

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

OCTOBER TERM, 2021

JUAN JARMON,
PETITIONER,

- VS. -

UNITED STATES OF AMERICA,
RESPONDENTS

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner, Jerome Marshall, 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):

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.

Maureen Coggins

MAUREEN COGGINS

Attorney for Petitioner

509 Swede Street

Norristown, PA 19401

copesq@aol.com

(610) 400-3017

1. CIR./DIST./JVC. NUMBER 0313		2. PERSON REPRESENTED Juan Jarmón		3. WCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:17-CR-00072-1-UA		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) United States v. Juan Jarmón		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 Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense</i> 21:846=CD.F, 21:843B=CD.F, 21:841A=ND.F, 21:860A=CD.F					
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix) AND MAILING ADDRESS Maureen Claire Coggins - Bar Number: 67126 509 Swede Street Norristown, PA 18041 Phone: 610-400-3017 Fax: 877-220-3252			13. COURT ORDER <input checked="" type="checkbox"/> A 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) _____ _____ Signature of Presiding Judge or By Order of the Court _____ 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) Maureen Coggins - TIN: XX-XXXXXX 509 Swede Street Norristown, PA 18041 Phone: 610-400-3017 Fax: 877-220-3252					
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
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 = \$ 0.00) TOTALS					
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 = \$ 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 Have you previously applied to the court for compensation and/or reimbursement for this <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				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				34a. JUDGE CODE	