

20-8132

ORIGINAL

No. \_\_\_\_\_

Supreme Court, U.S.  
FILED

MAR 26 2021

OFFICE OF THE CLERK

IN THE

SUPREME COURT OF THE UNITED STATES

George Verkler — PETITIONER  
(Your Name)

VS.

United States of America — 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):

US District Court for the Western District of Washington at Seattle

US Court of Appeals of the Ninth Circuit

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.

George Verkler  
(Signature)

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

I, George Verkler, 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>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child Support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>794.00</u>	\$ <u>N/A</u>	\$ <u>794.00</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	<b>\$ <u>794.00</u></b>	<b>\$ <u>N/A</u></b>	<b>\$ <u>794.00</u></b>	<b>\$ <u>N/A</u></b>

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
Peach	108 S Jackson St Sic 300 Seattle, WA 98104	2/1/19 to 5/28/19	\$640.95
			\$
			\$

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			\$
			\$
			\$

4. How much cash do you and your spouse have? \$186

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
Twin Star	checking	\$1866.53	\$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 '75 Ford Mustang  
Value 500  Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

Other assets  
Description Computer system  
Value \$20.00

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>None</u>	\$ <u>0</u>	\$ <u>0</u>
	\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	\$ <u> </u>

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

Name	Relationship	Age
<u>HV</u>	<u>son</u>	<u>14</u>
<u>EV</u>	<u>daughter</u>	<u>21</u>
<u>Diana Lampert</u>	<u>fiancee</u>	<u>39</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>450.00</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>100.00</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>0</u>	\$ <u>N/A</u>
Clothing	\$ <u>0</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>1.82</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>1,27</u>	\$ <u>N/A</u>

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 179.14	\$ 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	\$ 27.08	\$ 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)	\$ see #12	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: _____	\$ 0	\$ N/A
Alimony, maintenance, and support paid to others	\$ 5.42	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): <u>legal 69.18</u> <u>misc 5.15</u>	\$ 65.33	\$ N/A
<b>Total monthly expenses:</b>	<b>\$ 835.06</b>	<b>\$ N/A</b>

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.

I owe CapitalOne \$748.46

I need to fill and re-cap tooth #14 not insured

I need to replace a tooth not insured because of USA forcing me to miss my appointment

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

Executed on: May 15, 2021

George Verker  
(Signature)

IN THE SUPREME COURT OF THE UNITED STATES

GEORGE VERKLER )  
Plaintiff - Appellant, ) No. 20-30097  
v. ) AFFIDAVIT OF INDIGENCE

UNITED STATES OF AMERICA

**Defendants - Appellees,**

## I. AFFIDAVIT

I, George Verkler, swear that I am indigent. I do not have the needed savings to pay court costs and attorney fees, and I am disabled, living on SSI disability and currently unemployed despite searching for work. In light of my handicaps, I cannot expect to be gainfully employed in the foreseeable future or to maintain employment. Therefore, I am unable to pay the cost of filing and the cost of legal counsel.

Declaration under penalty of perjury. I declare, certify, verify, and affirm under penalty of perjury (28 U.S.C. sec. 1746) that I am the petitioner, I have read this petition and the foregoing information in this petition are true and correct and that if called to testify as a witness in this matter, I could and would competently testify to each of the facts set forth in this petition. I understand that a false statement of a material fact may serve as the basis for prosecution for perjury.

George Verkler  
407 E Young St Elma,  
Elma, WA 98541  
Email: gv2@gmx.us

1 George Verkler Date: 5/17/2021  
Signature

2  
3 George Verkler  
4 Address: 407 E Young St  
5 Elma, WA 98541  
6 Email: gv2@gmx.us  
7 Phone: 253-235-1780

8 State of Washington

9 County of Grays Harbor

10 I certify that I know or have satisfactory evidence that George Verkler  
11 is the person who appeared before me, and said person acknowledged that he signed  
12 this instrument and acknowledged it to be his free and voluntary act for the uses and  
13 purposes mentioned in the instrument.

14 Dated: 5/17/2021



17 Signature 

18 Title Notary

19 My appointment expires: March 28, 2022

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE 0981	2. PERSON REPRESENTED George Earl Verkler		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 7. IN CASE/MATTER OF (Case Name) USA v. Verkler	4. DIST. DKT./DEF. NUMBER 2:15-CR-00041-1-JCC	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
8. PAYMENT CATEGORY Other representation required or authorized by the CJA (including,		9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Supervised Release Hearing	
11. 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 18:1028A.F,18:1028A.F,18:641.F,18:641.F				
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix) AND MAILING ADDRESS Thomas D Coe - Bar Number: PO Box 10356 Bainbridge Island, WA 98101 Phone: 206-340-8816 Fax: 206-257-2020		13. 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 Dates: _____ 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 12 is appointed to represent this person in this case, OR Other (See Instructions)  Paula L. McCandless/S Signature of Presiding Judge or By Order of the Court 1/26/2021 Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Thomas D. Coe LLC - TIN: XX-XXXXXXX 331 Fir Acres Dr. NW Bainbridge Island, WA 98110-1754 Phone: 206-340-8816 Fax: 206-257-2020			15. CLAIM FOR SERVICES AND EXPENSES	
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS
15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)				MATH/TECH. ADJUSTED AMOUNT
(RATE PER HOUR = \$ 0.00) TOTALS				ADDITIONAL REVIEW
16. a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$ 0.00) TOTALS				
17. Travel Expenses (lodging, parking, meals, mileage, etc)				
18. Other Expenses (other than expert, transcripts, etc)				
GRAND TOTALS (CLAIMED AND ADJUSTED)				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 1/1/1901 TO: 1/1/1901		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number 0 <input type="checkbox"/> Supplemental Payment <input type="checkbox"/> Withholding Payment (—) (—) Have you previously applied to the court for compensation and/or reimbursement for this case? <input checked="" 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 checked="" 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				
23. IN COURT COMP. \$0.00	24. OUT OF COURT COMP. \$0.00	25. TRAVEL EXPENSES \$0.00	26. OTHER EXPENSES \$0.00	27. TOTAL AMT. APPR./CERT. \$0.00
28. SIGNATURE OF THE PRESIDING JUDGE		DATE		28a. JUDGE CODE
29. IN COURT COMP. \$0.00	30. OUT OF THE COURT COMP. \$0.00	31. TRAVEL EXPENSES \$0.00	32. OTHER EXPENSES \$0.00	33 TOTAL AMT. APPROVED \$0.00
34 SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount		DATE	34a. JUDGE CODE	CERTIFIED AMT.

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

1. CIR/DIST/DIV. CODE 0961	2. PERSON REPRESENTED George Verker	VOUCHER NUMBER	
3. MAG. DKT/DEF. NUMBER	4. DIST. DKT/DEF. NUMBER 2:15-CR-00041-JCC	5. APPEALS DKT/DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF USA v. Verker	8. PAYMENT CATEGORY Other representation required or authorized by the CJA (including,	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Supervised Release Hearing

11. 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  
16:1028A.F, 16:1028A.F, 18:641.F, 18:641.F

12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix) AND MAILING ADDRESS Stephen R. Ila - Bar Number: 15793 P.O. Box 10033 Bainbridge Island, WA 98110 Phone: 206-817-4142	13. COURT ORDER  <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney  <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____ Because the above-named person represented his client with 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 12 is appointed to represent this person in this case, OR Other (See instructions)   Signature of Presiding Judge or By Order of the Court 03/09/2020 Date of Order 3/9/20 Ninety Five Thousand Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Law Office of Stephen R. Ila, Inc., P.S. - TIN: XX-XXXXXX P.O. Box 10033 Bainbridge Island, WA 98110 Phone: 206-817-4142	15. CLAIM FOR SERVICES AND EXPENSES	FOR COURT USE ONLY		

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheet) (RATE PER HOUR = \$ 0.90) TOTALS					
16. a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheet) (RATE PER HOUR = \$ 0.00) TOTALS					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcription, etc.)					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED)</b>					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 1/1/1901 TO: 1/1/1901	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number 0 <input type="checkbox"/> Supplemental Payment <input type="checkbox"/> Withholding Payment (--) (--)
Have you previously applied to the court for compensation and/or reimbursement for this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you paid? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No If yes, give details on additional sheet
I swear or affirm the truth or correctness of the above statements.

Signature of Attorney:

Date:

## APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP. \$0.00	24. OUT OF COURT COMP. \$0.00	25. TRAVEL EXPENSES \$0.00	26. OTHER EXPENSES \$0.00	27. TOTAL AMT. APPR/CERT. \$0.00
28. SIGNATURE OF THE PRESIDING JUDGE		DATE		28a. JUDGE CODE
29. IN COURT COMP. \$0.00	30. OUT OF THE COURT COMP. \$0.00	31. TRAVEL EXPENSES \$0.00	32. OTHER EXPENSES \$0.00	33. TOTAL AMT. APPROVED \$0.00
34. SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount		DATE		34a. JUDGE CODE
				CERTIFIED AMT.