

IN THE
Supreme Court of the United States

N'NEKA L. CREWS,
Applicant/Petitioner,

v.

STATE OF COLORADO,
Respondent.

MOTION TO PROCEED *IN FORMA PAUPERIS*
A PETITION FOR A WRIT OF CERTIORARI TO THE
THE COLORADO COURT OF APPEALS

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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Counsel for the Applicant/Petitioner

January 11, 2022

MOTION

Petitioner, N’Neka L. Crews respectfully requests that she be permitted to proceed in this matter *in forma pauperis*. Throughout the proceedings below, Petitioner was represented by the Colorado Public Defender because of Ms. Crews’ indigency. The Colorado Public Defender was appointed pursuant to Colo. R. Crim. P. 44(a). In conjunction with the Colorado Defender, the Petitioner is being represented before this Court by the William & Mary Law School Appellate and Supreme Court Clinic because of her inability to pay counsel.

Accordingly, Ms. Crews respectfully requests that this Court allow her to proceed in *forma pauperis*.

Respectfully submitted,

/s Joseph R. Pope
Joseph R. Pope*
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Counsel for the Applicant/Petitioner
*Counsel of Record

CERTIFICATE OF SERVICE

The undersigned certifies that on January 11, 2022, a copy of the Motion For Leave To Proceed *In Forma Pauperis* were served upon the following:

Phillip J. Weiser
Alexa D. Jones
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 10th Floor
Denver, Colorado 80203
(T) 720-508-6000
alexa.jones@coag.gov

Counsel for the Respondent

/s Joseph R. Pope

APPLICATION FOR PUBLIC DEFENDER, COURT-APPOINTED COUNSEL, OR GUARDIAN AD LITEM

Pursuant to §21-1-103(3), C.R.S., a processing fee of \$25.00 may be collected by the court upon final disposition of this case.

Case number: 17CR7105 Court Room: 5A District: DENVER
 Most serious charge: F3 Next hearing date/Type: 10/30/17 @ 8:00

All sections must be completed. Print neatly. If an item does not apply, write N/A.

Applicant	Applicant's Employer
Name <u>Niema Crews</u>	Company <u>MV Services</u>
Mailing Address <u>13760 E 5th Cir 3-205</u>	Mailing Address <u>30 S Racine St.</u>
Street Address (if different)	Street Address (if different)
City, State, Zip <u>Aurora, Co, 80011</u>	City, State, Zip <u>Denver, Co, 80223</u>
Phone number <u>727-226-7534</u>	Phone Number <u>303-765-2323</u> Position <u>Driver</u>
Soc. Sec. No. [REDACTED] Birthdate [REDACTED]	Length of Employment <u>11 months</u> Hours/Week <u>40</u>
Driver's License No. [REDACTED] State <u>CO.</u>	Pay Dates: <u>every 2 weeks</u> Pay Rate: \$ <u>15.00</u>

Other Household Members (Spouse, Partner, Parent, etc.)	Other Household Member's Employer
Name _____	Company _____
Relation to Applicant _____	Mailing Address _____
Mailing Address _____	Street Address (if different) _____
Street Address (if different) <u>N/A</u>	City, State, Zip _____
City, State, Zip _____	Phone Number _____ Position _____
Phone number _____	Length of Employment _____ Hours/Week _____
Soc. Sec. No. _____ Birthdate _____	Pay Dates: _____ Pay Rate: \$ _____
Driver's License No. _____ State _____	

Marital Status: Single Married Partner in a Civil Union Separated Divorced/Civil Union Dissolved Total Number of Dependents (including yourself): 2

Gross Monthly Income (See definitions on reverse for further information.)	Amount	Monthly Expenses (See definitions on reverse for further information.)	Amount
Self (wages, salary, commission)	\$ <u>2000 monthly</u>	Rent/Mortgage	\$ <u>1200</u>
Spouse/Partner/Other Household Members	<u>N/A</u>	Groceries	<u>200</u>
Parents (if same household)	<u>N/A</u>	Utilities	<u>200</u>
Unemployment Benefits	<u>N/A</u>	Clothing	<u>200 N/A</u>
Social Security/Retirement Funds	<u>N/A</u>	Maintenance (Spousal/Partner Support) and/or Child Support	<u>N/A</u>
Maintenance (Spousal/Partner Support)	<u>N/A</u>	Medical/Dental	<u>N/A</u>
Other Income (see Page 2)	<u>N/A</u>	Other Expenses (identify source)	<u>N/A</u>
Other Income (see Page 2)	<u>N/A</u>	Other Expenses (identify source)	<u>N/A</u>
Total Household Income	\$ <u>2000</u>	Total Expenses	\$ <u>1200</u>

Assets	Amount	Description
Savings Account Balance	\$ <u>N/A</u>	Name of Bank: <u>N/A</u>
Checking Account Balance	<u>N/A</u>	Name of Bank: <u>N/A</u>
Value of Vehicles	<u>N/A</u>	Year and Model: <u>N/A</u>
Value of Recreation Vehicles	<u>N/A</u>	Amount Owed: \$ <u>N/A</u>
Value of House	<u>N/A</u>	Type: <u>N/A</u>
Value of Other Property	<u>N/A</u>	Type: <u>N/A</u>
Value of Stocks, Bonds, Mutual Funds	<u>N/A</u>	Type: <u>N/A</u>
Value of Other Investments	<u>N/A</u>	Year and Model: <u>N/A</u>
Total Assets	\$ <u>0</u>	Convertible to Cash = \$ <u>0</u>

- References:**
- Name/Address/Phone Glenda O'Bryant, 4926 Ceylon Way, 720-200-8010
 - Name/Address/Phone Patty Beilman, 11888 Italia St, 720-203-0453

Guidelines:

At or below or Above or

Automatically eligible for PD/GAL/RPC (In custody &/or bond allowed Out on bond) or

Refer to scoring instrument (Criminal, Misdemeanor, Traffic, Juvenile Delinquency cases)

Signature of investigator/clerk/PD: _____ Date: 10-12-17

I swear under penalty of perjury that the above-contained information is true and complete. I also understand that if the court grants this request, I may later be ordered to reimburse the State of Colorado for attorney fees spent on my behalf.

Client signature Niema Crews Date: 10-10-2017

Signature of judicial officer: _____ Date: 10-30-17

Request: granted or denied

N/A = NO

Sophie
Requesting Kathryn Crampton