

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

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*In the Supreme Court of the United States*

TERRY FROMAN,  
*Petitioner,*

v.

STATE OF OHIO  
*Respondent.*

ON PETITION FOR WRIT OF CERTIORARI TO  
THE OHIO COURT OF APPEALS

**MOTION FOR LEAVE TO APPEAL *IN FORMA PAUPERIS***

The petitioner asks for 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):

- (1). Ohio Supreme Court
- (2). Ohio Court of Appeals, Twelfth District
- (3). United States District Court for the Southern District of Ohio

[X] Petitioner's affidavit or declaration in support of this motion is attached hereto along with a recent account statement.

[X] A copy of the order of appointment in the United States District Court for the Southern District of Ohio is appended.

OFFICE OF THE OHIO PUBLIC DEFENDER

/s/ Rachel Troutman

Rachel Troutman [0076741]

Supervising Attorney, Death Penalty Dept.

*Counsel of Record*

250 East Broad Street, Suite 1400  
Columbus, Ohio 43215  
Ph: (614) 466-5394  
Fax: (614) 644-0708  
*Rachel.Troutman@opd.ohio.gov*

***Counsel for Petitioner Froman***

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

I, Terry Froman, 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	You	Spouse
Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Don't know, can't see my money that far back? last 6 months 0

Income source  
 Don't know, because I can't  
 see my money that far  
 back last 12 months

Average monthly  
 amount during the  
 past 12 months

Amount expected  
 next month

Other (specify): \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Total monthly income: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ 1002  
 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
Co. Co. I.	Travelers Account	\$ 1,002	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

<input type="checkbox"/> Home Value _____	<input type="checkbox"/> Other real estate Value _____
<input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model <u>2004 Yukon</u> Value <u>12000</u>	<input type="checkbox"/> Motor Vehicle #2 Year, make & model _____ Value _____
<input type="checkbox"/> Other assets Description _____ 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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Name	Relationship	Age
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. Estimate the average monthly expenses of you and your family. Show separately the amount 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>0</u>	\$ <u>0</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>75.00</u> <i>SOME MONTH</i>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>

	You	Your spouse
Credit card(s)	\$ <u>          0          </u>	\$ <u>          0          </u>
Department store(s)	\$ <u>          0          </u>	\$ <u>          0          </u>
Other: <u>          0          </u>	\$ <u>          0          </u>	\$ <u>          0          </u>
Alimony, maintenance, and support paid to others	\$ <u>          0          </u>	\$ <u>          0          </u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>          0          </u>	\$ <u>          0          </u>
Other (specify): <u>          0          </u>	\$ <u>          0          </u>	\$ <u>          0          </u>
<b>Total monthly expenses:</b>	\$ <u>          75<sup>00</sup>          </u>	\$ <u>          0          </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?           0          

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? \_\_\_\_\_ 0 \_\_\_\_\_

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

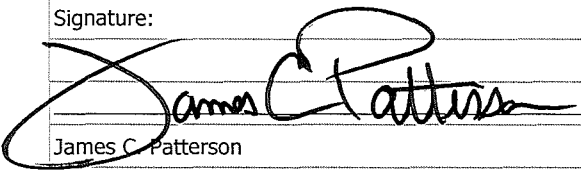
I've been independent since  
I've been locked up.

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

Executed on: Feb 28, 2023.

  
(Signature)



Description	Beginning	Ending	Amount
Resident Id: a736209			
Last Name: FROMAN			
First Name: TERRY			
Middle Name: L			
Total Deposits	9/4/2022 12:00:00 A	3/4/2023 12:00:00 A	\$233.13
Average Monthly Deposits	9/4/2022 12:00:00 A	3/4/2023 12:00:00 A	\$38.86
Total 1st Day Balances	9/4/2022 12:00:00 A	3/4/2023 12:00:00 A	\$6,918.08
Average 1st Day Balances	9/4/2022 12:00:00 A	3/4/2023 12:00:00 A	\$1,153.01
Balance as of		3/4/2023 12:00:00 A	\$1,020.74
Current Balance		3/4/2023 12:00:00 A	\$1,020.74
FFF Initial Payment as of		3/4/2023 12:00:00 A	\$150.00
Total Pay (State, OPI, Commission) Deposits	9/4/2022 12:00:00 A	3/4/2023 12:00:00 A	\$110.00
Average Total Pay Monthly Deposits	9/4/2022 12:00:00 A	3/4/2023 12:00:00 A	\$18.33
Total Commissary Expenditures	9/4/2022 12:00:00 A	3/4/2023 12:00:00 A	\$384.45
I certify this document is a true and accurate account of the inmate's financial record on file in my office.			
Signature:			
			
James C. Patterson			
Chillicothe Correctional Institution			
15802 St. Rt. 104 North			
Chillicothe OH 45601			

03/03/2023

Chillicothe Correctional Institution

Inmate Demand Statement

Inmate Name: FROMAN, TERRY L  
Lock Location: CCI,DR,DR1,A,,111

Number: A736209

Date Range: 09/03/2022 Through 03/04/2023

Beginning Account Balances:

Ending Account Balances:

	Saving	Debt	Payable		Saving	Debt	Payable
Pos Exemption	\$15.00	\$0.00	\$0.00	Pos Exemption	\$15.00	\$0.00	\$0.00
Inmate's Perso	\$1,240.20	\$0.00	\$0.00	Inmate's Personal	\$1,005.74	\$0.00	\$0.00
<b>Begin Totals</b>	<b>\$1,255.20</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>End Totals</b>	<b>\$1,020.74</b>	<b>\$0.00</b>	<b>\$0.00</b>

Transaction Date / Inst.	Transaction Amount	Description	Comment	Saving Balance	Debt Balance	Payable Balance
09/06/2022	\$100.00	OffConnect Kiosk Deposit	21272288571171/Froman, Kim	\$1,355.20	\$0.00	\$0.00
		CCI				
09/07/2022	(\$48.79)	Commissary Sale	Ticket Number 857868	\$1,306.41	\$0.00	\$0.00
		CCI				
09/08/2022	\$16.00	State Pay	DR STATE PAY	\$1,322.41	\$0.00	\$0.00
		CCI				
09/08/2022	\$9.00	Commissary Sale	Ticket Number 857921	\$1,331.41	\$0.00	\$0.00
		CCI				
09/13/2022	(\$10.00)	Withdrawal to KENTUCKY CLAIMS COMMISSION	CK 4759	\$1,321.41	\$0.00	\$0.00
		CCI				
10/01/2022	(\$15.00)	Inmate's Personal Account	POS Exemption Transfer	\$1,306.41	\$0.00	\$0.00
		CCI				
10/01/2022	\$15.00	Pos Exemption	POS Exemption Transfer	\$1,321.41	\$0.00	\$0.00
		CCI				
10/04/2022	\$11.13	Direct - Refund / Return	REFUND-BLICK ART	\$1,332.54	\$0.00	\$0.00
		CCI				
10/06/2022	\$12.00	State Pay	DR STATE PAY	\$1,344.54	\$0.00	\$0.00
		CCI				
10/12/2022	(\$48.39)	Commissary Sale	Ticket Number 861876	\$1,296.15	\$0.00	\$0.00
		CCI				
10/13/2022	(\$10.00)	Withdrawal to KENTUCKY CLAIMS COMMISSION	CK#5122	\$1,286.15	\$0.00	\$0.00
		CCI				
10/25/2022	(\$2.00)	Medical Co-Payment	DOS 10/23/2022	\$1,284.15	\$0.00	\$2.00
		CCI				
10/26/2022	(\$32.29)	Commissary Sale	Ticket Number 863865	\$1,251.86	\$0.00	\$2.00

