

No. _____

IN THE
Supreme Court of the United States

JAWAN FORTIA,
Petitioner,
v.

UNITED STATES OF AMERICA,
Respondent.

On Petition for Writ of Certiorari
to the United States Court of Appeals for the Fifth Circuit

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

NOW COMES Petitioner Jawan Fortia, through undersigned counsel, and moves this Honorable Court for leave to proceed *in forma pauperis* and to file the attached Petition for Writ of Certiorari without prepayment of costs, pursuant to Supreme Court Rule 39 and 18 U.S.C. § 3006A(d)(7). A United States Magistrate Judge for the Eastern District of Louisiana appointed the Federal Public Defender to represent Mr. Fortia. *See United States v. Fortia*, No. 2:14-CR-131, ECF No. 64 (E.D. La. Aug. 29, 2014) (order) (attached hereto).

WHEREFORE, Petitioner respectfully moves this Honorable Court for leave to proceed *in forma pauperis* and to file the attached Petition for Writ of Certiorari without prepayment of costs.

Respectfully submitted this 21st day of November, 2024.

/s/ Celia Rhoads

CELIA C. RHOADS
Assistant Federal Public Defender
Counsel of Record
Office of the Federal Public Defender
500 Poydras Street, Suite 318
Hale Boggs Federal Building
New Orleans, Louisiana 70130
(504) 589-7930
celia_rhoads@fd.org

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

UNITED STATES OF AMERICA

CR.NO. 14-131 N

VERSUS

ORDER

JAWAN FORTIA

Appointing Counsel

Substituting Counsel For:

Ratifying Prior Service

Extending Appointment For Appeal

CHARGE: VIOLATIONS OF THE FEDERAL CONTROLLED SUBSTANCES ACT AND
THE FEDERAL GUN CONTROL ACT

FELONY MISDEMEANOR

The defendant, having satisfied this Court that he/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 Federal Public
Defender named below is hereby appointed to represent this defendant in the above designated case until
relieved by order of the District Court:

**CLAUDE J. KELLY, FEDERAL PUBLIC DEFENDER, HALE BOGGS FEDERAL BLDG.,
RM 318, 500 CAMP ST, NEW ORLEANS, LA 70130 PHONE: (504)589-7930**

Federal Public Defender is appointed for the limited purpose of:

It appearing to the Court that although the defendant is financially unable to employ counsel, he/she is
totally indigent.

IT IS FURTHER ORDERED that the defendant pay to the Clerk, U. S. District Court for services of
counsel, the total amount of \$ _____ to be paid within 10 working days
or by _____.

IT IS FURTHER ORDERED that the defendant is to pay to the Clerk, U.S. District Court, for services
of counsel, \$ _____ per month. This amount is to be paid, beginning on _____, 20____,
until further orders of the Court.

Dated at New Orleans, Louisiana, on AUGUST 29, 2014



UNITED STATES MAGISTRATE JUDGE

Copy to Financial Unit Clerk (*Only if defendant is ordered to pay*)

IN SUPPORT OF A REQUEST FOR AN ATTORNEY EXPENSE OR OTHER SECURED SERVICES WITHOUT PAYMENT IN ADVANCE																																																	
IN UNITED STATES		<input type="checkbox"/> MAGISTRATE	<input type="checkbox"/> DISTRICT	<input type="checkbox"/> APPEALS COURT or	<input type="checkbox"/> OTHER PANEL (Specify below)																																												
IN THE CASE		FOR		LOCATION NUMBER																																													
V.S. _____		AT _____		_____																																													
PERSON REPRESENTED (Show your full name)																																																	
<p>Jawan Fortica</p>																																																	
CHARGE/OFFENSE (describe if applicable & check box →)																																																	
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<p>EMPLOYMENT</p> <p>Are you now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed</p> <p>Name and address of employer: _____</p> <p>IF YES, how much do you earn per month? \$ _____</p> <p>IF NO, give month and year of last employment How much did you earn per month? \$ _____</p> <p>If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES, how much does your Spouse earn per month? \$ _____</p> <p>If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____</p>																																																	
<p>ASSETS</p> <p>OTHER INCOME</p> <p>Have you received within the past 12 months any income from a business, profession or other form of self-employment or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>RECEIVED _____ SOURCES _____</p> <p>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____</p>																																																	
<p>CASH</p> <p>Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____</p>																																																	
<p>PROPERTY</p> <p>Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT _____ VALUE _____ DESCRIPTION _____</p>																																																	
<p>OBLIGATIONS & DEBTS</p> <p>DEPENDENTS</p> <table border="1"> <tr> <td>MARITAL STATUS</td> <td>Total No. of Dependents</td> <td colspan="2">List persons you actually support and your relationship to them</td> </tr> <tr> <td><input checked="" type="checkbox"/> SINGLE</td> <td><input checked="" type="checkbox"/></td> <td colspan="2">_____</td> </tr> <tr> <td>MARRIED</td> <td><input type="checkbox"/></td> <td colspan="2">_____</td> </tr> <tr> <td>WIDOWED</td> <td><input type="checkbox"/></td> <td colspan="2">_____</td> </tr> <tr> <td>SEPARATED OR</td> <td><input type="checkbox"/></td> <td colspan="2">_____</td> </tr> <tr> <td>DIVORCED</td> <td><input type="checkbox"/></td> <td colspan="2">_____</td> </tr> </table> <p>DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</p> <table border="1"> <tr> <td>APARTMENT OR HOME:</td> <td>Creditors</td> <td>Total Debt</td> <td>Monthly Paymt.</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>						MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them		<input checked="" type="checkbox"/> SINGLE	<input checked="" type="checkbox"/>	_____		MARRIED	<input type="checkbox"/>	_____		WIDOWED	<input type="checkbox"/>	_____		SEPARATED OR	<input type="checkbox"/>	_____		DIVORCED	<input type="checkbox"/>	_____		APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
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I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

8|29|14

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

James Fortier