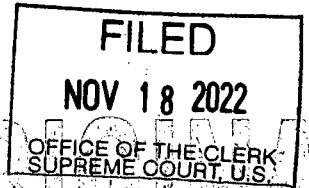


22-6610

No. _____



IN THE
SUPREME COURT OF THE UNITED STATES

NICODEMO S. SCARFO — PETITIONER
(Your Name)

VS.

UNITED STATES — RESPONDENT(S)

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*.

Please check the appropriate boxes:

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

☐ 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: _____
Criminal Justice Act, Dist. NJ, CJA Plan, 3rd Circuit, or

☒ a copy of the order of appointment is appended.

A handwritten signature in black ink, appearing to be "N. Scarfo", written over a horizontal line.

(Signature)

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, NICODEMO S. SCARFO, 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 NOT | You | Spouse |
| Employment | \$ <u>—</u> | \$ <u>AVAILABLE</u> | \$ <u>—</u> | \$ <u>N/A</u> |
| Self-employment | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> |
| Income from real property (such as rental income) | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> |
| Interest and dividends | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> |
| Gifts | \$ <u>380.00</u> | \$ <u>—</u> | \$ <u>380.00</u> | \$ <u>—</u> |
| Alimony | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> |
| Child Support | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> |
| Disability (such as social security, insurance payments) | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> |
| Unemployment payments | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> |
| Public-assistance (such as welfare) | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> |
| Other (specify): <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> | \$ <u>—</u> |
| Total monthly income: | \$ <u>380.00</u> | \$ <u>—</u> | \$ <u>380.00</u> | \$ <u>—</u> |

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 |
|-------------|---------|---------------------|-------------------|
| <u>NONE</u> | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |

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 |
|------------|---------|---------------------|-------------------|
| <u>N/A</u> | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |

4. How much cash do you and your spouse have? \$ SEE OTHER BELOW
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|-----------------|------------------------|
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |

5. List the assets, and their values, which you own or your spouse owns. Do not list 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 INMATE ACCOUNT AS OF 11/30/22. APPROX. AMOUNT
Value \$1,900.00

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 |
|---------------------------------------|--------------------|----------------------------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

| Name | Relationship | Age |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 | Your spouse |
|--|----------|---------------|
| Rent or home-mortgage payment (include lot rented for mobile home) | \$ _____ | \$ <u>N/A</u> |
| Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ _____ | \$ _____ |
| Home maintenance (repairs and upkeep) | \$ _____ | \$ _____ |
| Food | \$ _____ | \$ _____ |
| Clothing | \$ _____ | \$ _____ |
| Laundry and dry-cleaning | \$ _____ | \$ _____ |
| Medical and dental expenses | \$ _____ | \$ _____ |

| | You | Your spouse |
|---|------------------|---------------|
| Transportation (not including motor vehicle payments) | \$ _____ | \$ _____ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ _____ | \$ _____ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ _____ | \$ _____ |
| Life | \$ _____ | \$ _____ |
| Health | \$ _____ | \$ _____ |
| Motor Vehicle | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): _____ | \$ _____ | \$ _____ |
| Installment payments | | |
| Motor Vehicle | \$ _____ | \$ _____ |
| Credit card(s) | \$ _____ | \$ _____ |
| Department store(s) | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ |
| Alimony, maintenance, and support paid to others | \$ _____ | \$ _____ |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ _____ | \$ _____ |
| Other (specify): <u>PRISON COMMISSARY, PHONE, EMAIL COPIES, CORRLINKS</u> | \$ <u>360.00</u> | \$ _____ |
| Total monthly expenses: | \$ <u>360.00</u> | \$ <u>N/A</u> |

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 HAVE BEEN IN PRISON SINCE 2011. MY WIFE AND I ARE SEPERATED AND ESTRANGED. I DO NOT KNOW her current FINANCIAL SITUATION. I AM SUBMITTING THIS FORM BECAUSE THE CLERK REQUESTED IT. BUT I FEEL THAT I DO NOT HAVE TO ~~include~~ THIS FORM UNDER Supreme Court Rule 39.1. Appended ~~is~~ ARE THE ORDERS APPOINTING COUNSEL IN THE CURRENT PROCEEDING.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: JANUARY 11th, 2023



(Signature)

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

NICODEMO S. SCARFO — PETITIONER
(Your Name)

vs.

