

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

IN THE SUPREME COURT OF THE UNITED STATES

NCHOLEION KASHANA HOLLIE,  
Petitioner,

v.

UNITED STATES OF AMERICA,  
Respondent.

On Petition for Writ of Certiorari  
to the United States Court of Appeals for the Fifth Circuit

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MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court: United States District Court for the Northern District of Texas (Fort Worth Division).

Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and a copy of the order of appointment is appended.

/s/Cody L. Cofer  
Cody L. Cofer  
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Attorney for Petitioner

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 07/17)

1. CIR./DIST./ DIV. CODE <b>05TXN4</b>	2. PERSON REPRESENTED <b>Ncholeion Kashana Hollie</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER <b>4:19-mj-00882-BJ - 01</b>	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name)  <b>USA v. HOLLIE</b>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) <b>CC</b>	
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. <b>18:1951(a) and 2 Interference with Commerce by Robbery</b>				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  Cody L. Cofer 300 Burnett Street Suite 130 Fort Worth, TX 76102  Telephone Number: _____ (682) 777-3336	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney  Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> 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 <input type="checkbox"/> Other (See Instructions)  <i>Hal R. Ray, Jr.</i> Signature of Presiding Judge or By Order of the Court 11/6/2019		<input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel	
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  <b>U.S. DISTRICT COURT NORTHERN DISTRICT OF TEXAS FILED NOV - 6 2019 CLERK, U.S. DISTRICT COURT</b>	15. CLAIM FOR SERVICES AND EXPENSES Category		FOR COURT USE ONLY	
	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. In Court 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) (RATE PER HOUR = \$ ) <b>TOTALS:</b>	u	u	u	u
16. Out of Court 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 = \$ ) <b>TOTALS:</b>	u	u	u	u
17. Travel Expenses (lodging, parking, meals, mileage, etc.)	u	u	u	u
18. Other Expenses (other than expert, transcripts, etc.)	u	u	u	u
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>		u	u	u
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		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 <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 _____				
<b>APPROVED FOR PAYMENT</b> <b>COURT USE ONLY</b>				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT. <b>0</b>
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED <b>0</b>
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE