

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

BRYAN RESHAD HILL, Petitioner,

v.

UNITED STATES OF AMERICA, Respondent

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*.

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): Court of Appeals for the Fifth Circuit.

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

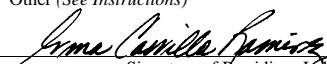
Petitioner's affidavit or declaration in support of this motion is attached hereto.

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: _____
_____, or

a copy of the order of appointment is appended.

(Mr.) Leigh W. Davis

1. CIR./DIST./ DIV. CODE 05TXN3	2. PERSON REPRESENTED Bryan Reshad Hill		VOUCHER NUMBER																													
3. MAG. DKT./DEF. NUMBER 3:19-mj-00877-BH	4. DIST. DKT./DEF. NUMBER 3:19-cr-00086-S -20	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																													
7. IN CASE/MATTER OF (Case Name) USA v. Freeman et al	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" 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) 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 USC § 846 Conspiracy to Possess with Intent to Distribute a Controlled Substance																																
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Leigh W. Davis 1901 Central Dr. Suite 708 LB57 Bedford, TX 76021 Telephone Number : _____ (817) 868-9500	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 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 5/9/2022 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)			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																											
15. In Court		<table border="1"> <tr> <td>a. Arraignment and/or Plea</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>c. Motion Hearings</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>d. Trial</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>e. Sentencing Hearings</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>f. Revocation Hearings</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>g. Appeals Court</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>(RATE PER HOUR = \$)) TOTALS:</td> <td>0.00</td> <td>0.00</td> </tr> </table>				a. Arraignment and/or Plea	0.00	0.00	b. Bail and Detention Hearings	0.00	0.00	c. Motion Hearings	0.00	0.00	d. Trial	0.00	0.00	e. Sentencing Hearings	0.00	0.00	f. Revocation Hearings	0.00	0.00	g. Appeals Court	0.00	0.00	h. Other (Specify on additional sheets)	0.00	0.00	(RATE PER HOUR = \$)) TOTALS:	0.00	0.00
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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. \$0.00																												
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) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE																												