

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

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

FILED  
NOV 08 2023

OFFICE OF THE CLERK  
SUPREME COURT, U.S.

BRYANT (illegible) — 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

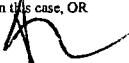
a copy of the order of appointment is appended.

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 &amp; 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 Bratt 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/
14. NAME AND MAILING ADDRESS OF LAW FIRM (See Item 13 for instructions) - TIN: XX-XXXXXX  Phone: 484-844-9455  By <u>KATE BARKMAN, Clerk</u> Dep. Clerk	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

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
15. In Court				MATH/TECH. ADJUSTED AMOUNT
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		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
FROM: 1/1/1901	TO: 1/1/1901			
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 checked="" 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		DATE		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		DATE		34a. JUDGE CODE
				CERTIFIED AMT.