UNITED STATES — RESPONDENT(S)

ON PETITION FOR A WRIT OF CERTIORARI TO

THIRD CIRCUIT COURT of APPEALS

(NAME OF COURT THAT LAST RULED ON MERITS OF YOUR CASE)

PETITION FOR WRIT OF CERTIORARI

Nicodemo S. Scarfo Reg# 01381-748

(Your Name)

Federal Correctional Institution
P.O. Box 420

(Address)

Fairton, NJ 08320-0420

(City, State, Zip Code)

N/A

(Phone Number)

**SUPREME COURT OF THE UNITED STATES
OFFICE OF THE CLERK
WASHINGTON, DC 20543-0001**

November 30, 2022

Nicodemo S. Scarfo
#01381-748
FCI Fairton
P.O. Box 420
Fairton, NJ 08320

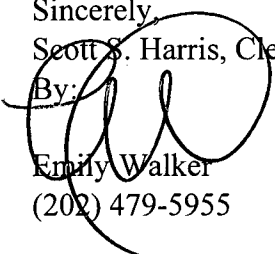
RE: US v. Scarfo
USAP3 No. 15-2811

Dear Mr. Scarfo:

The above-entitled petition for writ of certiorari was postmarked November 18, 2022 and received November 28, 2022. The papers are returned for the following reason(s):

No notarized affidavit or declaration of indigency is attached. Rule 39. You may use the enclosed form.

Please correct and resubmit as soon as possible. Unless the petition is submitted to this Office in corrected form within 60 days of the date of this letter, the petition will not be filed. Rule 14.5.

Sincerely,
Scott S. Harris, Clerk
By: 
Emily Walker
(202) 479-5955

Enclosures

Nicodemo S. Scarfo
Reg. no. 01381-748
FCI Fairton
PO Box 420
Fairton, NJ 08320-0420

Office of the Clerk
Attn. Emily Walker
Supreme Court of the United States
Washington, DC 20543-0001

RE: US v Scarfo, USAP3 no. 15-2811: Resubmission of Corrected Petition for Certiorari

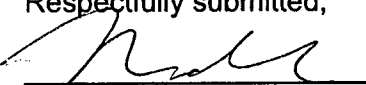
Ms. Walker or to whom it may concern:

As per your request (see attached letter dated 11/30/22), please find enclosed the corrected Petition for Certiorari. It now includes the Affidavit in Support of In Forma Pauperis. I also included the orders where counsel was appointed to represent me in the current proceeding. I was unable to retrieve the order from the Court of Appeals, so the docket sheet entry is attached (See ^{11/30} entry of docket excerpt attached). I am still of the belief that since I was appointed counsel, in both the District Court of New Jersey and Third Circuit, the affidavit is not required under Supreme Court Rule 39.1.

I've enclosed an extra copy of this cover letter and an extra copy of the Petition for Certiorari Cover Page. Please be so kind to file the originals in your usual manner and file mark the extra copies, then return to me in the enclosed postage paid, pre-addressed envelope.

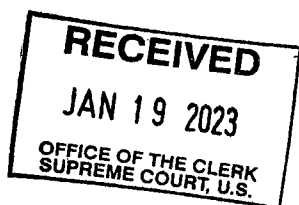
Thank you for your time and courtesies in this matter.

Respectfully submitted,


Nicodemo S. Scarfo

1/11/23
Date

cc: Solicitor General
file



07/29/2015 ☐ CRIMINAL CASE DOCKETED. Notice filed by Nicodemo S. Scarfo in District Court No. 1-11-cr-00740-001. (MLR) [Entered: 07/29/2015 03:08 PM]
6 pg, 178.71 KB

07/29/2015 ☐ RECORD available on District Court CM/ECF. (MLR) [Entered: 07/29/2015 03:09 PM]

→ 07/29/2015 ☒ ORDER appointing Michael E. Riley, Esq. as CJA counsel to continue to represent Appellant Nicodemo S. Scarfo, filed. (MLR) [Entered: 07/29/2015 03:19 PM]
0 pg, 0 KB

07/30/2015 ☐ ECF FILER: ENTRY OF APPEARANCE from Mark E. Coyne on behalf of Appellee(s) USA. (MEC) [Entered: 07/30/2015 01:17 PM]
1 pg, 55.11 KB

07/30/2015 ☐ ECF FILER: ENTRY OF APPEARANCE from Norman Gross on behalf of Appellee(s) USA. (NG) [Entered: 07/30/2015 05:02 PM]
1 pg, 54.99 KB

