

22-6610

No. \_\_\_\_\_

FILED  
NOV 18 2022  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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.



(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 <i>NOT AVAILABLE</i>	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>
<b>Total monthly income:</b>	<b>\$ <u>380.00</u></b>		<b>\$ <u>380.00</u></b>	

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>NONC</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.

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____

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").

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

	<b>You</b>	<b>Your spouse</b>
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	\$_____	\$_____

	<b>You</b>	<b>Your spouse</b>
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, LUMINAIC COPIES, CORRLINKS</u>	<u>\$ 360.00</u>	\$ _____
<b>Total monthly expenses:</b>	<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 SEPARATED AND UNSTRANCHED. 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 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 11<sup>th</sup>, 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

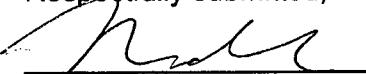
Ms. Walker or to whom it may concern:

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 <sup>Third</sup> ~~first~~ 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.

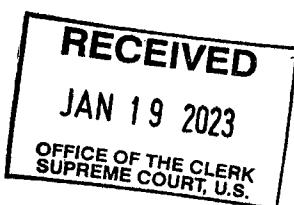
Thank you for your time and courtesies in this matter.

Respectfully submitted,

  
Nicodemo S. Scarfo

1/11/23  
Date

cc: Solicitor General  
file



07/29/2015	<input type="checkbox"/>  6 pg, 178.71 KB	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]
07/29/2015	<input type="checkbox"/>	RECORD available on District Court CM/ECF. (MLR) [Entered: 07/29/2015 03:09 PM]
07/29/2015	<input checked="" type="checkbox"/>  0 pg, 0 KB	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]
07/30/2015	<input type="checkbox"/>  1 pg, 55.11 KB	ECF FILER: ENTRY OF APPEARANCE from Mark E. Coyne on behalf of Appellee(s) USA. (MEC) [Entered: 07/30/2015 01:17 PM]
07/30/2015	<input type="checkbox"/>  1 pg, 54.99 KB	ECF FILER: ENTRY OF APPEARANCE from Norman Gross on behalf of Appellee(s) USA. (NG) [Entered: 07/30/2015 05:02 PM]
08/04/2015	<input type="checkbox"/>  17 pg, 946.79 KB	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]
08/04/2015	<input type="checkbox"/>	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	<input type="checkbox"/>  4 pg, 198.72 KB	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]
08/10/2015	<input type="checkbox"/>  8 pg, 45.89 KB	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]
08/10/2015	<input type="checkbox"/>  12 pg, 478.01 KB	ECF FILER: Transcript Purchase Order Form (Part 1) filed by Appellant Salvatore Pelullo in 15-2826 Advising theat 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]
08/10/2015	<input type="checkbox"/>  2 pg, 203.52 KB	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]
08/13/2015	<input type="checkbox"/>  4 pg, 227.48 KB	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]
08/13/2015	<input type="checkbox"/>  4 pg, 230.35 KB	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]
08/14/2015	<input type="checkbox"/>  2 pg, 76.41 KB	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]
08/17/2015	<input type="checkbox"/>  37 pg, 1.29 MB	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]
08/17/2015	<input type="checkbox"/>  1 pg, 5.81 KB	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]
08/18/2015	<input type="checkbox"/>  3 pg, 87.04 KB	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]
11/09/2015	<input type="checkbox"/>  5 pg, 230.87 KB	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]
11/12/2015	<input type="checkbox"/>  1 pg, 72.01 KB	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]
12/09/2015	<input type="checkbox"/>  4 pg, 228.27 KB	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

## 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) If more than one offense, list (up to five) major offenses charged, according to severity of offense.  
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

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

13. COURT ORDER  
 O Appointing Counsel  Co-Counsel  
 F Subs For Federal Defender  R Subs For Retained Attorney  
 P Subs For Panel Attorney  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

Other (See Instructions)



Signature of Presiding Judicial Officer or By Order of the Court

3/7/12

March 2, 2012

Nunc Pro Tunc Date

Date of Order  
Repayment or partial repayment ordered from the person represented for this service at time appointment.  YES  NO

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
In Out of	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	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.)					
<b>GRAND TOTALS CLAIMED AND ADJUSTED</b>					

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  Final Payment  Interim Payment Number \_\_\_\_\_  Supplemental Payment

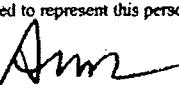
Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?  YES  NO If yes, were you paid?  YES  NO

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_

APPROVED FOR PAYMENT FOR 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) Payment approved in excess of the statutory threshold amount.			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		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			
Telephone Number: 609-914-03(H)		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 (Only provide per instructions) SAME AS ABOVE		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			
15. 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
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:					
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, transcript, etc.)					
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 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, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO 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	