

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Anthony Collymore — PETITIONER
(Your Name)

VS.

State of Connecticut — 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):

Counsel Appointed in Judicial District of
Waterbury, State of Connecticut and on appeal in
Connecticut Appellate and Supreme Courts

☐ 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: C.G.S. § 5-296, or

☒ a copy of the order of appointment is appended.

A. Collymore
(Signature)

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

I, Anthony Collymore 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>100</u>	\$ <u>—</u>	\$ <u>100</u>	\$ <u>—</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>100</u>	\$ <u>0</u>	\$ <u>100</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
Department of Corrections		incarcerated	\$
State of Ct.		since 5/10/2020	\$
			\$

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
No spouse			\$
			\$
			\$

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

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
inmate account	\$	\$
	\$	\$
	\$	\$

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

☒ Home

Value _____

☐ Other real estate

Value _____

☒ Motor Vehicle #1

Year, make & model _____

Value _____

☐ Motor Vehicle #2

Year, make & model _____

Value _____

☒ Other assets

Description _____

Value _____

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
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>0</u>	<u>0</u>	<u>0</u>
<u>0</u>	<u>0</u>	<u>0</u>
<u>0</u>	<u>0</u>	<u>0</u>

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)	\$ <u>0</u>	\$ <u>0</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

	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.

Incarcerated

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.

I have been incarcerated since May 10, 2010 in the custody of the state of Connecticut # 336848

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

Executed on: Friday 5/15, 2020



(Signature)

Michael Campbell
Notary Public

My Commission Expires 4 30 2024

CRCC119

CT DOC - PRODUCTION

OTRTASTA

T R U S T A C C O U N T S T A T E M E N T

10.2.1.4

DOC#: 0000336848 Name: COLLYMORE, ANTHONY T

{Birth_Date}: [REDACTED]

LOCATION: 140-F

ACCOUNT BALANCES Total: 277.39 CURRENT: 277.39 HOLD: 0.00

05/15/2019 05/15/2020

SUB ACCOUNT	START BALANCE	END BALANCE
SPENDABLE BALANCE	238.59	277.39
DISCHARGED SAVINGS		
BONDS		
PLRA	0.00	0.00
HOLIDAY PACKAGES		
COST OF INCARCERATION		
REENTRY ID		

DEBTS AND OBLIGATIONS

TYPE	PAYABLE	INFO NUMBER	AMOUNT OWING	AMOUNT PAID	WRITE OFF AMT.
OSIC	MED SIC OBLIGATION	137-05/13/16	0.00	3.00	0.00
OSIC	MED SIC OBLIGATION	137-07/10/15	0.00	3.00	0.00
ODEN	MED DEN OBLIGATION	137-12/22/14	0.00	3.00	0.00
ODEN	MED DEN OBLIGATION	137-03/11/15	0.00	3.00	0.00
OSIC	MED SIC OBLIGATION	112-04/01/08	0.00	3.00	0.00
OPOS	POSTAGE	111 - 05/10/	0.00	3.71	0.00

TRANSACTION DESCRIPTIONS --

SPENDABLE BALANCE SUB-ACCOUNT

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
05/20/2019	JP_TXN	JPINTERF: TXN_TRACE 101093044, TXN_DATE 05/20/2019, NET_AMOUNT 10000,	100.00	338.59
05/24/2019	CRS	CRS SAL ORD #13561389 D1	(61.52)	277.07
05/24/2019	CRS	CRS SAL ORD #13562146D1	(5.05)	272.02
05/31/2019	CRS	CRS SAL ORD #13570568 D1	(53.85)	218.17
06/07/2019	CRS	CRS SAL ORD #13581150 D1	(21.90)	196.27
06/18/2019	WPOS	Postage 137	(8.75)	187.52
06/21/2019	CRS	CRS SAL ORD #13600463 D1	(51.80)	135.72
06/24/2019	WCOP	Copies 137	(4.50)	131.22
06/26/2019	CSR	CSR SAL ORD #13600463	1.38	132.60
06/28/2019	CRS	CRS SAL ORD #13610224 D1	(49.53)	83.07
07/01/2019	JP_TXN	JPINTERF: TXN_TRACE 102770583, TXN_DATE 07/01/2019, NET_AMOUNT 4500, A	45.00	128.07
07/05/2019	CRS	CRS SAL ORD #13619270 D1	(14.22)	113.85
07/12/2019	CRS	CRS SAL ORD #13629127 D1	(21.70)	92.15
07/12/2019	CRS	CRS SAL ORD #13629885D1	(5.05)	87.10
07/15/2019	CRS	CRS SAL ORD #13631518D1	(18.39)	68.71
07/19/2019	CRS	CRS SAL ORD #13639356 D1	(37.39)	31.32
07/22/2019	WCOP	Copies 137	(1.50)	29.82
07/26/2019	CRS	CRS SAL ORD #13648662 D1	(21.60)	8.22
08/02/2019	CRS	CRS SAL ORD #13657612 D1	(7.21)	1.01
08/02/2019	WCOP	Copies 137	(1.00)	0.01
08/21/2019	JP_TXN	JPINTERF: TXN_TRACE 104830182,	30.00	30.01

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OTRTASTA

T R U S T A C C O U N T S T A T E M E N T

0.2.1.4

DOC#: 0000336848 Name: COLLYMORE, ANTHONY T

{Birth_Date}: [REDACTED]

LOCATION: 140-F

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
		TXN_DATE 08/21/2019, NET_AMOUNT 3000, A		
08/23/2019	CRS	CRS SAL ORD #13687536 D1	(17.42)	12.59
08/23/2019	CRS	CRS SAL ORD #13688599D1	(5.05)	7.54
08/30/2019	CRS	CRS SAL ORD #13697268 D1	(6.70)	0.84
09/04/2019	JP_TXN	JPINTERF: TXN_TRACE 105420553, TXN_DATE 09/04/2019, NET_AMOUNT 4000, A	40.00	40.84
09/04/2019	TP_TXN	TPINTERF: TXN_TRACE 55562322, TXN_DATE 09/04/2019, NET_AMOUNT 2000, AG	20.00	60.84
09/06/2019	CRS	CRS SAL ORD #13706572 D1	(51.15)	9.69
09/12/2019	WCOP	Copies 137	(2.50)	7.19
09/13/2019	CRS	CRS SAL ORD #13715344 D1	(6.01)	1.18
09/16/2019	DMR	Mail Receipts 137	20.00	21.18
09/20/2019	CRS	CRS SAL ORD #13724966 D1	(20.08)	1.10
10/03/2019	JP_TXN	JPINTERF: TXN_TRACE 106567157, TXN_DATE 10/03/2019, NET_AMOUNT 5000, A	50.00	51.10
10/04/2019	CRS	CRS SAL ORD #13744535 D1	(37.47)	13.63
10/18/2019	CRS	CRS SAL ORD #13763180 D1	(12.32)	1.31
10/20/2019	JP_TXN	JPINTERF: TXN_TRACE 107267454, TXN_DATE 10/20/2019, NET_AMOUNT 4500, A	45.00	46.31
10/22/2019	JP_TXN	JPINTERF: TXN_TRACE 107351784, TXN_DATE 10/22/2019, NET_AMOUNT 4000, A	40.00	86.31
10/25/2019	CRS	CRS SAL ORD #13771249 D1	(67.51)	18.80
10/25/2019	CRS	CRS SAL ORD #13771623D1	(5.05)	13.75
11/01/2019	CRS	CRS SAL ORD #13779861 D1	(8.75)	5.00
11/04/2019	JP_TXN	JPINTERF: TXN_TRACE 107885188, TXN_DATE 11/04/2019, NET_AMOUNT 15000, A	150.00	155.00
11/08/2019	CRS	CRS SAL ORD #13790300 D1	(84.66)	70.34
11/22/2019	CRS	CRS SAL ORD #13807597 D1	(53.86)	16.48
11/29/2019	CRS	CRS SAL ORD #13817365 D1	(2.78)	13.70
11/29/2019	CSR	CSR SAL ORD #13807597	0.58	14.28
12/05/2019	WFMS	Med Sick Fee 137 112019	(3.00)	11.28
12/06/2019	CRS	CRS SAL ORD #13825707 D1	(8.91)	2.37
12/18/2019	CRS	CRS SAL ORD #13840338 D3	(2.34)	0.03
12/20/2019	CSR	CSR SAL ORD #13825707	8.91	8.94
12/24/2019	CRS	CRS SAL ORD #13849382 D3	(5.30)	3.64
12/27/2019	JP_TXN	JPINTERF: TXN_TRACE 110066775, TXN_DATE 12/27/2019, NET_AMOUNT 30000, A	300.00	303.64
12/31/2019	CRS	CRS SAL ORD #13856794D3	(5.05)	298.59
12/31/2019	CRS	CRS SAL ORD #13857532 D3	(78.19)	220.40
01/07/2020	CRS	CRS SAL ORD #13866166D3	(5.05)	215.35
01/07/2020	CRS	CRS SAL ORD #13866586 D3	(72.93)	142.42
01/15/2020	CRS	CRS SAL ORD #13876234 D3	(74.90)	67.52

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10.2.1.4

DOC#: 0000336848 Name: COLLYMORE, ANTHONY T

[Birth_Date]: [REDACTED]

LOCATION: 140-F

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
01/30/2020	CRS	CRS SAL ORD #13895354 D3	(44.96)	22.56
01/30/2020	CSR	CSR SAL ORD #13876234	0.89	23.45
02/05/2020	WPOS	Postage 140	(7.50)	15.95
02/05/2020	CRS	CRS SAL ORD #13905229 D3	(5.27)	10.68
02/10/2020	CRS	CRS SAL ORD #13911689 D3	(8.50)	2.18
02/12/2020	JP_TXN	JPINTERF: TXN_TRACE 111960731, TXN_DATE 02/12/2020, NET_AMOUNT 5500, A	55.00	57.18
02/18/2020	CRS	CRS SAL ORD #13920362 D3	(55.48)	1.70
03/01/2020	JP_TXN	JPINTERF: TXN_TRACE 112750448, TXN_DATE 03/01/2020, NET_AMOUNT 3500, A	35.00	36.70
03/01/2020	JP_TXN	JPINTERF: TXN_TRACE 112750465, TXN_DATE 03/01/2020, NET_AMOUNT 4000, A	40.00	76.70
03/02/2020	DMR	Mail Receipts 140	50.00	126.70
03/03/2020	CRS	CRS SAL ORD #13939417D3	(5.05)	121.65
03/03/2020	CRS	CRS SAL ORD #13939881 D3	(71.65)	50.00
03/16/2020	CRS	CRS SAL ORD #13958444 D3	(33.55)	16.45
03/18/2020	WPOS	Postage 140	(2.80)	13.65
03/25/2020	CRS	CRS SAL ORD #13971331 D3	(13.29)	0.36
03/30/2020	CRS	CRS SAL ORD #13978099 D3	(0.19)	0.17
03/31/2020	JP_TXN	JPINTERF: TXN_TRACE 114143625, TXN_DATE 03/31/2020, NET_AMOUNT 28000,	280.00	280.17
04/07/2020	CRS	CRS SAL ORD #13987281D3	(5.05)	275.12
04/07/2020	CRS	CRS SAL ORD #13987795 D3	(71.28)	203.84
04/13/2020	DMR	Mail Receipts 140	60.00	263.84
04/14/2020	CRS	CRS SAL ORD #13996609 D3	(71.02)	192.82
04/22/2020	CRS	CRS SAL ORD #14007286 D3	(72.39)	120.43
04/22/2020	JP_TXN	JPINTERF: TXN_TRACE 115235046, TXN_DATE 04/22/2020, NET_AMOUNT 27500,	275.00	395.43
04/28/2020	CRS	CRS SAL ORD #14014170D3	(14.45)	380.98
04/28/2020	CRS	CRS SAL ORD #14014623 D3	(22.90)	358.08
04/29/2020	CRS	CRS SAL ORD #14016556D3	(67.74)	290.34
04/30/2020	CSR	CSR SAL ORD #13996609	3.35	293.69
05/04/2020	CRS	CRS SAL ORD #14021859 D3	(35.83)	257.86
05/12/2020	CRS	CRS SAL ORD #14032522 D3	(21.70)	236.16
05/13/2020	CSR	CSR SAL ORD #14014623	1.18	237.34
05/14/2020	DMR	Mail Receipts 140	60.00	297.34
05/15/2020	WSR	Special Request - 140	(19.95)	277.39

TRANSACTION DESCRIPTIONS --

DISCHARGED SUB-ACCOUNT
SAVINGS

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
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TRANSACTION DESCRIPTIONS --

BONDS SUB-ACCOUNT

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
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TRANSACTION DESCRIPTIONS --

PLRA SUB-ACCOUNT

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T R U S T A C C O U N T S T A T E M E N T

10.2.1.4

DOC#: 0000336848 Name: COLLYMORE, ANTHONY T

[Birth_Date]:

LOCATION: 140-F

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
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		TRANSACTION DESCRIPTIONS --	HOLIDAY PACKAGES SUB-ACCOUNT	
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DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
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		TRANSACTION DESCRIPTIONS --	COST OF SUB-ACCOUNT INCARCERATION	
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DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
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		TRANSACTION DESCRIPTIONS --	REENTRY ID SUB-ACCOUNT	
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DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
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APPEAL - CRIMINAL

JD-SC-29 Rev. 12-09
P.B. §§ 3-8, 62-7, 62-8, 63-3, 63-4
C.G.S. §§ 51-197f, 52-470

