

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

DESMOND DELEON CARVIEL,
Petitioner,

v.

UNITED STATES OF AMERICA,
Respondent.

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

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.

[X] Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s): U.S. District Court, Northern District of Texas, Fort Worth Division; United States Court of Appeals for the Fifth 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.

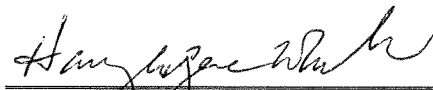
[] Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding; and,

[X] the appointment was made under the following provision of law: 18 U.S.C. § 3006A,

[X] a copy of the order of appointment is appended.

Carviel – Motion for Leave to Proceed *in forma pauperis*

Respectfully submitted this 9th day of April 2022.

A handwritten signature in cursive script, reading "Harry Eugene White", positioned above a horizontal line.

Harry Eugene White

State Bar Number: 24013740

harry.white@nickolswhite.com

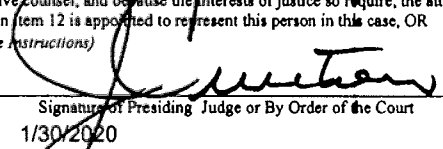
NICKOLS & WHITE, PLLC

2120 Mistletoe Blvd, Suite 2

Fort Worth, Texas 76110

(817) 617-7500/(817) 887-5897 (fax)

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

1. CIR./DIST./DIV. CODE 05TXN4		2. PERSON REPRESENTED Desmond Deleon Carviel		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 4:20-mj-00034-BJ - 04		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. Allen et al		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) CC			
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> 18:924(o) Conspiracy to knowingly possess firearms in furtherance of drug trafficking crimes					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Harry E. White 1000 8th Avenue Suite 200 Fort Worth, TX 76104 Telephone Number : (817) 617-7555			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 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)		
14. NAME AND MAILING ADDRESS OF LAW FIRM (If more than one, provide for each person)			Signature of Presiding Judge or By Order of the Court  1/30/2020 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 type="checkbox"/> NO		
U.S. DISTRICT COURT NORTHERN DISTRICT OF TEXAS FILED JAN 30 2020					
CLERK, U.S. DISTRICT COURT					
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED		TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS
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 = \$) 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 = \$) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS CLAIMED AND VERIFIED:					
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 _____					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	26. OTHER EXPENSES
27. TOTAL AMT. APPR./CERT.		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	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		34a. JUDGE CODE	