CCI						
10/28/2022	(\$2.00)	Payment to Medical Co-Pay Fund	MED.CO-PAY OCT 2022	\$1,251.86	\$0.00	\$0.00
CCI						
10/31/2022	(\$29.50)	Commissary Sale	Ticket Number 863926	\$1,222.36	\$0.00	\$0.00
CCI						
11/01/2022	(\$15.00)	Inmate's Personal Account	POS Exemption Transfer	\$1,207.36	\$0.00	\$0.00
CCI						
11/01/2022	\$15.00	Pos Exemption	POS Exemption Transfer	\$1,222.36	\$0.00	\$0.00
CCI						
11/03/2022	\$12.00	State Pay	DR STATE PAY	\$1,234.36	\$0.00	\$0.00
CCI						
11/07/2022	(\$11.38)	Commissary Sale	Ticket Number 865197	\$1,222.98	\$0.00	\$0.00
CCI						
11/08/2022	\$2.00	Reversed Medical Co-Payment	Reversed Task No. 85215681	\$1,224.98	\$0.00	(\$2.00)
CCI						
11/17/2022	(\$10.00)	Withdrawal to KENTUCKY CLAIMS COMMISSION	CK#5507	\$1,214.98	\$0.00	(\$2.00)
CCI						
11/22/2022	(\$20.83)	Commissary Sale	Ticket Number 867630	\$1,194.15	\$0.00	(\$2.00)
CCI						
11/25/2022	(\$16.50)	Commissary Sale	Ticket Number 867672	\$1,177.65	\$0.00	(\$2.00)
CCI						
11/29/2022	\$2.00	Payment to Medical Co-Pay Fund	MED.CO-PAY NOV 2022	\$1,177.65	\$0.00	\$0.00
CCI						
12/01/2022	(\$15.00)	Inmate's Personal Account	POS Exemption Transfer	\$1,162.65	\$0.00	\$0.00
CCI						
12/01/2022	\$15.00	Pos Exemption	POS Exemption Transfer	\$1,177.65	\$0.00	\$0.00
CCI						
12/01/2022	\$5.00	Death Benefits	FY23 Flu Shot Incentive.	\$1,182.65	\$0.00	\$0.00
CCI						
12/08/2022	\$16.00	State Pay	DR STATE PAY	\$1,198.65	\$0.00	\$0.00
CCI						
12/08/2022	(\$0.57)	Postage Charges (USPS)	KIM FROMAN	\$1,198.08	\$0.00	\$0.00
CCI						
12/08/2022	(\$0.57)	Postage Charges (USPS)	MARGRET SMITH	\$1,197.51	\$0.00	\$0.00
CCI						
12/09/2022	\$2.00	Direct - Advance Pay	PAY ADDENDUM FOR NOVEMBER 2022	\$1,199.51	\$0.00	\$0.00

CCI					
12/12/2022	(\$39.34) Commissary Sale	Ticket Number 869422	\$1,160.17	\$0.00	\$0.00
CCI					
12/13/2022	(\$10.00) Withdrawal to KENTUCKY CLAIMS COMMISSION	CK 5793	\$1,150.17	\$0.00	\$0.00
CCI					
12/28/2022	(\$17.30) Commissary Sale	Ticket Number 871189	\$1,132.87	\$0.00	\$0.00
CCI					
01/01/2023	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$1,117.87	\$0.00	\$0.00
CCI					
01/01/2023	\$15.00 Pos Exemption	POS Exemption Transfer	\$1,132.87	\$0.00	\$0.00
CCI					
01/05/2023	\$18.00 State Pay	DR STATE PAY	\$1,150.87	\$0.00	\$0.00
CCI					
01/10/2023	(\$11.00) Postage Charges (USPS)	CHAR.CONNER	\$1,139.87	\$0.00	\$0.00
CCI					
01/10/2023	(\$11.00) Postage Charges (USPS)	KIM FROMAN	\$1,128.87	\$0.00	\$0.00
CCI					
01/11/2023	(\$34.53) Commissary Sale	Ticket Number 872850	\$1,094.34	\$0.00	\$0.00
CCI					
01/12/2023	\$6.50 Commissary Sale	Ticket Number 873096	\$1,100.84	\$0.00	\$0.00
CCI					
01/19/2023	(\$10.00) Withdrawal to KENTUCKY CLAIMS COMMISSION	CK#6184	\$1,090.84	\$0.00	\$0.00
CCI					
01/25/2023	(\$29.79) Commissary Sale	Ticket Number 874915	\$1,061.05	\$0.00	\$0.00
CCI					
02/01/2023	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$1,046.05	\$0.00	\$0.00
CCI					
02/01/2023	\$15.00 Pos Exemption	POS Exemption Transfer	\$1,061.05	\$0.00	\$0.00
CCI					
02/03/2023	\$18.00 State Pay	DR STATE PAY	\$1,079.05	\$0.00	\$0.00
CCI					
02/06/2023	(\$33.73) Commissary Sale	Ticket Number 876216	\$1,045.32	\$0.00	\$0.00
CCI					
02/07/2023	\$5.00 Vaccine Incentive Exempt from Collections	COVID-19 Booster	\$1,050.32	\$0.00	\$0.00
CCI					
02/16/2023	(\$10.00) Withdrawal to KENTUCKY CLAIMS COMMISSION	CK#6538	\$1,040.32	\$0.00	\$0.00
CCI					

02/22/2023	(\$37.58) Commissary Sale	Ticket Number 878369	\$1,002.74	\$0.00	\$0.00
CCI					
03/01/2023	(\$15.00) Inmate's Personal Account	POS Exemption Transfer	\$987.74	\$0.00	\$0.00
CCI					
03/01/2023	\$15.00 Pos Exemption	POS Exemption Transfer	\$1,002.74	\$0.00	\$0.00
CCI					
03/02/2023	\$18.00 State Pay	DR STATE PAY	\$1,020.74	\$0.00	\$0.00
CCI					

Outstanding Debts:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
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<b>Total Outstanding Case Balances</b>	<b>\$0.00</b>
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Outstanding Holds:

Start Date	Description	Case	Agency	County	Total Debt	Paid to Date	Balance Owed
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<b>Total Outstanding Case Holds</b>	<b>\$0.00</b>
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Outstanding Investments / EPC:

Investment Type	Investment Type Description	Invest Company	Company Description	Balance
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**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION**

**TERRY LEE FROMAN,**

**Case No. 2:23-cv-444**

**Petitioner,**

v.

**TIM SHOOP, Warden,  
Chillicothe Correctional Institute,**

**JUDGE MICHAEL R. BARRETT  
Magistrate Judge Karen L. Litkovitz**

**Respondent.**

**ORDER GRANTING LEAVE TO PROCEED *IFP* AND APPOINTING COUNSEL**

Petitioner, a prisoner sentenced to death by the State of Ohio, has filed a Notice of Intent to file a habeas corpus petition pursuant to 28 U.S.C. § 2254. This matter is before the Court for consideration of Petitioner's Motion for Appointment of Counsel (ECF No. 1), and Petitioner's Motion to Proceed *In Forma Pauperis* (ECF No. 2).

**Motion for Leave to Proceed in Forma Pauperis**

This Court has reviewed Petitioner's January 27, 2023, Motion to Proceed *In Forma Pauperis* and accompanying financial affidavit, and is satisfied that Petitioner's application is well founded. Accordingly, Petitioner's Motion for Leave to Proceed *In Forma Pauperis* (ECF No. 2) is **GRANTED**.

