

FILED

UNITED STATES DISTRICT COURT
DENVER, COLORADO

09/06/2023

JEFFREY P. COLWELL, CLERK

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

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Single ☒ Married ☐ Separated ☐ Divorced ☐

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

Name	<u>T.L.</u>	Age	<u>11</u>	Relationship	<u>son</u>
Name	<u>N.H.</u>	Age	<u>7</u>	Relationship	<u>Daughter</u>
Name	<u>B.H.</u>	Age	<u>1</u>	Relationship	<u>son</u>
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 Management
I can speak, read, write, and understand the English language: Yes ☒ 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: \$

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REAL AND PERSONAL PROPERTY

Real property:

Do you own real property? Yes _____ No X

If yes, describe: For Feitures 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:

Rent on house or apartment:

Mortgage on house:

Gas bill:

Electric bill:

Telephone bill:

Food:

Clothing:

Automobile loan:

Automobile insurance:

Other insurance:

MONTHLY PAYMENT:

\$ _____

\$ 2,109.00

\$ 189.00

\$ 189.00

\$ 65.00

\$ 0

\$ 400.00

\$ 0

\$ 0

\$ 0

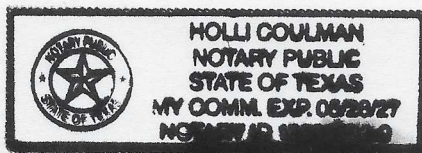
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Payments to retail merchants: \$ _____
Total owed: _____
Payments on any other outstanding
loans or debts: \$ _____
Total owed: _____
Payments to doctors, hospitals, lawyers: \$ _____
Total owed: _____
Maintenance under separation
or dissolution agreement: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

[Signature]
Signature
Dejane Latrany
Name
11125 Quintero Ct
Street Address
Commerce City CO 80022
City State Zip Code
720 318 0173
Telephone Number
[Signature]
Signature of Affiant

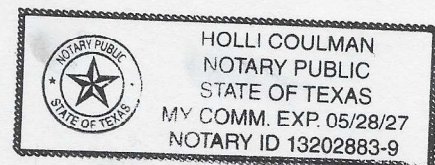
Date: 9/5/23

SUBSCRIBED AND SWORN TO BEFORE ME THIS 5th day of September, 20 23



[Signature]
Notary Public
1801 Oakview Drive
Address
Crossroads, TX. 76227

My commission expires: 5/28/27



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