

JEFFERY BLAKE ELLIS
Aka,"Jealous"

V.

THE UNITED STATES OF AMERICA

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The Petitioner, JEFFERY BLAKE ELLIS, by and through his appointed counsel asks leave to file the attached Petition for Writ of Certiorari without prepayment of cost and to proceed in forma pauperis. Petitioner has previously been granted leave to so proceed in the United States District Court for the Northern District of Texas, Fort Worth Division and in the United States Court of Appeals, Fifth Circuit. Petitioner's documents in support of this Motion are attached hereto.

/s/ RONALD G. COUCH
RONALD G. COUCH
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SBOT No. 0485600
Attorney for Petitioner
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CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./ DIV. CODE TXN4		2. PERSON REPRESENTED Jeffrey Blake Ellis		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 4:16-mj-00169-BJ *SEALED*		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (Case Name) USA v Ellis		8. PAYMENT CATEGORY ☒ Felony ☐ Misdemeanor ☐ Appeal		9. TYPE PERSON REPRESENTED ☒ Adult Defendant ☐ Juvenile Defendant ☐ Other	
		☐ Petty Offense ☐ Other		10. REPRESENTATION TYPE (See Instructions) CC	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Ronald G Couch 5005 Colleyville Blvd. # 217 Colleyville, TX 76034 Telephone Number : 817/514-4918			13. COURT ORDER ☒ O Appointing Counsel ☐ F Subs For Federal Defender ☐ P Subs For Panel Attorney ☐ C Co-Counsel ☐ R Subs For Retained Attorney ☐ Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ ☐ 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 ☐ Other (See Instructions) _____ Signature of Presiding Judge or By Order of the Court 04/22/2016 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					
APR 22 2016 NORTH DISTRICT OF TEXAS FILED					
CLAIM FOR REIMBURSEMENT AND EXPENSES					
By <u>Deputy</u>		FOR COURT USE ONLY			
CATEGORIES (Attach itemization of services with <u>Deputy</u>)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. In Court					
a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:					
16. Out of Court					
a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
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 ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment					
Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ 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? ☐ YES ☐ 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	
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	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE	