

Case # _____

IN THE SUPREME COURT OF THE UNITED STATES

LARRY WILKERSON,

Petitioner;

v.

UNITED STATES OF AMERICA,

Respondent

:
:
:
:
:
:
:
:
:
:

**On Petition for Writ of Certiorari to the
United States Court of Appeals for the District of Columbia**

MOTION TO PROCEED IN FORMA PAUPERIS

Sebastian K.D. Graber, Esq.
904 Sedgefield Street
Durham, NC 27705
skdgesq@gmail.com
540-226-9987

Counsel of Record

Petitioner, Larry Wilkerson, through undersigned counsel, moves this Court, pursuant to Rule 39 of the Rules of the Supreme Court of the United States, to proceed *in forma pauperis*. In support of this motion, counsel submits that on May 7, 2010, counsel was appointed to represent petitioner in the United States Court of Appeals for the District of Columbia pursuant to the Criminal Justice Act, 18 U.S.C. § 3006A *et seq.*, as well as 18 U.S.C. § 3599 and 18 U.S.C. § 3005. A copy of counsel's appointment order is attached. Petitioner also was allowed to proceed *in forma pauperis* in the United States District Court for the District of Columbia and was appointed counsel in that court pursuant to 18 U.S.C. § 3599 and 18 U.S.C. § 3006A.

The petitioner is incarcerated and his *in forma pauperis* status remains the same.

Respectfully submitted,

_____/s/
Sebastian K.D. Graber, Esq.
904 Sedgefield Street
Durham, N.C. 27705
(540) 226-9987
skdgesq@gmail.com

Counsel for Petitioner Larry Wilkerson
Appointed by the U.S. Court of Appeals
For the D.C. Circuit

CERTIFICATE OF SERVICE

I hereby certify that on this 5th day of March, 2021, a true copy of Petitioner Larry Wilkerson's Motion to Proceed In Forma Pauperis was mailed, along with the Petition for a Writ of Certiorari, postage prepaid, through first class mail or priority mail by the United States Postal Service, to Ms. Elizabeth Prelogar, Acting Solicitor General of the United States, Office of the Solicitor General, U.S. Department of Justice, Room 5616, 950 Pennsylvania Avenue, N.W., Washington, D.C. 20530.

Respectfully submitted,

/s/

Sebastian K.D. Graber, Esq.
904 Sedgefield Street
Durham, NC 27705
540-226-9987
skdgesq@gmail.com

Counsel for Appellant
Appointed by the D.C. Circuit

CJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE DCC		2. PERSON REPRESENTED Wilkerson, Larry		VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:00-000157-015	5. APPEALS DKT./DEF. NUMBER X:10-003037-		6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. v. Larry Wilkerson		8. TYPE PERSON REPRESENTED Appellant		9. REPRESENTATION TYPE Federal Capital Prosecution				
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.								
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Graber, Sebastian K. D. P. O. Box 189 Wolfstown VA 22748 Telephone Number: (540) 948-5503			12. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order. <i>Salina Crisp</i> _____ Signature of Presiding Judicial Officer or By Order of the Court 05/07/2010 _____ Date of Order Nunc Pro Tunc Date (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO					
						13. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)		
CLAIM FOR SERVICES AND EXPENSES								
14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.								
<table style="width:100%; border: none;"> <tr> <td style="width:33%; vertical-align: top;"> CAPITAL PROSECUTION a. <input type="checkbox"/> Pre-Trial c. <input type="checkbox"/> Appeal b. <input type="checkbox"/> Trial d. <input type="checkbox"/> Petition for the U.S. Supreme Court e. <input type="checkbox"/> Sentencing f. <input type="checkbox"/> Writ of Certiorari g. <input type="checkbox"/> Other Post Trial h. <input type="checkbox"/> Writ of Certiorari </td> <td style="width:33%; vertical-align: top;"> HABEAS CORPUS i. <input type="checkbox"/> Habeas Petition k. <input type="checkbox"/> Petition for the U.S. Supreme Court j. <input type="checkbox"/> Evidentiary Hearing l. <input type="checkbox"/> Writ of Certiorari m. <input type="checkbox"/> Dispositive Motions n. <input type="checkbox"/> Appeal </td> <td style="width:33%; vertical-align: top;"> OTHER PROCEEDING o. <input type="checkbox"/> Stay of Execution p. <input type="checkbox"/> Appeal of Denial of Stay q. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay r. <input type="checkbox"/> Other </td> </tr> </table>						CAPITAL PROSECUTION a. <input type="checkbox"/> Pre-Trial c. <input type="checkbox"/> Appeal b. <input type="checkbox"/> Trial d. <input type="checkbox"/> Petition for the U.S. Supreme Court e. <input type="checkbox"/> Sentencing f. <input type="checkbox"/> Writ of Certiorari g. <input type="checkbox"/> Other Post Trial h. <input type="checkbox"/> Writ of Certiorari	HABEAS CORPUS i. <input type="checkbox"/> Habeas Petition k. <input type="checkbox"/> Petition for the U.S. Supreme Court j. <input type="checkbox"/> Evidentiary Hearing l. <input type="checkbox"/> Writ of Certiorari m. <input type="checkbox"/> Dispositive Motions n. <input type="checkbox"/> Appeal	OTHER PROCEEDING o. <input type="checkbox"/> Stay of Execution p. <input type="checkbox"/> Appeal of Denial of Stay q. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay r. <input type="checkbox"/> Other
CAPITAL PROSECUTION a. <input type="checkbox"/> Pre-Trial c. <input type="checkbox"/> Appeal b. <input type="checkbox"/> Trial d. <input type="checkbox"/> Petition for the U.S. Supreme Court e. <input type="checkbox"/> Sentencing f. <input type="checkbox"/> Writ of Certiorari g. <input type="checkbox"/> Other Post Trial h. <input type="checkbox"/> Writ of Certiorari	HABEAS CORPUS i. <input type="checkbox"/> Habeas Petition k. <input type="checkbox"/> Petition for the U.S. Supreme Court j. <input type="checkbox"/> Evidentiary Hearing l. <input type="checkbox"/> Writ of Certiorari m. <input type="checkbox"/> Dispositive Motions n. <input type="checkbox"/> Appeal	OTHER PROCEEDING o. <input type="checkbox"/> Stay of Execution p. <input type="checkbox"/> Appeal of Denial of Stay q. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay r. <input type="checkbox"/> Other						
HOURS AND COMPENSATION CLAIMED			FOR COURT USE ONLY					
15. CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW			
a. In-Court Hearings (Rate per Hour = \$)				IN COURT TOTAL (Category a)	IN COURT TOTAL (Category a)			
b. Interviews and Conferences with Client								
c. Witness Interviews								
d. Consultation with Investigators and Experts								
e. Obtaining and Reviewing the Court Record								
f. Obtaining and Reviewing Documents and Evidence								
g. Consulting with Expert Counsel				OUT OF COURT TOTAL (Categories b - j)	OUT OF COURT TOTAL (Categories b - j)			
h. Legal Research and Writing								
i. Travel								
j. Other (Specify on additional sheets)								
Totals: Categories b thru j (Rate per hour = \$)								
CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates)								
16. Travel Expenses (lodging, parking, meals, mileage, etc.)								
17. Other Expenses (other than expert, transcripts, etc.)								
GRAND TOTALS (CLAIMED AND ADJUSTED):								
18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20. CASE DISPOSITION			
21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____								
APPROVED FOR PAYMENT -- COURT USE ONLY								
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED				
27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	27a. JUDGE CODE				