

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

STEVEN RIAD JALLOUL, Petitioner,

v.

UNITED STATES OF AMERICA, Respondent

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*.

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

the appointment was made under the following provision of law: _____
_____, or

a copy of the order of appointment is appended.

(Mr.) Leigh W. Davis

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

1. CIR./DIST. / DIV. CODE 05TXN3	2. PERSON REPRESENTED Steven Riad Jalloul	VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 3:19-cr-00094-B - 01	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) USA v. Jalloul	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" 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) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 26 USC § 7206(2) Preparing False Tax Returns						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Leigh W. Davis 1901 Central Dr. Suite 708 LB57 Bedford, TX 76021 Telephone Number : (817) 868-9500		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney 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, attorney _____ 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 (Only provide per instructions) U.S. DISTRICT COURT NORTHERN DISTRICT OF TEXAS FILED [Redacted] CLERK, U.S. DISTRICT COURT By [Signature]		Signature of Presiding Judge or By Order of the Court 7/23/2021 Date of Order Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Nunc Pro Tunc Date				
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
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:		u	u	u	u	u
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:		u	u	u	u	u
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
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. <u>0</u>						
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 <u>0</u>				34a. JUDGE CODE		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE		