

IN THE SUPREME COURT OF THE UNITED STATES

-----X
PHILLIP KENNER,

Petitioner,

No.

v.

UNITED STATES OF AMERICA,

Respondent.

-----X
**MOTION FOR LEAVE
TO PROCEED IN
FORMA PAUPERIS**

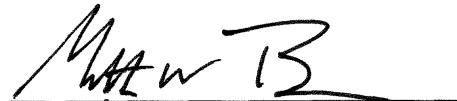
MATTHEW W. BRISSENDEN, counsel for the Petitioner Phillip Kenner, hereby moves for leave to file the accompanying petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

Petitioner was previously granted leave to proceed in forma pauperis in the United States District Court for the Eastern District of New York. A copy of the Order from the District Court, appointing the undersigned attorney as counsel under the Criminal Justice Act (18 U.S.C. § 3006A), is attached hereto as Exhibit A.

Based upon the forgoing information and the attached Order, we respectfully request that Phillip Kenner be granted leave to proceed in forma pauperis before this Court.

Dated: Garden City, New York
December 4, 2023

Respectfully submitted,



Matthew W. Brissenden
MATTHEW W. BRISSENDEN, P.C.
666 Old Country Road, Suite 501
Garden City, NY 11530
(516) 683-8500
Matthew.W.Brissenden@gmail.com
Counsel for Petitioner Phillip Kenner

Exhibit A

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

1. CIR./DIST. / DIV. CODE	2. PERSON REPRESENTED <i>Phillip Kenner</i>			VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <i>CR 13-607</i>	5. APPEALS DKT/DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) <i>USA v. Kenner, et al</i>	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)		
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.					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, Including any suffix), AND MAILING ADDRESS <i>Matthew Brissenden</i> <i>666 Old Country Rd, Suite 501</i> <i>Garden City, NY 11530</i> Telephone Number: <i>516-683-8500</i>		13. COURT ORDER <input 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 _____ <input type="checkbox"/> Other (See Instru			
14. NAME AND MAILING ADDRESS OF ATTORNEY (If applicable, attach separate sheet) <i>U.S. DISTRICT COURT E.D.N.Y.</i>		S/ JOSEPH F BIANCO Signature of Presiding Judge or By Order of the Court <i>8/6/19</i> 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
In Court	a. Arraignment and/or Plea		0.00	0.00	0.00
	b. Bail and Detention Hearings		0.00	0.00	0.00
	c. Motion Hearings		0.00	0.00	0.00
	d. Trial		0.00	0.00	0.00
	e. Sentencing Hearings		0.00	0.00	0.00
	f. Revocation Hearings		0.00	0.00	0.00
	g. Appeals Court		0.00	0.00	0.00
	h. Other (Specify on additional sheets)		0.00	0.00	0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
Out of Court	a. Interviews and Conferences		0.00	0.00	0.00
	b. Obtaining and reviewing records		0.00	0.00	0.00
	c. Legal research and brief writing		0.00	0.00	0.00
	d. Travel time		0.00	0.00	0.00
	e. Investigative and other work (Specify on additional sheets)		0.00	0.00	0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED)			0.00	0.00	0.00
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. \$0.00	
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 \$0.00	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	