

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Samuel L. Woody — PETITIONER
(Your Name)

VS.

State of 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 Middlesex County

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: _____

a copy of the order of appointment is appended.

Samuel L. Woody
(Signature)

RECEIVED
DEC - 2 2020
OFFICE OF THE CLERK SUPREME COURT, U.S.

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JUL 27 2020
OFFICE OF THE CLERK SUPREME COURT, U.S.

STATE OF NEW JERSEY

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - CRIMINAL
MIDDLESEX COUNTY

Samuel Woody
Defendant

IND/ACC # 12-06-0497-Z
CASE OR PROMIS 13001721-001

**POST-CONVICTION RELIEF ORDER ASSIGNING COUNSEL AND
REFERENCE FOR DISPOSITION**

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 petitioner, and the Court, being 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 _____, 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 Alberto Rivas

IT IS FURTHER ORDERED that the specific attorney assigned to represent the defendant, shall file an appearance with Judge Rivas within 10 days after assignment, and acknowledge receipt of this order and advise the court in that acknowledgement 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, then the assistant prosecutor representing the State and the defendant's attorney shall appear before Judge Rivas for a case management conference on November 27, 2017 The conference will be held in courtroom 508 at 9:00AM for further scheduling in this matter. 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.

Judge Michael A. Toto, P.J. Cr.

ORIGINAL: Office of the Public Defender
c: Judge Rivas, J.S.C.
Criminal Division Manager's Office
Prosecutor's Office
Defendant

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

I, Samuel L. Woody, 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	\$ 0	\$ _____	\$ 0	\$ _____ N/A
Self-employment	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Income from real property (such as rental income)	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Interest and dividends	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Gifts	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Alimony	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Child Support	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Unemployment payments	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Public-assistance (such as welfare)	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Other (specify): _____	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A
Total monthly income:	\$ 0	\$ _____ N/A	\$ 0	\$ _____ N/A

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	\$ 0
			\$
			\$

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? \$ 0 Single

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
Checking	\$ 0	\$ N/A
	\$	\$
	\$	\$

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 2007 Wrangler
Value \$1,000

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

Other assets
Description None
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
N/A	\$ N/A	\$ N/A
	\$ _____	\$ _____
	\$ _____	\$ _____

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
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)	\$ N/A	\$ N/A
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)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ 100.00	\$ N/A
Clothing	\$ 100.00	\$ N/A
Laundry and dry-cleaning	\$ 100.00	\$ N/A
Medical and dental expenses	\$ 333.00	\$ N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 0	\$ N/A
Other: _____	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ N/A
Installment payments		
Motor Vehicle	\$ 0	\$ N/A
Credit card(s)	\$ 50.00	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: _____	\$ _____	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): _____	\$ _____	\$ N/A
Total monthly expenses:	\$ 50.00	\$ N/A

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. Unemployed/Future Employment

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? _____

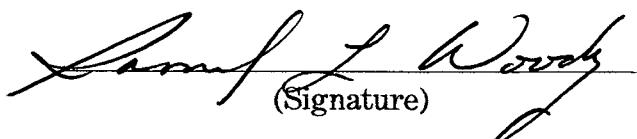
If yes, state the person's name, address, and telephone number:

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

Unemployed

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

Executed on: June 17th, 2020


(Signature)