

No. _____

In the Supreme Court
of the United States

VICTOR SOLORZANO,
Petitioner,

v.

UNITED STATES OF AMERICA,
Respondent.

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

To the Honorable Justices of the United States Supreme Court:

COMES NOW, Victor Solorzano, Petitioner, by and through Criminal Justice Act appointed counsel, pursuant to Supreme Court Rule 39, and respectfully asks for leave of this Court to file the attached petition for writ of certiorari from the Fifth Circuit Court of Appeals without prepayment of costs and to proceed *in forma pauperis* and would show this Court the following:

I.

Petitioner was granted leave to proceed *in forma pauperis* and was appointed counsel to represent him in the district court and court of appeals under the Criminal Justice Act of 1964. 18 U.S.C. § 3006A. The undersigned was previously

appointed upon such motion by the district court. A copy of the order appointing counsel is attached.

Respectfully submitted,

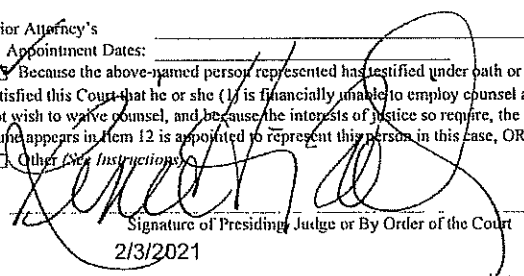
/s/ J. Joseph Mongaras
J. JOSEPH MONGARAS
Texas Bar No. 24039975

UDASHEN | ANTON
8150 N. Central Expressway,
Suite M1101
Dallas, Texas 75206
214/468-8100
214/468-8104 (fax)
jjm@udashenanton.com

CJA Appointed Counsel of Record

U.S. DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
FILED

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

1. CIR./DIST./DIV. CODE 05TXN3	2. PERSON REPRESENTED Victor Manuel Solorzano	VOUCHER NUMBER FEB - 2 2021
3. MAG. DKT./DEF. NUMBER 3:15-mj-00867-BF *SEALED*	4. DIST. DKT./DEF. NUMBER 3:16-cr-00283-L - 01	5. APPEALS DKT./DEF. NUMBER CJEL
7. IN CASE/MATTER OF (Case Name) USA v. Solorzano et al	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
6. OTHER DKT. NUMBER K. U.S. DISTRICT COURT 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> 21:841(a)(1) and (b)(1)(C) and 18:2 Possession with Intent to Distribute a Controlled Substance; Aiding and Abetting		
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS James J. Mongaras Jr. 8150 N. Central Expressway M1101 Dallas, TX 75206 Telephone Number : (214) 468-8100		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 checked="" 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 2/3/2021 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 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 Expenses (other than expert, transcripts, 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 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 _____		

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. 0	28a. JUDGE CODE
28. SIGNATURE OF THE PRESIDING JUDGE			DATE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED 0	
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	