08/04/2015 ☐ EXPEDITED MOTION filed by Appellant Nicodemo S. Scarfo to Stay of Sentence Pursuant to Federal Rule of Criminal Procedure 39(b)(2). Response due on 08/17/2015. Certificate of Service dated 08/04/2015. (MLR) [Entered: 08/04/2015 01:35 PM]
17 pg, 946.79 KB

08/04/2015 ☐ TEXT ONLY ORDER (Clerk): Appellant has filed a motion for a stay of transfer. As Appellant has requested expedited consideration of the motion, Appellee's response to the motion must be filed and served by 5pm on Monday, August 10, 2015. (KGL) [Entered: 08/04/2015 02:43 PM]

08/06/2015 ☐ ECF FILER: Response filed by Appellee USA to Appellant's motion to stay sentence, filed. Certificate of Service dated 08/06/2015. (NG) [Entered: 08/06/2015 11:14 AM]
4 pg, 198.72 KB

08/10/2015 ☐ ECF FILER: Response filed by Appellant Salvatore Pelullo to clerk order, clerk order motion filed. Certificate of Service dated 08/10/2015. [15-2826, 15-2811] (TAA) [Entered: 08/10/2015 05:38 PM]
8 pg, 45.89 KB

08/10/2015 ☐ ECF FILER: Transcript Purchase Order Form (Part 1) filed by Appellant Salvatore Pelullo in 15-2826 Advising that Transcripts are needed, date(s) are: see PDF, to be filed by [15-2826, 15-2811]--[Edited 12/21/2015 by MLR] (TAA) [Entered: 08/10/2015 05:41 PM]
12 pg, 478.01 KB

08/10/2015 ☐ ECF FILER: CRIMINAL INFORMATION STATEMENT on behalf of Appellant Salvatore Pelullo in 15-2826, filed. [15-2826, 15-2811] (TAA) [Entered: 08/10/2015 05:42 PM]
2 pg, 203.52 KB

08/13/2015 ☐ ECF FILER: Motion filed by Appellee USA to consolidate for all purposes case numbers 15-2786 15-2811 15-2826 15-2824. Certificate of Service dated 08/13/2015. (NG) [Entered: 08/13/2015 09:44 AM]
4 pg, 227.48 KB

08/13/2015 ☐ ECF FILER: AMENDED Motion filed by Appellee USA to consolidate for appellee brief and disposition case numbers 15-2811 15-2826 15-2844 15-2925. Certificate of Service dated 08/13/2015. [15-2811, 15-2826, 15-2844, 15-2925]--[Edited 08/13/2015 by KR]--[Edited 08/13/2015 by KR] (NG) [Entered: 08/13/2015 01:40 PM]
4 pg, 230.35 KB

08/14/2015 ☐ CLERK ORDER The motion to consolidate appeals is granted. The actions are consolidated for purposes of Appellee's brief and disposition only. Appellee's brief must be filed and served within 21 days of the date of service of the last appellant's brief, filed. [15-2811, 15-2826, 15-2844, 15-2925] (CJG) [Entered: 08/14/2015 03:09 PM]
2 pg, 76.41 KB

08/17/2015 ☐ ECF FILER: Reply by Appellant Nicodemo S. Scarfo to Response Motion to stay, filed. Certificate of Service dated 08/16/2015.--[Edited 08/18/2015 by MLR] (MER) [Entered: 08/17/2015 11:17 AM]
37 pg, 1.29 MB

08/17/2015 ☐ ORDER (SCIRICA and RENDELL, Circuit Judges) denying Expedited Motion to Stay Sentence Pursuant to Federal Rule of Criminal Procedure 38(b)(2) by Appellant Nicodemo S. Scarfo, filed. Panel No.: ACO-095-E. SCIRICA, Authoring Judge. (MLR) [Entered: 08/17/2015 01:59 PM]
1 pg, 5.81 KB

08/18/2015 ☐ ORDER (VANASKIE, Circuit Judge) granting Motion by Attorney, Troy A. Archie, for Interim Billing. Counsel to Defendants Pelullo, Scarfo, and John and William Maxwell shall submit to the Court Clerk, on a quarterly basis (every 3 months), an interim CJA Form 20 "Appointment of and Authority to Pay Court Appointment Counsel", filed. Panel No.: CCO-095. VANASKIE, Authoring Judge. [15-2826, 15-2811, 15-2844, 15-2925] (MLR) [Entered: 08/18/2015 04:48 PM]
3 pg, 87.04 KB

