

IN THE SUPREME COURT OF THE UNITED STATES

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No. 22-\_\_\_\_\_

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DEJA PASCHAL,  
Petitioner

v.

STATE OF CONNECTICUT  
Respondent

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MOTION 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*.

[x]Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Connecticut Superior Court

Connecticut Appellate Court

Connecticut Supreme Court

[ ] 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.

Respectfully submitted,  
DEJA PASCHAL  
Petitioner

By: \_\_\_\_\_

JAMES B. STREETO  
Counsel of Record  
Sr. Assistant Public Defender  
Office of the Chief Public Defender  
Legal Services Unit  
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No. 22-\_\_\_\_\_

DEJA PASCHAL,  
Petitioner  
v.

STATE OF CONNECTICUT  
Respondent

AFFIDAVIT OR DECLARATION IN SUPPORT OF  
MOTION TO PROCEED IN FORMA PAUPERIS

I, Deja Paschal, 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.

<b>Income Source</b>	<b>Average Monthly Amount During the Past 12 Months</b>		<b>Amount Expected Next Month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	0	N/A	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
<b>Total Monthly Income:</b>	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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
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I have been incarcerated for the more than two years, and therefore unemployed during the past two years.

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.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
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I am not married.

4. How much cash do you and your spouse have? \$ 0.00.

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

<b>Financial institution</b>	<b>Type of account</b>	<b>Amount you have</b>	<b>Amount your Spouse has</b>
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I have less than \$100.00 in my inmate account. I have no other bank accounts or accounts in any other financial institution.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

I have no assets other than clothing and ordinary household furnishings.

Home  
Value \_\_\_\_\_

Other real estate  
Value \_\_\_\_\_

Motor Vehicle #1  
Year, make & model  
Value \_\_\_\_\_

Motor Vehicle #2  
Year, make & model  
Value \_\_\_\_\_

Other assets  
Description  
Value \_\_\_\_\_

6. State every person, business or organization owing you or your spouse money, and the amount owed.

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
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I am not married. No one owes me money.

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

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
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I am not married. No one relies upon me for support.

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.

I am incarcerated and have been for more than 2 years.

	<b>You</b>	<b>Your Spouse</b>
Rent or home mortgage payment (include lot rented for mobile home)	0	N/A
Are real estate taxes included? Yes      No		
Is property Insurance included? Yes      No		
Utilities (electricity, heating fuel, water, Sewer and telephone)	0	N/A
Home maintenance (repairs and upkeep)	0	N/A
Food	0	N/A
Clothing	0	N/A
Laundry and dry-cleaning	0	N/A
Medical and dental expenses	0	N/A
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 renters	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)	0	N/A
Department store(s)	0	N/A
Other: _____	0	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): _____	0	N/A
<b>Total monthly expenses:</b>	0	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.

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 declare under penalty of perjury that the foregoing is true and correct.  
Executed on:

  
Déja Paschal

Subscribed and sworn to this 11<sup>th</sup> day of  
February 2022

  
Commissioner of the Superior Court

APPLICATION FOR WAIVER OF  
FEES, COSTS AND EXPENSES AND  
APPOINTMENT OF COUNSEL ON APPEAL

JD-CR-73 Rev. 1-19  
C.G.S. § 52-259b; P.B. §§ 60-9, 63-1, 63-6, 63-7, 80-1

STATE OF CONNECTICUT  
SUPERIOR COURT  
[www.jud.ct.gov](http://www.jud.ct.gov)

017 APWA/IV/C

FOR COURT USE ONLY

Appeal From Judgment of Conviction Notice -

Unless the court extends the time limit, this application must be completed, signed and filed with the clerk of the Superior Court named below within twenty (20) days from the Date of Judgment. (Show date below.)

Date of Judgment

5/21/19

Instructions ➔

To Applicant: Fill out this form and make 2 copies. File the original and 1 copy with the clerk. Keep 1 copy for your records. Notice: You must sign this form under oath.

To Clerk: Stamp form on filing. File original as a pending matter and give 1 copy to the Public Defender's Office.

