IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

Criminal Action No. 23-cr-00074-NYW-1
Civil Action No. _____

UNITED STATES OF AMERICA,

Plaintiff,

v.

DEJANE REANIECE LATTANY,

Defendant.

MOTION AND AFFIDAVIT FOR LEAVE TO PROCEED ON APPEAL PURSUANT TO 28 U.S.C. § 1915 AND FED. R. APP. P. 24 IN A CRIMINAL CASE

I request leave to commence this appeal without prepayment of fees or security therefor pursuant to 28 U.S.C. § 1915 and Fed. R. App. P. 24. I also request that the United States pay for a transcript of the record of proceedings, if any, for inclusion in the record on appeal. In support of my requests, I submit the accompanying affidavit and declare that:

(1) I am unable to pay such fees or give security therefor.
(2) The issues I desire to raise on appeal are:

What I was sentenced to in regard to my criminal history points does not align with the terms agreed upon in my plea agreement, nor does it reflect the arguments that my attorney was to argue/present during my sentencing. I was not provided anything prior to sentencing from my Attorney such as my Pre-Sentence Report, my Sentencing Memorandum, the Prosecution's late motions and order. I want to say thank you to Judge Yang for having the missing documents sent to me and the extension to October 5, 2023.

(3) I am entitled to redress.
(4) I take this appeal in good faith.
(5) The appeal is not frivolous and presents a substantial question.

I swear that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of prosecuting the appeal are true.

MARITAL STATUS AND DEPENDENTS

Single X Married ____ Separated ____ Divorced ____

The following individuals are my dependents (Identify minor children by their initials only. Do not include their date of birth.):

Name T.L. Age 11 Relationship Son
Name N.H. Age 7 Relationship Daughter
Name B.H Age 1 Relationship Son
Name _____ Age _____ Relationship _____

RESIDENCE

Street Address: 11125 Quintero ct.
City: Commerce city State: Colorado
Zip Code: 80022 Telephone: 720 318 0173

EDUCATION

What is the highest level of formal education you have received: Bachelors of Science in Healthcare Managem
I can speak, read, write, and understand the English language: Yes X No ____

EMPLOYMENT

If employed at present, complete the following:

Name of employer: N/A
Address of employer: N/A
Telephone number of employer: N/A
How long have you been employed by present employer: N/A
Income: Monthly $ N/A Weekly $ _____

If self-employed, state your net income: Monthly $ N/A Weekly $ _____
What is the nature of your self-employment? _____

If unemployed at present, complete the following:

I have been unemployed since: N/A
Name of last employer: _____
Address of last employer: _____
Telephone number of last employer: _____
Salary or hourly wage received from last employer: $ _____

If spouse is employed, complete the following:

Name of employer: N/A
How long has spouse been employed by present employer: _____
Income: Monthly $ _____ Weekly $ _____

If receiving public assistance (e.g., welfare, unemployment benefits), complete the following:

I have been receiving public assistance since: SNAP Foodstamps
Monthly benefits: $ 939.00 Weekly benefits: $ _____

REAL AND PERSONAL PROPERTY

Real property:

Do you own real property? Yes _____ No X

If yes, describe: Forfeiture advised by Previous Attorney.

Address: _____

Name(s) on title: _____

Estimated value: $ _____ Amount owed: $ _____

Annual income from real property: $ _____

Personal property:

Automobile: Make: N/A Model: _____ Year: _____

Name(s) on registration: _____

Estimated value: $ _____ Amount owed: $ _____

Cash on hand:

Total amount of cash in banks and savings and loan associations: $ N/A

Names and addresses of banks and associations: _____

Other information pertinent to financial status: (Include stocks, bonds, savings bonds, interests in trusts either owned or jointly owned):

N/A

Payments for legal assistance: I have paid or will be paying an attorney, or someone other than an attorney (such as a paralegal or typist), money for services in connection with this case, including the completion of this form. Yes___ No X

If yes, how much? $ _____

If yes, state the name, address, and telephone number of the attorney or person:

_____

_____

FINANCIAL OBLIGATIONS:	**MONTHLY PAYMENT:**
Rent on house or apartment:	$ _____
Mortgage on house:	$ 2,099.00
Gas bill:	$ 189.00
Electric bill:	$ 189.00
Telephone bill:	$ 65.00
Food:	$ 0
Clothing:	$ 400.00
Automobile loan:	$ 0
Automobile insurance:	$ 0
Other insurance:	$ 0

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Payments to retail merchants: $ _____
Total owed: _____
Payments on any other outstanding loans or debts: $ _____
Total owed: _____
Payments to doctors, hospitals, lawyers: $ _____
Total owed: _____
Maintenance under separation or dissolution agreement: $ _____
Child support: $ _____
Other Payments:
Describe: _____ $ _____
Describe: _____ $ _____
Describe: _____ $ _____
Describe: _____ $ _____

Total monthly payments: $ _____

Signature

Dejane Lattany
Name

11125 Quintero Ct
Street Address

Commerce City CO 80022
City State Zip Code

720 318 0173
Telephone Number

Holli Coulman
Signature of Affiant

Date: 9/5/23

SUBSCRIBED AND SWORN TO BEFORE ME THIS 5th day of September, 2023

HOLLI COULMAN
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 05/28/27
NOTARY ID 13202883-9

Holli Coulman
Notary Public

1001 Oakmeio Drive
Address Crossroads, TX. 76227

My commission expires: 5/28/27

HOLLI COULMAN
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 05/28/27
NOTARY ID 13202883-9

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