

JUL 26 2023

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United States of America

USCA No. 23-3095

v.

Kirstyn Niemela

USDC No. 1:21-cr-00623

**MOTION FOR LEAVE TO PROCEED
ON APPEAL IN FORMA PAUPERIS**

I, Kirstyn Niemela, declare that I am the
 appellant/petitioner appellee/respondent in the above-entitled proceeding. In support
of this motion to proceed on appeal without being required to prepay fees, costs or give security
therefor, I state that because of my poverty I am unable to prepay the costs of said proceeding
or to give security therefor. My affidavit or sworn statement is attached.

I believe I am entitled to relief. The issues that I desire to present on appeal/review are as
follows: (Provide a statement of the issues you will present to the court. Attach an additional
sheet if necessary.) See next page

Signature [Handwritten Signature]

Name of Pro Se Litigant Kirstyn Niemela

Address **PII**

Submit original with a certificate of service to:

Clerk of Court
United States Court of Appeals
for the District of Columbia Circuit
E. Barrett Prettyman U.S. Courthouse, Room 5523
333 Constitution Avenue, N.W.
Washington, DC 20001

UNITED STATES COURT OF APPEALS
DISTRICT OF COLUMBIA CIRCUIT

333 Constitution Avenue, NW
Washington, DC 20001-2866
Phone: 202-216-7000 | Facsimile: 202-219-8530

United States of America

USCA No. 23-3095

v.

Kirstyn Niemela

USDC No. 1:21 cr 00623

**AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion

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.)

Instructions

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: 

Date: 7/25/23

My issues on appeal are:

Ineffective Counsel (^{Pre-trial/}~~Pre-trial~~ Trial + Post-conviction)

- Denied right to testify
- Lack of evidence / witness / victim
- Potential Brady violation
- Denied right to impartial jury of my peers
- Judges abuse of discretion
- Errors in Rulings
- Error in sentencing (incorrect application of sentencing guidelines)
- Denied Due process
- prosecutorial misconduct
- abuse of Discretion / retaliation

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	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Self-employment	<u>4800</u>	<u></u>	<u>unknown</u>	<u></u>
	You	Spouse	You	Spouse
Income from real property (such as rental income)	<u>N/A</u>	<u></u>	<u>N/A</u>	<u></u>
Interest and dividends	<u>N/A</u>	<u></u>	<u>N/A</u>	<u></u>
Gifts	<u>20</u>	<u></u>	<u>0</u>	<u></u>
Alimony	<u>N/A</u>	<u></u>	<u>N/A</u>	<u></u>
Child support	<u>N/A</u>	<u></u>	<u>N/A</u>	<u></u>
Retirement (such as social security, pensions, annuities, insurance)	<u>N/A</u>	<u></u>	<u>N/A</u>	<u></u>
Disability (such as social security, insurance payments)	<u>N/A</u>	<u></u>	<u>N/A</u>	<u></u>
Unemployment payments	<u>N/A</u>	<u></u>	<u>N/A</u>	<u></u>
Public-assistance (such as welfare)	<u>N/A</u>	<u></u>	<u>N/A</u>	<u></u>
Other (specify): _____	<u>N/A</u>	<u></u>	<u>N/A</u>	<u></u>
Total monthly income:	<u>4,800</u>	<u>↓</u>	<u>unknown</u>	<u>↓</u>

2. List your 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
Self Employed	252 Wehster St Hudson NH 03657	2 yrs	4800
_____	_____	_____	_____
_____	_____	_____	_____

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	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? 200

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	0	N/A
_____	_____	_____	_____
_____	_____	_____	_____

If you are a prisoner, seeking to appeal a judgment in a civil action or proceeding, 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 own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate(Value)	Motor Vehicle #1	(Value)
N/A	N/A	N/A	
_____	_____	Make & Year:	N/A
_____	_____	Model:	N/A
_____	_____	Registration #:	N/A
Motor Vehicle #2	Other Assets (Value)	Other Assets (Value)	
N/A	4-wheeler 800	N/A	
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
N/A	0	N/A

7. State every person, business, or organization to whom you or your spouse owes money, the nature of the indebtedness, and the amount owed.

