

CRIMINAL CASE

22-

In The
SUPREME COURT OF THE UNITED STATES

Latoya Nicole Carter,
Applicant/Petitioner,

v.

Commonwealth of Virginia,
Respondent.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

MATTHEW L. PACK, ESQ.*
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Attorney for Applicant/Petitioner

June 7, 2022

*Counsel of Record

COMES NOW, Latoya Nicole Carter, currently released upon an appeal bond from the Lynchburg Circuit Court and a resident of Lynchburg, Virginia, by and through her court appointed counsel, Matthew L. Pack, hereby requests leave to proceed *in forma pauperis* in connection with his Petition for Writ of Certiorari.

Pursuant to Rule 39.1 of the Rules of the United States Supreme Court, Ms. Carter seeks this motion to proceed as indigent and has enclosed a notarized affidavit in accordance with 28 U.S.C. § 1746 (Exhibit A). On September 16, 2019, the Honorable F. Patrick Yeatts, Presiding Judge, of the Lynchburg Circuit Court substituted and appointed Morgan Hollister, Esq., as indigent, court appointed counsel, pursuant to Virginia Code § 19.2-159, as amended; then on April 28, 2022, the Honorable F. Patrick Yeatts further appointed Matthew L. Pack, Esq. as court appointed counsel for the indigent Ms. Carter (collectively, Exhibit B).

Furthermore, Ms. Carter has represented to undersigned counsel that she does not have sufficient funds to hire counsel to assist her with this matter. Thus, it is counsel's belief that Ms. Carter continues to be indigent, based on his previous qualification for counsel at public expense.

DATED this 7th day of June, 2022.

Respectfully submitted,



MATTHEW L. PACK*
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P.O. BOX 258
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**AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO
PROCEED *IN FORMA PAUPERIS***

I, Latoya Carter, 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.

Income Source	Average Monthly Amount During the Past 12 Months		Amount Expected Next Month	
	You	Spouse - N/A	You	Spouse N/A
Employment	\$ 8	\$	\$ 1,300.00	\$
Self-Employment	\$ 8	\$	\$ 0	\$
Income from Real Property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 861	\$	\$ 861	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify):	\$ 0	\$	\$ 0	\$
Total Monthly Income:	\$ 861	\$	\$ 2,161	\$

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A			

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.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A			

4. How much case do you and your spouse have? \$ _____

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

Financial Institution	Type of Account	Amount you Have	Amount your Spouse Has
N/A			

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

Home

Value N/A

Other Real Estate

Value N/A

Motor Vehicle #1

Year, make, & model 1999 mercury sable

Motor Vehicle #2

Year, make, & model N/A

Other Assets

Description N/A
Value _____

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

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>N/A</u>	\$	\$
	\$	\$
	\$	\$

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

Name	Relationship	Age
<u>N/A</u>		

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.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 650/month	\$
Are real estate taxes included?	Yes No	
Is property insurance included?	Yes No	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 60/month	\$
Home maintenance (repairs and upkeep)	\$ N/A	\$
Food	\$ 160/month	\$
Clothing	\$ 100/per year	\$
Laundry and dry-cleaning	\$ 10-80/month	\$
Medical and dental expenses	\$ N/A	\$
Transportation (not including motor vehicle payments)	\$ N/A	\$
Recreations, entertainment, newspapers, magazines, etc.	\$ N/A	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$
Life	\$ N/A	\$
Health	\$ N/A	\$
Motor Vehicle	\$ 75/month	\$
Other:	\$ N/A	\$
Taxes (not deducted from wages or included in mortgage payments)		
Specify: Personal prop. tax	\$ 40	\$
Installment Payments		
Motor Vehicle	\$	\$
Credit Card(s)	\$ N/A	\$
Department store(s)	\$ N/A	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm	\$	\$
Other:	\$	\$
Total Monthly Expenses	\$	\$

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.

Start new job

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? _____

12. Provide any other information that will help explain why you cannot pay the costs of this case.

VERIFICATION

I declare on this 7 day of June, 2022, that the factual information contained in this form contained herein is true and correct to the best of my information, knowledge, and belief.

Latoya Carter

Name _____

Latap Canta

Signature

COMMONWEALTH OF VIRGINIA)

CITY/COUNTY OF Lynchburg)

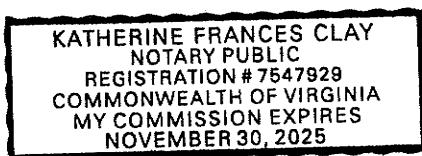
The foregoing instrument was acknowledged before me, Katherine Frances Clay
Notary Public, this 7 day of June, 2022, by Latoya Custer
who () is personally known to me or has presented identification in the form of a
driver's license.

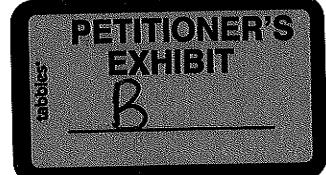
Notary Public:

Katherine Frances Clay

Registration Number: 7547929

My commission expires: 30 November 2025





VIRGINIA: IN THE CIRCUIT COURT FOR THE CITY OF LYNCHBURG

COMMONWEALTH OF VIRGINIA)

v.)

