

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

_____ — PETITIONER
(Your Name)

VS.

_____ — 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):

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.

/s/ Blake Burns

(Signature)

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

— PETITIONER
(Your Name)

VS.

— RESPONDENT(S)

PROOF OF SERVICE

I, _____, do swear or declare that on this date,
_____, 20_____, as required by Supreme Court Rule 29 I have
served the enclosed MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*
and PETITION FOR A WRIT OF CERTIORARI on each party to the above proceeding
or that party's counsel, and on every other person required to be served, by depositing
an envelope containing the above documents in the United States mail properly addressed
to each of them and with first-class postage prepaid, or by delivery to a third-party
commercial carrier for delivery within 3 calendar days.

The names and addresses of those served are as follows:

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____

/s/ Blake Burns

(Signature)

1. CIR./DIST./DIV. CODE 05TXN4	2. PERSON REPRESENTED Leroy Harold White Jr.		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER 4:22-mj-00685-BP	4. DIST. DKT./DEF. NUMBER 4:22-cr-00276-O-02	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) USA v. Johnson et al	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) CC		
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. 18 U.S.C. §§ 922(g)(1) and 924(a)(2) Possession of a Firearm by a Convicted Felon and Forfeiture Notice					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Blake R. Burns 115 N Henderson St Fort Worth, TX 76102	13. COURT ORDER <input checked="" type="checkbox"/> Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> 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)		
Telephone Number: _____ 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Deputy	Signature of Presiding Judge or by Order of the Court 9/20/2022 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				
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
	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	0.00
Out of Court	a. Interviews and Conferences		0.00		0.00
	b. Obtaining and reviewing records		0.00		0.00
	c. Legal research and brief writing		0.00		0.00
	d. Travel time		0.00		0.00
	e. Investigative and other work (Specify on additional sheets)		0.00		0.00
	(RATE PER HOUR = \$)	TOTALS:	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
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	



Blake Burns <bburnslaw@gmail.com>

23-10194 USA v. White "Information for CJA Counsel"

1 message

cmecl_casprocessing@ca5.uscourts.gov <cmecl_casprocessing@ca5.uscourts.gov>

Tue, Feb 28, 2023 at

4:08 PM

To: bburnslaw@gmail.com

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United States Court of Appeals for the Fifth Circuit

Notice of Docket Activity

The following transaction was entered on 02/28/2023 at 4:08:34 PM Central Standard Time and filed on 02/28/2023

Case Name: USA v. White

Case Number: [23-10194](#)

Document(s): Document(s)

Docket Text:

CJA APPOINTMENT for Attorney Mr. Blake Ryan Burns for Mr. Leroy Harold White, Jr.. Counsel must use the eVoucher system to file the voucher at disposition of the case. Please see the attached document for further guidance.

ORIGINATING COURT DISTRICT: NTX

ORIGINATING CASE NUMBER: 4-22-CR-276

DEFENDANT NUMBER: 2

DATE OF APPOINTMENT: 02/27/2023 [23-10194] (AS)

Notice will be electronically mailed to:

Mr. Blake Ryan Burns, Attorney: bburnslaw@gmail.com, attorneyblakeburns@gmail.com

The following document(s) are associated with this transaction:

Document Description: Notice to Appointed Counsel

Original Filename: /opt/ACECF/live/forms/AmandaSutton_2310194_10052658_InfoSheetforCJA_Counsel_447.pdf

Electronic Document Stamp:

[STAMP acecfStamp_ID=1105048708 [Date=02/28/2023] [FileNumber=10052658-0] [47d06eaf64c77a713bb72901588beffc30243dd15aea6e1341253da45347f3deab0904a40a09f1bb7e944d722a1865f6ac674abdf75f44aad238c55b915c8d28]]

Recipients:

- Mr. Blake Ryan Burns, Attorney