(Page 1 of 2)

See Instructions on Back/page 2

☒ To Supreme Court ☐ To Appellate Court

Name of case

State of Connecticut v. Anthony Collymore

Classification

☒ Appeal

☐ Cross appeal

☐ Joint appeal

☐ Amended appeal

☐ Stipulation for reservation

☐ Corrected/amended appeal form

Other (Specify)

Tried to

☐ Court

☒ Jury

☐ Magistrate

Trial court location

400 Grand Street, Waterbury, CT, 06702

Trial court judges being appealed

Cremins

List all trial court docket numbers, including all location prefixes

All other trial court judge(s) who were involved with the case

Prescott, Fasano, Damiani, Crawford

UWY-CR11-0397596-T

Judgment for

☒ State of Connecticut

☐ Defendant

Trial Court History

Judgment date of decision being appealed

5/16/13

Date of issuance of notice on any order on any motion which would render judgment ineffective

Case type

☐ Infraction

☐ Juvenile

☒ Felony/Misdemeanor

☐ Other (Specify)

Appeal filed by

☐ State of Connecticut

☒ Defendant

Anthony Collymore

☐ Other

From (the action which constitutes the final judgment):

Judgments of conviction

(C.G.S. Sec. 53a-54c; 53a-134(a)(2); 53a-134; 53a-217)

Appeal

If this appeal is taken by the State of Connecticut, give name of Judge granting permission to appeal and date of order

If to the Supreme Court, the statutory basis for the appeal (Connecticut General Statutes section 51-199)

C.G.S. Sec. 51-199

By (Signature of attorney or self-represented party)

Telephone number

203-230-3357

Fax number

203-230-3361

Juris number (if applicable)

102778

Type name and address of person signing above (This is your appearance; see Practice Book section 62-8)

Office of Chief Public Defender, 2911 Dixwell Ave, 4th Fl, Hamden, CT 06518

E-mail address

martin.zeldis@jud.ct.gov

Appearance

"X" one if applicable

☐ Counsel or self-represented party who files this appeal will be deemed to have appeared in addition to counsel of record who appeared in the trial court under Practice Book section 62-8.

☒ Under Practice Book section § 3-8, counsel or self-represented party who files this appeal is appearing in place of:

Name of counsel or self-represented party

Donald J. O'Brien

Juris number (if applicable)

302867

Certification (Practice Book section 63-3)

I certify that a copy of this appeal was mailed or delivered to all counsel and self-represented parties of record as required by Practice Book section 62-7 on: 7/11/13

Signed (individual counsel or self-represented party)

* Attach a list with the name, telephone number and fax number of each counsel and self-represented party and the address where the copy was mailed or delivered.

To Be Completed By Trial Court Clerk

☐ Entry Fee Paid

☐ No Fees Required

☒ Fees, Costs, and Security waived by Judge

(enter judge's name below)

Judge

Hon. Roland D. Fasano

Date waived

June 26, 2013

Signed (Clerk of trial court)

[Signature]

Date

7/16/13

The clerk of the original trial court, if different from this court, was notified on _____ that this appeal was filed.

A copy of this endorsed appeal was provided to the Office of the Chief State's Attorney, Appellate Bureau, on 7/16/13

For Appellate Clerk's Office Use Only

Documents to be given to the Appellate Clerk with the endorsed Appeal form

The following documents must be filed with the Appellate Clerk when filing the endorsed appeal form; Practice Book section 63-4.

1. Preliminary Statement of the Issues
2. Preliminary Designation of Pleadings
3. Court Reporter's Acknowledgment/Certification re transcript
4. Docketing Statement

5. Constitutionality Notice (if applicable)

6. Sealing Order form, if any

Certification

I certify that a copy of the endorsed appeal and all documents to be given to the Appellate Clerk with the endorsed Appeal form were mailed or delivered to all counsel and self-represented parties of record as required by Practice Book section 63-3 on:

Signed (individual counsel or self-represented party)

* Attach a list with the name, telephone number and fax number of each counsel and self-represented party and the address at which the copy was mailed or delivered.

APPLICATION FOR WAIVER OF
FEES, COSTS AND EXPENSES AND
APPOINTMENT OF COUNSEL ON APPEAL

JD-CR-73 Rev. 7-10
C.G.S. § 52-259b; P.B. §§ 63-1, 63-5, 63-6, 63-7, 60-1

STATE OF CONNECTICUT
SUPERIOR COURT

www.jud.ct.gov
SUPERIOR COURT JD/GA
400 GRAND ST.
WATERBURY, CT 06702

FOR COURT USE ONLY

- ☒ **Appeal From Judgment of Conviction**
Notice - Unless the court extends the time limit, this application must be completed, signed and filed with the clerk of the Superior Court named below within twenty (20) days from the Date of Judgment. (Show date below.)