**Motion for Appointment of Counsel**

Petitioner has also filed a motion for appointment of counsel. (ECF No. 1.) An indigent defendant who is pursuing relief under 28 U.S.C. § 2254 from a state judgment sentencing him to death is entitled under 18 U.S.C. §§ 3599(a) and (d) to the appointment of one or more

attorneys to represent him, as well as the furnishing of any other reasonably necessary expert services. A capital defendant need not file a formal habeas corpus petition in order to initiate a post-conviction proceeding under 28 U.S.C. § 2254 sufficient to invoke his rights under 18 U.S.C. § 3599(a). Recognizing the importance of an attorney’s assistance prior to the filing of a capital defendant’s habeas corpus petition, and that the petitioner’s statutory right to counsel would be undermined if counsel were not given adequate time to prepare a habeas petition, the United States Supreme Court in *McFarland v. Scott*, 512 U.S. 849, 856-57 (1994), held that “a ‘post conviction proceeding’ within the meaning of § 848(q)(4)(B) is commenced by the filing of a death row defendant’s motion requesting the appointment of counsel for his federal habeas corpus proceeding.”<sup>1</sup>

Seeking appointment is Deborah L. Williams, Federal Public Defender, and the Office of the Federal Public Defender (FPD) for the Southern District of Ohio and its Capital Habeas Unit (CHU). (ECF No. 1.). The motion to appoint counsel states that Ms. Williams will then designate Assistant Federal Public Defenders from the CHU to enter their appearances and provide representation to Petitioner. (*Id.* at PAGEID # 4.). Accompanying the motion is an affidavit by Petitioner requesting the appointment of the Southern District CHU to represent him in this matter.

The Court is satisfied that Petitioner is entitled to the appointment of counsel under 18 U.S.C. 3599(a). The Court is further satisfied, and hereby takes Judicial Notice, that the Southern District CHU is qualified to represent Petitioner, as that specialized unit represents

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<sup>1</sup> On March 9, 2006, pursuant to the “USA PATRIOT Improvement and Reauthorization Act,” the provisions of 21 U.S.C. § 848(q) were replaced with identical provisions now set forth in 18 U.S.C. § 3599(a)(2).

many death-sentenced petitioners in federal habeas corpus proceedings. Accordingly, Petitioner's Motion for Appointment of Counsel (ECF No. 1), and in particular Deborah L. Williams, Federal Public Defender, is **GRANTED**.

Sections 3599(a) and (d) allow for the appointment of "one or more attorneys" to represent an indigent inmate challenging a state capital judgment. The Court is satisfied that Petitioner is entitled to more than one attorney to represent him. The Court hereby **DIRECTS** Deborah L. Williams and the Southern District CHU, within ten (10) days of the date of this Order, to file a Notice of Appearance as to the attorney/attorneys who will serve as counsel. Additionally, counsel are directed to designate lead and co-counsel.

Case Management/Scheduling Order

The parties are hereby **DIRECTED** to file, within forty-five (45) days of the date of this Order, a Joint Proposed Scheduling Order, setting forth tentative deadlines for the filing of the Petition, the joint filing of the state court record, and the filing of the Return of Writ and the Traverse.

Conclusion

For the foregoing reasons, Petitioner's Motions for Leave to Proceed *In Forma Pauperis* and for Appointment of Counsel (ECF Nos. 1 and 2) are **GRANTED**. Accordingly, it is **ORDERED** that Deborah L. Williams, Federal Public Defender, Office of the Federal Public Defender, Southern District of Ohio, 10 West Broad Street, Suite 1020, Columbus, Ohio, 43215, telephone 614-469-2999, be appointed to represent Petitioner in this matter. It is further **ORDERED** that the assistant federal defenders whom Ms. Williams designates enter their

notices of appearance, including who shall serve as lead trial counsel and who shall serve as co-counsel, within ten (10) days of the date of this Order.

Finally, the parties are **DIRECTED** to file a Joint Proposed Scheduling Order within forty-five (45) days of the date of this Order.

***IT IS SO ORDERED.***

  
\_\_\_\_\_  
Karen L. Litkovitz  
United States Magistrate Judge