Judicial Authority is to assign for hearing within 20 days after filing. Forward written notice of hearing to (1) trial counsel or applicant, if self-represented, (2) Public Defender's Office to which application was sent, and (3) Chief of Legal Services, Public Defender's Office.

SUPERIOR COURT  
JUDICIAL AUTHORITY  
OF CONNECTICUT

OF DATE

Appeal From Decision in Habeas Corpus Notice -

Unless the court extends the time limit, this application must be completed, signed and filed with the clerk of the Superior Court named below within twenty (20) days from the date the notice was issued of the ruling on your request for certification to appeal. (Show date below.)

Date notice issued (Granting your request for certification)

Name and address of court

ANTONIUS SUPERIOR COURT, 146 WATERS ST, NEW Haven, CT 06510

Docket number

050-6217-0154904-5

Name of case

SHANE V. DESEN PSC-18-2

1. I cannot pay the fees, costs and expenses of an appeal (I am indigent), and I cannot afford to hire an attorney.
2. The grounds on which I propose to appeal are:

INABILITY OF THE APPLICANT TO PAY DATER FEES THAT MAY BE COME  
APPLICANT APPEAL REVIEW OF TRIAL COURT.

(If more space is needed, attach an affidavit (a sworn statement) saying the grounds on which you propose to appeal.)

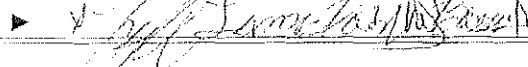
3. The facts about my financial status are:

I AM UNEMPLOYED SINCE 2013

(If more space is needed, attach an affidavit (a sworn statement) saying the facts about your financial status.)

THEREFORE, I ask that the court (1) waive the payment by me of (not require that I pay) the fees specified by statute, taxable costs, and the furnishing of security for costs upon appeal, if security has been ordered under Section 60-9 of the Connecticut Practice Book; (2) appoint counsel to represent me in my appeal without expense to me and permit the withdrawal of the trial attorney's appearance, if any; and (3) order that the necessary expenses of prosecuting the appeal be paid by the State, Sections 63-6 and 63-7 of the Connecticut Practice Book.

Applicant's signature



Subscribed and sworn to before me on

(Date)

5/21/19

Signed (Notary Public/Commissioner of the Superior Court)



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Docket number DIBU-CR17-01549045	Name of case State of Connecticut v. Deja Paschal
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## ORDER

The court, having found the applicant  Indigent  Not Indigent, hereby orders the application:



Granted as follows:

1. The following fees are waived:

Appellate filing fee (Supreme or Appellate Court)  Cost of the transcript for filing appeal.

Other (Specify): \_\_\_\_\_

2. Taxable costs are  Waived  Not Waived

3. Security for costs is  Waived  Not Waived

4. Necessary expenses of prosecuting the appeal  Shall  Shall not be paid by the State.

*If necessary expenses are paid by the State, attorneys in private practice representing the applicant shall obtain the approval of the judicial authority who presided at the trial before incurring any expense in excess of \$100, including the expense of obtaining a transcript. The judicial authority shall authorize a transcript at State expense only of the portions or proceedings or testimony which may be pertinent to the issues on appeal.*

5  All fees and costs are waived and the State shall pay all necessary expenses. See paragraph 4 for limits on necessary expenses.

6. Counsel  Is  Is not appointed.

Name of Counsel, If Appointed

*Public Defender - Appellate Unit*

7. Permission for the withdrawal of the trial attorney's appearance is  Granted  Denied.

*(The judicial authority must be satisfied that trial counsel has cooperated fully with appellate counsel in the preparation of the defendant's appeal prior to granting permission.)*

Denied.

Denied. The application for the payment of fees, costs and expenses of an appeal is DENIED because the applicant has repeatedly filed actions with respect to the same or similar matters, such filings establish an extended pattern of frivolous filings that have been without merit, the application sought is in connection with an action before the court that is consistent with the applicant's previous pattern of frivolous filings, and the granting of such application would constitute a flagrant misuse of Judicial Branch resources.

By the Court (Print or type name of judge) <i>Deja Paschal</i>	On (Date) <i>7/3/18</i>	Signed (Judge, Asst. Clerk) <i>[Signature]</i>	Date signed <i>7/3/18</i>
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### ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).