Date of Judgment

5-16-13

- 2013 MAY 29 5 12 21 PM
☐ **Appeal From Decision in Habeas Corpus Notice**
Unless the court extends the time limit, this application must be completed, signed and filed with the clerk of the Superior Court named below within twenty (20) days from the date the notice was issued of the ruling on your request for certification to appeal. (Show date below.)

Date Notice Issued (Granting your request for certification)

Instructions ➔ To Applicant: Fill out this form and make 2 copies. File the original and 1 copy with the clerk. Keep 1 copy for your records. Notice: You must sign this form under oath.
To Clerk: Stamp form on filing. File original as a pending matter and give one copy to the Public Defender's Office. Judicial Authority is to assign for hearing within 20 days after filing. Forward written notice of hearing to (1) trial counsel or applicant, if self-represented, (2) Public Defender's Office to which application was sent, and (3) Chief of Legal Services, Public Defender's Office.

Name and Address of Court

Waterbury Superior 400 Grand Street, Waterbury, CT

Docket Number

CR11-397596

Name of Case

State v. Anthony Collimore

1. I cannot pay the fees, costs and expenses of an appeal (I am indigent), and I cannot afford to hire an attorney.
2. The grounds on which I propose to appeal are:

- The court erred in refusing to allow cross-examination of state witnesses concerning their prior bad acts.
- The defendant was denied his 6th Amendment right of confrontation when the court allowed the state to introduce prior inconsistent statements through a court reporter without first confronting the witness with the prior inconsistent statement.
- all other issues a review of the trial transcript reveals.

(If more space is needed, attach an affidavit (a sworn statement) saying the grounds on which you propose to appeal.)

3. The facts about my financial status are:

I am a sentenced prisoner without any funds to finance an appeal.

(If more space is needed, attach an affidavit (a sworn statement) saying the facts about your financial status.)

THEREFORE, I ask that the court (1) waive the payment by me of (not require that I pay) the fees specified by statute, taxable costs, and the furnishing of security for costs upon appeal, if security has been ordered under section 63-5 of the Connecticut Practice Book; (2) appoint counsel to represent me in my appeal without expense to me and permit the withdrawal of the trial attorney's appearance, if any; and (3) order that the necessary expenses of prosecuting the appeal be paid by the state, Sections 63-6 and 63-7 of the Connecticut Practice Book.

Applicant's Signature

Anthony Collimore

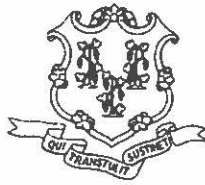
Subscribed and Sworn To Before Me On

(Date) 5-16-13

Signed (Notary Public/Commissioner of the Superior Court)

[Signature]

(Continued...)



State of Connecticut
OFFICE OF CHIEF PUBLIC DEFENDER

30 TRINITY STREET – 4TH FLOOR
HARTFORD, CONNECTICUT 06106
TEL: 860-509-6486
FAX: 860-509-6498

ATTORNEY ALIX C. WALMSLEY
DIRECTOR OF ASSIGNED COUNSEL

July 16, 2020

To Clerk of Supreme Court:

I am writing in reference to Anthony Collymore. This letter should serve as official notice that Attorney Sue Hankins has a current assigned counsel contract with this office, as an independent contractor, to provide legal representation to indigent clients assigned to (him). In addition, Sue Hankins is in good standing with this office. In particular, State v. Collymore SC 17019868 is a case assigned through the Office of Chief Public Defender/Division of Public Defender Services, a state agency, and as such, all fees and costs should be waived.

A public agency is statutorily required to waive fees when, according to Conn. Gen. Stat. Section 1-212 (B)(c)(1):

“the person requesting the records is an indigent individual.”

And also Section B(c)(5):

“The person requesting the records is a member of the Division of Public Defender Services or an attorney appointed by the court as a Division of Public Defender Services assigned counsel under section 51-296 and such member or attorney certifies that the record pertains to the member’s or attorney’s duties.”

Please note: the waiver applies to, but is not limited to, costs associated with police reports and associated materials (except for \$16 search fee per Section 29-10b), requests made pursuant to Connecticut’s freedom of information laws, criminal history record fees, and the “For The Record” transcript recordings provided to counsel when requested, by the Office of the Court Reporter.

Sincerely,

Alix C. Walmsley
Director of Assigned Counsel