LATOYA NICOLE CARTER)

) Case No.: CR18000421-00

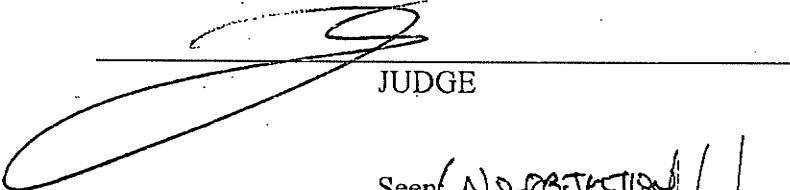
ORDER FOR SUBSTITUTION

CAME this day, Counsel of Record for Defendant, Lynchburg Office of the Public Defender, upon request for a substitution of counsel for the appeal of this matter and any subsequent motions and stated as follows:

1. Defendant was charged with Assault & Battery of a Law Enforcement Officer in February 2018, and Morgan Hollister, previously of the Lynchburg Office of the Public Defender, was appointed to represent her.
2. Ms. Carter appeared for sentencing on September 11, 2019 wherein she was convicted of Assault and Battery on a Law Enforcement Officer and sentenced to two years with one year and six months suspended.
3. Ms. Hollister has been counsel for Ms. Carter throughout the pendency of the case and has established a client relationship with her.
4. Ms. Hollister is no longer with the Lynchburg Office of the Public Defender but wishes to continue her representation of Ms. Carter on appeal.

IT APPEARING proper to the Court, it is hereby **AJUDGED, ORDERED, AND DECREED**, that the Lynchburg Office of the Public Defender is hereby relieved as counsel of record for Defendant and Morgan Hollister, Esq is appointed as Counsel of Record.

ENTERED this 16th day of September, 2019.

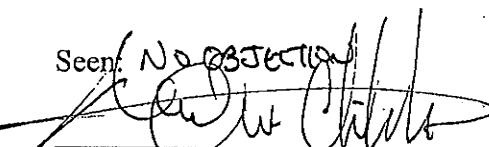

JUDGE

We ask for this:



Sharon K. Eimer

Public Defender



Andrew Childress
Deputy Commonwealth's Attorney

Seen: No objection

VIRGINIA:

IN THE CIRCUIT COURT FOR THE CITY OF LYNCHBURG

COMMONWEALTH OF VIRGINIA : :

v. : :

Case No. CR18000421-00

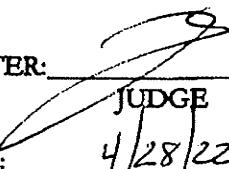
LATOYA NICOLE CARTER : :

Order For Substitution

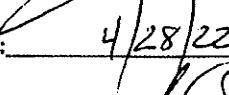
CAME this day, Counsel of Record for Defendant, Morgan Hollister, upon request for a substitution of counsel for the appeal of this matter and any subsequent motions and stated as follows:

1. Defendant was charged with Assault & Battery of a Law Enforcement Officer in February 2018, and the Lynchburg Office of the Public Defender was appointed to represent her.
2. Morgan Hollister, previously of the Lynchburg Office of the Public Defender, substituted in as counsel on the 16th day of September 2019, so to continue her representation of Ms. Carter throughout the Commonwealth of Virginia appeals process.
3. Ms. Carter wishes to appeal the final order entered by the Virginia Supreme Court on December 22, 2021, to the United States Supreme Court.
4. As Morgan Hollister is employed by the Virginia Indigent Defense Commission, such an appeal is outside the scope of her employment, thus Matthew Pack, Esq. wishes to represent her on appeal.

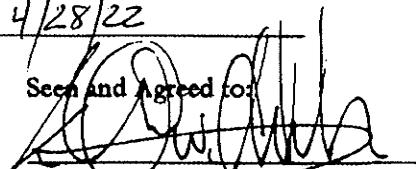
IT APPEARING proper to the Court, it is hereby ADJUDGED, ORDERED, AND DECREED, that Morgan Hollister and the Office of the Lynchburg Public Defender is hereby relieved as counsel of record for Defendant and Matthew Pack, Esq. is appointed as Counsel of Record.

ENTER: 

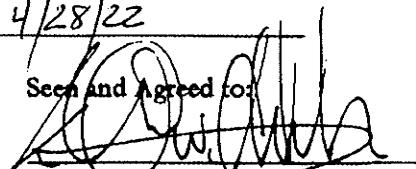
JUDGE

Date: 

4/28/22



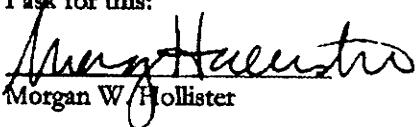
Seen and Agreed to:



Andrew Childress

Attorney for the Commonwealth

I ask for this:


Morgan W. Hollister

CC: CA
Pack
Hollister