPONDENT(S)

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*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Superior Court of New Jersey, Superior Court of New Jersey Appellate Division, Supreme Court of New Jersey

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____
_____, or

a copy of the order of appointment is appended.

Maurice Brack

(Signature)

STATE OF NEW JERSEY

Rott#100510 SD 82
SUPERIOR COURT OF NEW JERSEY

LAW DIVISION - CRIMINAL
DRAFT COUNTY

v.

MAURICE Brack
Defendant

INDICTMENT #: 08-10-851

CASE OR PROMIS # 080023315-4

**POST-CONVICTION RELIEF ORDER ASSIGNING COUNSEL
AND DESIGNATING JUDGE**

This matter having been opened to the Court by way of a petition for post-conviction relief and a request for assignment of counsel having been made by the defendant, and the Court having been satisfied that this is the defendant's first Petition for Post-Conviction Relief, and having found that the defendant is indigent:

IT IS THEREFORE ORDERED on this 19 day of August, 20 15 in accordance with R. 3:22-6(a) that the Office of the Public Defender, Post-Conviction Relief Unit, Intake Office, 31 Clinton Street, 9th Floor, P.O. Box 46015, Newark, New Jersey 07101 be and hereby is assigned to provide representation to the defendant in this matter. The Office of the Public Defender, Post Conviction Relief Unit shall provide the Court with the name of the attorney assigned within 90 days after receipt of this Order, and

IT IS FURTHER ORDERED that the petition is assigned to the Honorable Scott Moyer for disposition, and

IT IS FURTHER ORDERED that the specific attorney assigned to represent the defendant, shall file an appearance with the assigned judge within 10 days after assignment, acknowledge receipt of this Order and advise the court in that acknowledgment when the matter may be scheduled for a status conference, and

IT IS FURTHER ORDERED that unless an earlier case management conference is held at the request of the defendant's attorney, the assistant prosecutor representing the State and the defendant's attorney shall appear before the assigned judge for a case management conference on Nov 13, 2015 in Courtroom 4B at 1:30 pm On request of either party the court will consider conducting the conference via telephone.

IT IS FURTHER ORDERED that no extension of times set forth in this Order shall be granted unless a written request for such extension is submitted to the Court no less than 20 days prior to the specified date.

Paul Moyer
P.J. Cr.

ORIGINAL: Office of the Public Defender

c: Assigned Judge
Criminal Division Manager's Office
Prosecutor's Office
Defendant

AA 207

**SUPERIOR COURT OF NEW JERSEY
UNION VICINAGE
Union County Courthouse
Two Broad Street
Elizabeth, New Jersey 07207
Phone (908) 659-4690 Fax (908) 659-4695**

**Karen M. Cassidy
Assignment Judge**

Elizabeth Domingo
Trial Court Administrator



**Bernadette A. Fiore, Ph.D.
Criminal Division Manager**

Robert Eppenstein
Assistant Criminal Division Manager

Office of the Public Defender
Post Conviction Relief Unit – Intake Office
31 Clinton Street, 9th Floor, P.O. Box 46015
Newark, N.J. 07101

RE: Post Conviction Relief Petition SBI# 617584 File Date: 7/15/15
Defendant: Barack, Maurice
IND/ACC/PG #: 08-10-00831-I, 18050337-05

The above captioned defendant has submitted a Petition for Post Conviction Relief. In accordance with R. 3:22-6(a) and R. 3:22-6A, the court has determined the following:

1. The defendant is indigent
2. Complete Section 2A or 2B

2A.	<p><input checked="" type="checkbox"/> The petition is cognizable under <u>R. 3:22-2</u> and meets the requirements of <u>R. 3:22-8</u></p> <p>Please be advised that pursuant to <u>R. 3:22-9</u>, <i>within 90 days of assignment</i>, the assigned attorney may file an amended petition or must file a notice that no amended petition is warranted.</p>
OR	
2B.	<p><input type="checkbox"/> The petition is deficient</p> <p><input type="checkbox"/> The petition is not cognizable under <u>R. 3:22-2</u> for the following reasons:</p> <hr/> <p><input type="checkbox"/> The petition does not meet the requirements of <u>R. 3:22-8</u> for the following reasons:</p> <hr/> <hr/>

3. The petition has been filed more than 5 years after the date of the entry of the judgment of conviction on _____.

Please be advised that **within 90 days of date of the Order Assigning Counsel and Reference for Disposition**, the Office of the Public Defender shall file an amended petition alleging facts showing that the delay was due to the defendant's excusable neglect and that there is a reasonable probability that if the defendant's factual assertions were found to be true enforcement of the time bar would result in a fundamental injustice. **R. 3:22-12.** In the absence of an amended petition correcting the deficiencies, the court may dismiss the petition.

4. Attached is an order Assigning Counsel and Reference for Disposition.

Judge

Attachment: Order Assigning Counsel and Reference for Disposition

Original: Office of the Public Defender
Copies: Judge _____ Criminal Division Manager Prosecutors Office Defendant Counsel

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

I, Maurice Brack, 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>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total monthly income:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</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
<u>AZDOC</u>	<u>ASPC EYMAN/SMU#1</u> <u>P.O. Box 4000</u> <u>FLORENCE, AZ 85132</u>	<u>9-24-2018</u> <u>5-2019</u>	<u>\$ 4.00</u> <u>\$ 4.00</u> <u>\$</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$</u> <u>\$</u> <u>\$ N/A</u>

4. How much cash do you and your spouse have? \$ 0
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
<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>

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 N/A

Motor Vehicle #1
Year, make & model N/A
Value N/A Motor Vehicle #2
Year, make & model N/A
Value N/A

Other assets
Description N/A
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

N/A

Amount owed to you

\$ *N/A*

Amount owed to your spouse

\$ *N/A*

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

Name

Relationship

Age

N/A

N/A

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.

You

Your spouse

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

\$ *0*

\$ *0*

Are real estate taxes included? Yes No
Is property insurance included? Yes No

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

\$ *0*

\$ *0*

Home maintenance (repairs and upkeep)

\$ *0*

\$ *0*

Food

\$ *0*

\$ *0*

Clothing

\$ *0*

\$ *0*

Laundry and dry-cleaning

\$ *0*

\$ *0*

Medical and dental expenses

\$ *0*

\$ *0*

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</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? _____

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? _____

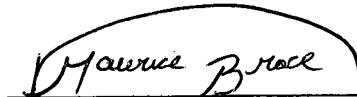
If yes, state the person's name, address, and telephone number:

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

N/A

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

Executed on: September 16, 2019


(Signature)

**Additional material
from this filing is
available in the
Clerk's Office.**