

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Jacques Lamar Walker

(Your Name)

— PETITIONER

VS.

Commonwealth of Virginia

— 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):

The Circuit Court of Prince William County, Virginia, appointed the Office of the Public Defender to represent

Petitioner post-trial and on appeal.

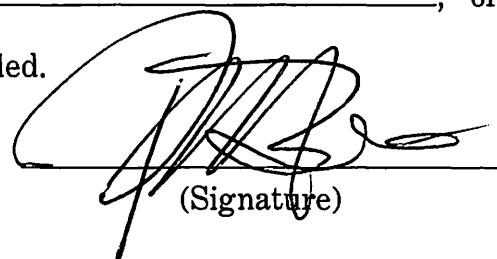
Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

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.



(Signature)

REQUEST FOR APPOINTMENT OF A LAWYER

Commonwealth of Virginia

VA. CODE ANN. §§ 16.1-266, 267 §§ 19.2-159, 160, 163

P.W.C.
CITY OR COUNTY

Case No. CR18-701 to 710

Circuit Court

General District Court

Juvenile and Domestic Relations District Court

Jacquins Walker Adult

ADDRESS

TELEPHONE NUMBER

TO THE ADULT: You have been charged with an offense punishable by death or confinement in a state correctional facility or in jail, including charges for revocation of suspension of imposition or execution of sentence or probation; or you are a party in a case involving allegations of abuse and/or neglect or a case in which you may be subjected to termination of your residual parental rights and responsibilities. You have the right to be represented by a lawyer with respect to this matter. In addition, the court shall consider appointing counsel to represent the parent or guardian of a child who is the subject of a foster care plan, foster care review or permanency planning hearing. You may retain a lawyer at your own expense or, if it is determined by the court that you are unable to afford a lawyer, this court will appoint a lawyer to represent you. If the judge appoints a lawyer to represent you, the lawyer will be paid with public funds whether or not you are convicted. However, if you are convicted, you shall pay the amount of the court-appointed lawyer's fee as part of the costs of prosecution. You may also waive your right to a lawyer.

REQUEST FOR APPOINTMENT OF A LAWYER – STATEMENT OF INDIGENCY

I, the undersigned, have been advised this day by this Court of my right to be represented by a lawyer in the case involving me; I certify that I am without means to employ a lawyer and I hereby request the Court to appoint a lawyer for me. My financial statement accompanies this request.

I have been informed that the lawyer appointed for me will be paid with public funds, but if I am convicted of a criminal offense, I shall have to pay the amount of the court-appointed lawyer's fee as part of the costs of prosecution. This lawyer will represent me in this case in all state courts until relieved or replaced by another lawyer.

If the court finds me to be not indigent, and if the court then declines to appoint a lawyer to represent me, I understand that I may employ my own lawyer. But, if I appear without counsel on the trial date, I may be deemed to have waived my right to counsel.

DATE

ADULT

The Court was advised that , a lawyer, has been retained to represent the accused in this Court.

This information was provided by:

the above-named person the lawyer

DATE

JUDGE CLERK

ORDER OF APPOINTMENT OF COUNSEL

**THE REQUEST FOR APPOINTMENT OF A LAWYER WAS EXECUTED UNDER OATH.
HAVING EXAMINED THE ADULT AND CONSIDERED OTHER COMPETENT EVIDENCE, I FIND
THAT**

the Adult is not indigent and not entitled to representation by a court-appointed attorney.

the Adult is indigent within the guideline set forth in the law and is entitled to representation by court-appointed counsel;

the Adult is not indigent and the Adult refuses to either employ counsel or waive his right to representation by a lawyer, but that the following circumstances and the ends of justice require the appointment of counsel:

Therefore I appoint the lawyer indicated below to represent the adult at such hearings and all other stages of the proceeding in this court and in any other court to which this case may be appealed or certified until relieved or replaced by another lawyer.

The Clerk shall send a copy of this Order to the Indigent Defense Commission as notice that the lawyer indicated below is not on the list maintained by the Commission, but has otherwise demonstrated to the Court an appropriate level of training and experience.

Public Defender

4/16/21 9AM

NEXT HEARING DATE AND TIME

4-8-21

DATE

JUDGE

571-719-4065

St J. JK

IN THE SUPREME COURT OF THE UNITED STATES

JACQUES LAMAR WALKER,)
Plaintiff,)
v.)
COMMONWEALTH OF VIRGINIA,)
Defendant,)
Case No. _____

**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Date: 9/24/23

My issue on appeal is: Whether My Convictions Should Have Been Reversed By The Supreme Court Of Virginia Because The Trial Court Violated The Due Process Clause Of The Fourteenth Amendment When It Refused To Prescreen And Exclude A Witness's First-Time In-Court Identification Of Me As The Masked Bank Robber.

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	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

2. *List your 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
None			\$
			\$
			\$

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
None			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0 _____

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
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$ N/A	(Value) \$ N/A	(Value) \$ None
0		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$ N/A	(Value) \$ N/A	(Value) \$ N/A
Make and year:		
Model:		
Registration #:		

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
None	\$	\$
	\$	\$
	\$	\$
	\$	\$

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

Name [or, if under 18, initials only]	Relationship	Age
None		

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, semiannually, or annually to show the monthly rate.*

Petitioner is Incarcerated	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$0	\$
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)	\$0	\$

Home maintenance (repairs and upkeep)	\$0	\$
Food	\$0	\$
Clothing	\$0	\$
Laundry and dry-cleaning	\$0	\$
Medical and dental expenses	\$0	\$
Transportation (not including motor vehicle payments)	\$0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$0	\$
Life:	\$0	\$
Health:	\$0	\$
Motor vehicle:	\$0	\$
Other:	\$0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$
Installment payments		
Motor Vehicle:	\$0	\$
Credit card (name):	\$0	\$
Department store (name):	\$0	\$
Other:	\$0	\$
Alimony, maintenance, and support paid to others	\$0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$0	\$
Other (specify):	\$0	\$
Total monthly expenses:	\$0	\$

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 [x] No If yes, describe on an attached sheet.

10. *Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?* [] Yes [x] No

If yes, how much? \$ _____

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

Petition has been incarcerated since 2016.

12. *State the city and state of your legal residence.*

Your daytime phone number: (____) _____

Your age: 31 *Your years of schooling:* _____

Last four digits of your social-security number: 7252