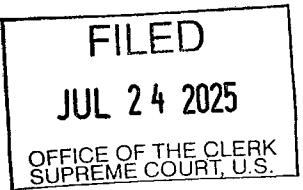


Case No. 25-5235



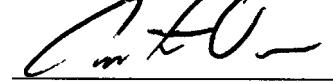
In the Supreme Court of the United States

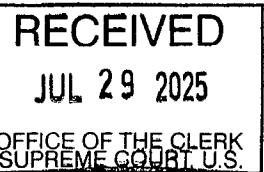
Carlton Vose, Petitioner,
v.
Peter F. Neronha, Rhode Island Attorney General, Respondent.

MOTION TO PROCEED IN FORMA PAUPERIS

Comes now, Petitioner Carlton Vose, pursuant to Rule 39, and requests leave of this Court to proceed *in forma pauperis*. Petitioner submits the attached Affidavit and Form 4 in support of this Motion. Petitioner was granted *in forma pauperis* status in the cases below that are the subject of the current Petition for Writ of Cert (Case 1:23-cv-84 in U.S. District Court for Rhode Island and on appeal to First Circuit in Case Nos. 24-1893 and 24-2079). Petitioner was also recently (last week - 07/18/25) granted *in forma pauperis* status in another case in U.S. District Court for Rhode Island at 1:25-cv-168.

Date: 07/23/25


Carlton Vose, pro se
11067 Percheron Dr.
Jacksonville, FL 33257
904-755-4641
carltonvose@gmail.com



Form 4.
Affidavit to Accompany Motion for
Leave to Appeal in Forma Pauperis

UNITED STATES SUPREME COURT

Carlton Vose, Petitioner

v.

Case No.

Peter Neronha, Attorney General for State of RI

Affidavit in Support of Motion	Instructions
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.)	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.
Signed: Carlton Vose 	Date: <u>07/23/25</u>

Issues on Appeal: 1. Violation of due process rights by state retroactive application of a new interpretation of a criminal statute. 2. Denial of Certificate of Appealability in Sec 2254 Habeas Corpus case.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months	Amount expected next month
Employment	You <u>\$ 0</u> Spouse <u>\$ n/a</u>	You <u>\$ 0</u> Spouse <u>\$ _____</u>
Self-employment	<u>\$ 0</u>	<u>\$ 0</u>
Income from real property (such as rental income)	<u>\$ 0</u>	<u>\$ 0</u>
Interest and dividends	<u>\$ 0</u>	<u>\$ 0</u>

Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>295</u>	\$ _____	\$ <u>295</u>	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Monthly income:	\$ <u>295.00</u>	\$ _____	\$ <u>295.00</u>	\$ _____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
Dept. of Veter	380 Westminster St	02/10 to 04/20	10,91!
JSC	501 E. Bay St.	09/95 to 06/02	5,000
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
n/a	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution Capital One	Type of Account Checking	Amount you have \$ 1,450	Amount your spouse has

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home <u>325,000</u>	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
				Make & year: <u>2007 Ford</u>	
				Model: <u>Fusion</u>	
				Registration #: <u>ukn</u>	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: _____		_____		_____	
Model: _____		_____		_____	
Registration #: _____					

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse **Amount owed to you** **Amount owed to your spouse**

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ 875.00	\$ _____
Are any real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ 475.00	\$ _____
Home maintenance (repairs and upkeep)	\$ 500	\$ _____
Food	\$ 400	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ 100	\$ _____
Medical and dental expenses	\$ _____	\$ _____
Transportation (not including motor vehicle payments)	\$ 200	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ 200	\$ _____
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ 175	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ 250	\$ _____

Installment payments	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Credit card (name): _____	\$ _____	\$ _____
Department store (name): _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>student loans</u>	\$ <u>550</u>	\$ _____
Total monthly expenses:	\$ <u>3,725</u>	\$ _____

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? \$ 300

81
5

If yes, state the person's name, address, and telephone number:
Whoever will be making all the copies required for the briefs.

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I have been unemployed for five years due to being wrongfully convicted as a direct result of my attorney's incompetence. I am receiving loans to stay afloat while I continue to fight for justice.

13. State the address of your legal residence.

11067 Percheron Dr, Jacksonville, FL 32257

Your daytime phone number: (904) 755-4641

Your age: 55 Your years of schooling: 19

State of Rhode Island

County of Washington

The foregoing instrument was acknowledged before me this 24th day of July, 2025 by Carlton Vose who has produced a valid driver's license as identification.

Keara Helene Bergey

Notary printed name: Keara Helene Bergey
Notary expires: 03/04/2026

