

No. _____

IN THE

SUPREME COURT OF THE UNITED STATES

JONATHAN LIMARY, PETITIONER

V.

STATE OF MAINE, RESPONDENT

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

The petitioner, Jonathan Limary, asks leave to file the attached Petition for a Writ of Certiorari to the United States Supreme Court without prepayment of costs and to proceed *in forma pauperis* pursuant to Rule 39. The petitioner was found indigent by the Aroostook County Superior Court, Caribou, Maine, and counsel was appointed. *See* attached order. The Petitioner remained indigent through his appeal to the Maine Supreme Court on the matter now sought for review. Petitioner is currently incarcerated and otherwise financially unable to retain counsel or afford the cost of filing this petition. Undersigned counsel is representing Mr. Limary pro bono.

DATED this 31st day of August, 2020.

/s/Hunter J. Tzovarras
Hunter J. Tzovarras
Counsel for Petitioner
88 Hammond Street, Ste 321
Bangor, Maine 04401
(207)941-8443
hunter@bangorlegal.com

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Motion for Leave to Proceed in Forma Pauperis, has this date been sent by email and first class mail, postage prepaid, to counsel for the State as follows:

By e-mail to: Robert.Ellis@maine.gov

By regular mail to: Robert J. Ellis, Jr. AAG
OFFICE OF THE ATTORNEY GENERAL
6 State House Station
Augusta, ME 04333-0006

DATED this 31st day of August, 2020.

/s/Hunter J. Tzovarras
Hunter J. Tzovarras
Counsel for Petitioner
88 Hammond Street, Ste 321
Bangor, Maine 04401
(207)941-8443
hunter@bangorlegal.com

☐ Superior Court
☐ District Court

County: AKD
 Location: PDJC
 Docket No.: CR-18-40697

STATE OF MAINE/

vs.

JONATHAN LIMARY
 Defendant/Juvenile

MOTION AND AFFIDAVIT FOR
ASSIGNMENT OF COUNSEL

I am requesting the Court to assign an attorney at public expense, based on the following accurate information.

Name of person whose financial information appears on this affidavit: JONATHAN LIMARY

☒ Single ☐ Married ☐ Divorced ☐ Widowed

Mailing address (if PO Box, also list physical address): 358 WASHBURN ST.CARBOON, ME 04736Date of Birth: 8/15/03 Telephone number (working with voice mail) _____ Message number _____I live ☒ Alone ☐ I live with ☐ Spouse/Significant Other ☐ Parents ☐ Friends ☐ other _____I have: _____ children Age(s): _____ ☐ who live me ☐ for whom I pay child support of \$ _____per _____ I am current on my child support: ☐ Yes ☐ NoINCOME: Salary / Gross Income: \$ _____ per ☐ Year ☐ Month ☐ Week or hourly wage \$ _____ and number of hours _____I receive: ☐ Social Security \$ _____ ☐ Unemployment \$ _____ ☐ TANF \$ _____☐ Alimony/ Child Support \$ _____ ☐ Food Stamps \$ _____ ☐ Maine Care/Housing/WIC _____Employer: NORTHWEST PACKAGING how long have you worked here? _____

If unemployed, last date employed: _____ Place of employment: _____

Taxes: Last filed: _____ ☐ Refund paid to me _____ ☐ Refund taken by State of Maine _____ASSETS: Cash bail posted (1st party) in this case or any other case \$ 5500Cash on hand or at home \$ 0 Cash in the bank \$ 0 Money owed to you \$ _____

Name of bank/FCU: _____ Stocks/Bonds/401K/403B/Pensions: _____

Property worth more than \$250 (include property owned alone or with other people): Home and land \$ _____

Amount owed on property \$ _____

Vehicle(s) YR/Make Model _____ Amount Financed \$ _____

Recreational Vehicle(s)/ ATV/boat/snowmobile (YR/make /model): _____

Other (personal-TV/computer/electronics etc): _____

EXPENSES: (Monthly)

Mortgage/Rent FREE Cable/Internet ✓ Loan (student) _____ Atty. Fees _____Food PANTRY Heat ENC Loan (personal) _____ RX _____

Cell Phone _____ Car Insurance _____ Prop. Taxes _____ Other _____

Utilities ENC Credit Card _____ Court fees/Fines _____ Other _____

Renter/home Owners insurance _____ Total Expenses: \$ _____

I acknowledge that disclosure of my Social Security account number is mandatory under 36 M.R.S. §5276-A. My Social Security account number may be used to facilitate the collection of money that I may owe the State of Maine as a result of having had an attorney assigned to represent me if it is later determined that I am to be responsible for all or part of the attorney fees and costs.

FAMILY HELP
with exp.

SSN Number Disclosure Required on separate form

net

The undersigned furnishes the above information to support the request for assignment of counsel. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution. I also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my employment or other financial circumstances. I also understand that further investigation may be conducted to verify the information I have provided, and I agree, as a condition of my continued eligibility to be represented by assigned counsel, to cooperate with any such investigation, including providing documents or authorizations to release information requested by the court or by the Maine Commission on Indigent Legal Services.

Date: 9/18/18

I Recommend
Indigent

Att'y:
A. SWANSON
 Subscribed and sworn to before me,

Signature of Applicant

Notary, Clerk, Attorney, Judge/Justice

STATE OF MAINE

- ☒ Unified Criminal Docket
☐ Superior Court
☐ District Court

County: ARL
Location: ALX
Docket No: 18-40697

STATE OF MAINE/_____

v.
JONATHAN LIMARX
Defendant/Respondent

ORDER ON MOTION
FOR COURT APPOINTED COUNSEL

Defendant/Respondent is charged with a ☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E
☐ JV offense ☐ Probation Violation ☐ Post-Conviction Review ☐ Child Protection Petition

☐ Based upon the information provided by the attorney for the State, Motion for Assignment of Counsel is DENIED because there is NO RISK OF JAIL on this Class D or Class E charge.

☐ Based upon the information contained in defendant/respondent's financial affidavit, the Motion for Assignment of Counsel is DENIED because the Defendant is not indigent.

☒ Based upon the information contained in defendant/respondent's financial affidavit, Motion for Assignment of Counsel is GRANTED. Attorney A. Swanson is appointed to represent defendant.

☐ Based upon the information contained in defendant/respondent's financial affidavit, Motion for Assignment of Counsel is GRANTED. Attorney _____ is appointed to represent defendant. Defendant/respondent is found to be **partially indigent**, and is hereby ordered to pay towards attorney fees as follows:
\$ _____ per ☐ week ☐ month up to a total of \$ _____, starting _____.

Until this obligation is paid in full, Defendant/Respondent is ordered to notify the court Clerk's Office of any change of address, even if the case is otherwise complete. Failure to comply with this order to make payment may result (1) in the loss of your eligibility to be represented by assigned counsel, and (2) the suspension of your driver's license or other licenses you hold.

Any first-party bail may be applied to offset counsel fees.

Any State of Maine income tax refund is subject to garnishment to offset past due counsel fees.

The defendant/respondent is ordered to update their financial affidavit within 5 business days of any change of financial circumstances, including but not limited to, any change of employment status. This Order may be vacated if defendant fails to follow this Order, or if the Court determines that the information provided by defendant/respondent on their financial affidavit is inaccurate.

Date: 9/10/18

[Signature]
Judge/Justice