Person to whom you or your spouse owe money	Nature of indebtedness (e.g., mortgage, credit card)	Amount owed	
		by you	by spouse
Holly Gaines	expenses charged on credit card	10K	

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

Name [or, if under 18, initials only]	Relationship	Age
N/A		

9. 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)	650	N/A
Are real-estate taxes included?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Is property insurance included?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	You	Spouse
Utilities (electricity, heating fuel, water, sewer, and telephone)	450	N/A
Home maintenance (repairs and upkeep)	200	N/A

	You	Spouse
Food	<u>800</u>	<u>N/A</u>
Clothing	<u>50</u>	
Laundry and dry-cleaning	<u>10</u>	
Medical and dental expenses	<u>10</u>	
Transportation (not including motor vehicle payments)	<u>Gas 700</u>	
Recreation, entertainment, newspapers, magazines, etc.	<u>100</u>	
Insurance (not deducted from wages or included in mortgage payments)	<u>N/A</u>	
Homeowner's or renter's	<u>N/A</u>	
Life	<u>N/A</u>	
Health	<u>N/A</u>	
Motor Vehicle	<u>75</u>	
Other: _____	<u>N/A</u>	
Taxes (not deducted from wages or included in mortgage payments)	<u>N/A</u>	
(specify) _____		
Installment payments		
Motor Vehicle	<u>582</u>	
Credit card (name): _____	<u>N/A</u>	
Department store	<u>N/A</u>	
(name): _____		
Other: <u>Month payments to holly</u>	<u>600</u>	
Alimony, maintenance, and support paid to others	<u>games for debt owed</u> <u>N/A</u>	
Regular expenses for operation of business, profession, or farm (attach detailed statement)	<u>N/A</u>	
Other(specify): <u>2 dogs</u> <u>Pets</u>	<u>Dog food ver Bills med s.</u> <u>500</u>	
Total monthly expenses:	<u>4727</u>	<u>↓</u>

10. 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

Depending on prison

If yes, describe on an attached sheet.

11. 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? 5K

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

John Pierce 5K up front and charging me
16K - Needs to be looked into.
filing Bar grievance

12. 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?

If yes, how much? N/A

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

N/A

13. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I live paycheck to paycheck

14. State the city and state of your legal residence.

Hudson NY

Your daytime phone number: (603) 414 - 0010

Your age: 35 Your years of schooling: 8

Certificate of Service

I certify that on this 25th day of July, 2023, a copy of the Motion for Leave to Proceed on Appeal in Forma Pauperis was delivered electronically to the following:

MICHAEL MATTHEW GORDON, ESQ.
U.S DEPARTMENT OF JUSTICE
400 North Tampa Street, Suite 3200
Tampa, FL 33602
michael.gordon3@usdoj.gov

JESSICA ARCO, ESQ.
U.S. DEPARTMENT OF JUSTICE
950 Pennsylvania Avenue NW
Washington, DC 20530
jessica.arco@usdoj.gov

Kirstyn Niemela



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ORIGIN ID: BMLA PII

KATHERINE NIEMEL PII

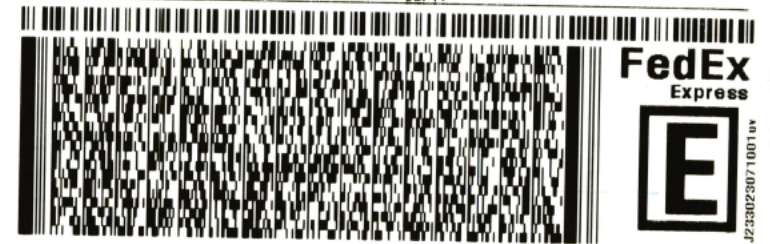
SHIP DATE: 25JUL23
ACTWGT: 0.15 LB
CAD: 6993822/5SFE2422

BILL CREDIT CARD

Part # 156297-838-419519-989-04/24

TO CLERK OF COURT
US COURT OF APPEALS FOR DC RM 5523
E BARRETT PRETTYMAN US COURTHOUSE
333 CONSTITUTION AVE NW
WASHINGTON DC 20001

(000) 000-0000 REF: DEPT:



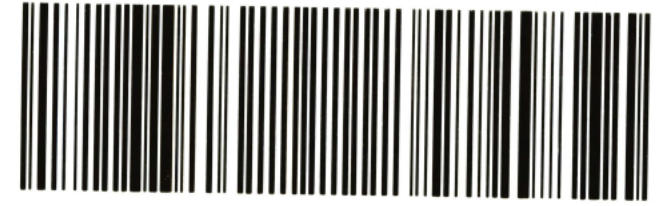
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WED - 26 JUL 10:30A
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XE TSGA

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