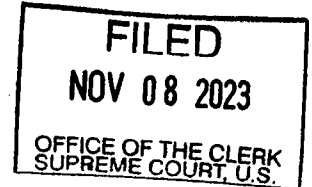


23-6730  
No. \_\_\_\_\_

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



BRYANT Callaway — PETITIONER  
(Your Name)

VS.

United States of America — 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):

Court of Appeals For the third circuit

☐ 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: CJA  
\_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

Bryant Callaway  
(Signature)

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE 0313		2. PERSON REPRESENTED BRYANT CALLOWAY		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:17-CR-00518-1-UA		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. CALLOWAY et al		8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE Criminal Case			
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 Benjamin Brait Cooper - Bar Number: 1601 Cherry Street Suite 1320 Philadelphia, PA 19102 Phone: 484-844-9455			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 Name: _____ Appointment Dates: _____ 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 Other (See Instructions) _____ Richard A. Lloret /S/ Signature of Presiding Judge or By Order of the Court 10/27/2017      10/19/2017 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 checked="" type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (See Instructions) - TIN: XX-XXXXXXX Phone: 484-844-9455					
<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">NOV - 2 2017</div> <div style="font-weight: bold; margin: 0;">KATE BARKMAN, Clerk By _____ Dep. Clerk</div>					
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. 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 = \$ 0.00) TOTALS					
16. 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 = \$ 0.00) 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: 1/1/1901 TO: 1/1/1901			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 0 <input type="checkbox"/> Supplemental Payment <input type="checkbox"/> Withholding Payment (--) (--) Have you previously applied to the court for compensation and/or reimbursement for this <input checked="" 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 checked="" 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. \$0.00		24. OUT OF COURT COMP. \$0.00		25. TRAVEL EXPENSES \$0.00	
26. OTHER EXPENSES \$0.00		27. TOTAL AMT. APPR./CERT. \$0.00			
28. SIGNATURE OF THE PRESIDING JUDGE				28a. JUDGE CODE	
29. IN COURT COMP. \$0.00		30. OUT OF THE COURT COMP. \$0.00		31. TRAVEL EXPENSES \$0.00	
32. OTHER EXPENSES \$0.00		33. TOTAL AMT. APPROVED \$0.00			
34. SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount			34a. JUDGE CODE		CERTIFIED AMT.