11/09/2015 ☐ ECF FILER: Motion filed by Appellee USA in 15-2811, 15-2826, 15-2844, 15-2925, 15-3483 to accept noncompliant filing of Joint Appendix. Certificate of Service dated 11/09/2015. [15-2811, 15-2826, 15-2844, 15-2925, 15-3483] (NG) [Entered: 11/09/2015 02:37 PM]
5 pg, 230.87 KB

11/12/2015 ☐ ORDER (Clerk) The motion to submit the joint appendix in digital format is granted. Appellee's joint appendix must be filed in digital format within thirty (30) days of the date of this order. In the event the merits panel require the whole appendix or portions of the appendix, the parties will be directed to file paper copies at the direction of the Court, filed. [15-2811, 15-2826, 15-2844, 15-2925] (CJG) [Entered: 11/12/2015 03:10 PM]
1 pg, 72.01 KB

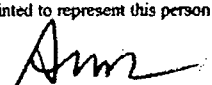
12/09/2015 ☐ ECF FILER: Motion filed by Appellee USA in 15-2811, 15-2826, 15-2844, 15-2925 for Extension of Time to file Joint Appendix until/for 30 days until January 13, 2016. Certificate of Service dated
4 pg, 228.27 KB

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

| | | | | | |
|---|--|---|---|--|--|
| 1. CIR/DIST./DIV. CODE NJXCA | | 2. PERSON REPRESENTED NICODEMO S. SCARFO | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 11-CR-00740 (01) | | 5. APPEALS DKT./DEF. NUMBER | |
| 6. OTHER DKT. NUMBER | | 7. IN CASE/MATTER OF (Case Name) USA (vs) NICODEMO S. SCARFO | | 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> 18:1962(d); 18:371; 18:1349; 18:1343; 18:1343 | | | | | |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Jeremy C. Gelb, Esq. Suite 206 The Benjamin Franklin 834 Chestnut Street Philadelphia, PA 19107 Telephone (215) 922-2415 | | | 13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" 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: _____ X Because the above-named person represented has testified under oath or has 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) _____ Signature of Presiding Judicial Officer or By Order of the Court <u>3/7/12</u> March 2, 2012 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 | | |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) | | | | | |

| CLAIM FOR SERVICES AND EXPENSES | | | | FOR COURT USE ONLY | | |
|---|---|-----------------------------------|---|----------------------------|----------------------------|-------------------|
| CATEGORIES (Attach itemization of services with dates) | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT | ADDITIONAL REVIEW |
| In | 15. 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: | | | | | |
| | Out of | 16. 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 ADJUSTED): | | | | | | |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 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 representation? <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 _____ | | | | | | |
| APPROVED FOR PAYMENT | | | | COURT USE ONLY | | |
| 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 JUDICIAL OFFICER | | | DATE | 28a. JUDGE/MAG. 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) <i>Payment approved in excess of the statutory threshold amount.</i> | | | DATE | 34a. JUDGE CODE | | |

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

| | | | | | |
|--|--|--|---|---|--|
| 1. CIR./DIST. DIV. CODE NJXCA | | 2. PERSON REPRESENTED NICODEMO S. SCARFO | | VOUCHER NUMBER | |
| 3. MAG. DKT. DEF. NUMBER | | 4. DIST. DKT. DEF. NUMBER 00cr404(JAP) | | 5. APPEALS DKT. DEF. NUMBER | |
| 6. OTHER DKT. NUMBER | | | | | |
| 7. IN CASE MATTER OF (Case Name) USA v NICODEMO S. SCARFO | | 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) If more than one offense, list (up to five) major offenses charged, according to severity of offense. VIOLATION OF SUPERVISED RELEASE | | | | | |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix). AND MAILING ADDRESS MICHAEL E. RILEY, ESQ. THE WASHINGTON HOUSE 100 HIGH STREET, SUITE 302 MT. HOLLY, NJ 08060 Telephone Number: 609-914-0300 | | | 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)  _____ Signature of Presiding Judge or By Order of the Court 11/4/2011 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 | | |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) SAME AS ABOVE | | | | | |

| CLAIM FOR SERVICES AND EXPENSES | | | FOR COURT USE ONLY | | | |
|--|--|---------------|----------------------|---------------------------|----------------------------|-------------------|
| 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: | | | | | | |
| 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 (Specify on additional sheets) | | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | | | |

| | | | | | |
|---|--|---|--|----------------------|--|
| 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 representation? <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 _____ | | | | | |

| APPROVED FOR PAYMENT — COURT USE ONLY | | | | | |
|--|--|----------------------------|--|---------------------|--|
| 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 | | | | | |