

No. _____

IN THE SUPREME COURT OF THE UNITED STATES

DEVIN GRAY, Petitioner

v.

THE PEOPLE OF THE STATE OF NEW YORK, Respondent

On Petition for a Writ of Certiorari to the
New York State Supreme Court, Appellate Division, Third Department

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner, Devin Gray, asks leave to file the accompanying petition for writ of certiorari, without prepayment of costs, and to proceed *in forma pauperis*. Petitioner was represented by court appointed counsel in the Appellate Division, Third Department, and was permitted to proceed *in forma pauperis* in that court (see order attached). Petitioner's affidavit in support of this motion is also attached.

In the event certiorari is granted petitioner respectfully requests that David E. Woodin, Esq., a member of the Bar of this Court, be assigned as counsel to represent petitioner with respect to the merits.

Dated: December 20, 2017

Respectfully submitted,

David E. Woodin, Esq.

David E. Woodin, LLC
285 Main Street
PO Box 433
Catskill, NY 12414
518-821-6194

Counsel for the Petitioner

State of New York
Supreme Court, Appellate Division
Third Judicial Department

Decided and Entered: October 26, 2015

107570

THE PEOPLE OF THE STATE OF
NEW YORK,

Respondent,

v

**DECISION AND ORDER
ON MOTION**

DEVIN GRAY,
(Ind. No. 2014-088)

Appellant.

Motion for permission to proceed on appeal as a poor person and for assignment of counsel.

Upon the papers filed in support of the motion, and no papers having been filed in opposition thereto, it is

ORDERED that the motion is granted, and the appeal shall be perfected in accordance with section 800.14 of this Court's Rules of Practice, and it is further

ORDERED that David E. Woodin, Esq., P.O. Box 433, Catskill, NY 12414, 518-821-6194, is assigned to represent appellant upon this appeal pursuant to County Law section 722, and it is further

ORDERED that pursuant to section 800.4 (c) of this Court's Rules of Practice, the Ulster County Court Clerk shall furnish to appellate counsel one copy of the transcripts of the stenographic minutes of all proceedings in this matter and one copy of any other paper or document on file in that office which is material and relevant to this appeal, except those portions which appellate counsel or the criminal court determines are unnecessary for perfection of the appeal, and to forward forthwith the other copy of said transcripts to the Clerk of this Court, and it is further

ORDERED that if the appeal is not perfected within 60 days of the date of this decision, appellate counsel shall move on notice for a further extension of time to perfect the appeal.

Peters, P.J., Lahtinen, Rose and Clark, JJ., concur.

ENTER:



Robert D. Mayberger
Clerk of the Court

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, DEVIN GRAY, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

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 | |
|--|--|-----------------|----------------------------|-----------------|
| | You | Spouse | You | Spouse |
| Employment | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Self-employment | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Income from real property (such as rental income) | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Interest and dividends | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Gifts | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Alimony | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Child Support | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Retirement (such as social security, pensions, annuities, insurance) | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Disability (such as social security, insurance payments) | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Unemployment payments | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Public-assistance (such as welfare) | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Other (specify): _____ | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Total monthly income: | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| N/A | N/A | N/A | \$ N/A |

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

| Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| N/A | N/A | N/A | \$ N/A |

4. How much cash do you and your spouse have? \$ N/A
 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 |
|-----------------------|-----------------|-----------------|------------------------|
| N/A | N/A | \$ N/A | \$ N/A |

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

Home
 Value N/A

Other real estate
 Value N/A

Motor Vehicle #1
 Year, make & model N/A
 Value —

Motor Vehicle #2
 Year, make & model N/A
 Value —

Other assets
 Description N/A
 Value —

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 |
|---------------------------------------|--------------------|----------------------------|
| N/A | \$ N/A | \$ N/A |
| | \$ N/A | \$ N/A |
| | \$ N/A | \$ N/A |

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

| Name | Relationship | Age |
|------|--------------|-----|
| N/A | N/A | N/A |
| | | |
| | | |

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, or annually to show the monthly rate.

| | You | Your spouse |
|--|--------|-------------|
| Rent or home-mortgage payment (include lot rented for mobile home) | \$ N/A | \$ N/A |
| Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ N/A | \$ N/A |
| Home maintenance (repairs and upkeep) | \$ N/A | \$ N/A |
| Food | \$ N/A | \$ N/A |
| Clothing | \$ N/A | \$ N/A |
| Laundry and dry-cleaning | \$ N/A | \$ N/A |
| Medical and dental expenses | \$ N/A | \$ N/A |

| | You | Your spouse |
|--|---------------|---------------|
| Transportation (not including motor vehicle payments) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Life | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Health | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Motor Vehicle | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Other: <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Installment payments | | |
| Motor Vehicle | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Credit card(s) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Department store(s) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Other: <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Alimony, maintenance, and support paid to others | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Other (specify): <u>N/A</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Total monthly expenses: | \$ <u>N/A</u> | \$ <u>N/A</u> |

9. Do you expect any major changes to your monthly income or expenses or 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? _____

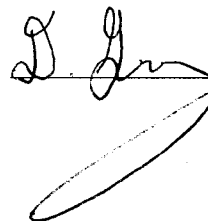
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I have NO income, assets, or have NO one else to rely on for these costs and they only way I can get help is if someone takes my case pro-bono or I do it pro-se.

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

Executed on: DECEMBER 4, 2017



(Signature)