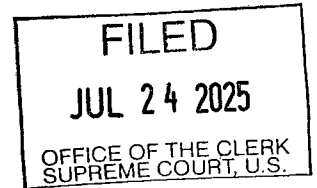


Case No. **25-5235**



In the Supreme Court of the United States

Carlton Vose, Petitioner,

v.

Peter F. Neronha, Rhode Island Attorney General, Respondent.

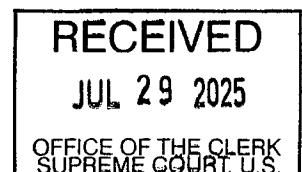
MOTION TO PROCEED IN FORMA PAUPERIS

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

A handwritten signature in black ink, appearing to read "Carlton Vose".

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: _____

07/23/25

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 you 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	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ n/a	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$

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	10,911
JSC	501 E. Bay St.	09/95 to 06/02	5,000
_____	_____	_____	_____

3. List your spouses'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	Type of Account	Amount you have	Amount your spouse has
Capital One	Checking	\$ 1,450	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
325,000	_____	_____	_____	Make & year: 2007 Ford	_____
_____	_____	_____	_____	Model: Fusion	_____
_____	_____	_____	_____	Registration #: ukn	_____
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 money	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

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

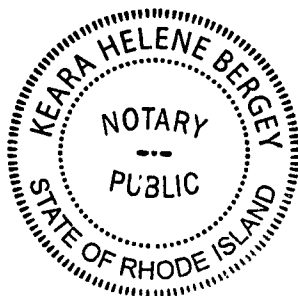
Your daytime phone number: (904) 755-4641

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.



Notary printed name: Keara Helene Bergoy
Notary expires: 07/04/2026