(Rev. 12/6/12)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF
CALIFORNIA

Melnyk Oleksandr Vladimirovich
Plaintiff

VS.

Immigration and Customs Enforcement
Defendant

Civil Action No. 1:25-cv-00953-SKO (HC)

Judge

Magistrate Judge Sheila Oberto

MOTION FOR APPOINTMENT OF COUNSEL
UNDER SECTION 706 (f) OF THE CIVIL RIGHTS ACT OF 1964

PART 1: EFFORTS TO OBTAIN COUNSEL

Declaring that the information I have given below is true and correct, I apply to the court for appointment of an attorney.

A. Have you talked with any attorney about handling your claim?

Yes [ ] No [✓]

If "Yes," give the following information about each attorney with whom you talked:

Attorney: _____

When: _____

How (by telephone, in person, etc.): _____

Why was this attorney not employed to handle your claim? _____

_____

Attorney: _____

When: _____

How (by telephone, in person, etc.): _____

Why was this attorney not employed to handle your claim? _____

_____

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Attorney: _____

When: _____

How (by telephone, in person, etc.): _____

Why was this attorney not employed to handle your claim? _____

_____

B. Explain any other efforts you have made to contact an attorney to handle your claim:

I have not contacted any attorney as I am incarcerated and it is hard to find an attorney that will represent my petition for habeas corpus

C. Give any other information which supports your application for the court to appoint counsel:

_____

_____

D. Name and address of each attorney who has represented you in the last ten (10) years:

Svetlana Kaff, she was disbarred and left my case without letting me know.

_____

_____

_____

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PART 2: FINANCIAL INFORMATION

(DO NOT COMPLETE THIS PART IF YOU HAVE ALREADY SUPPLIED THIS INFORMATION IN THE APPLICATION TO PROCEED *IN FORMA PAUPERIS.*)

1. Full Name _____

2. Address _____

(Street Address or P.O. Box)

_____

(City) (State) (Zip Code)

3. Marital Status: Single ☐ Married ☐ Separated ☐
Divorced ☐ Widowed ☐

4. Are you presently employed? Yes ☐ No ☐

If the answer is "Yes," give your occupation, the name and address of your employer and the gross and net amount of your salary.

_____

(Occupation) (Gross Salary) (Net Salary)

_____

(Name and Address of Your Employer)

5. If you are not presently employed, state the date of your last employment, the name and address of your employer and your salary.

_____

(Date Last Employed) (Salary)

_____

(Name and Address of Your Last Employer)

6. If you are married and if your spouse is employed, state his/her name, occupation, employer, address of employer and salary.

_____

(Name of Spouse) (Occupation) (Salary)

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7. Approximately how much money have you received in the past twelve months from the following sources:

as wages, salary, commissions or earned income of any kind? _____

as workman's compensation or disability insurance? _____

as rent payments, interest, dividends? _____

as pensions, annuities or life insurance payments? _____

from social security, unemployment compensation or welfare payments? _____

as gifts or inheritance? _____

from other sources? _____

8. How much money do you own or have in any checking or savings account? _____

9. Do you own or have any interest in any real estate, automobiles or other vehicles, boats, stocks, bonds, notes, or any other valuable property (excluding ordinary household furnishings and clothing)? Yes ☐ No ☐

If "Yes," give a description of the property and its estimated value. _____

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10. Is anyone dependent on you for support? Yes ☐ No ☐
If "Yes," give names, ages, relationship to you, and the amount you contribute toward their support. _____

11. List any debts you have and the amount owed.

Creditor	Amount Owed

12. List your monthly living expenses.

Under penalty of perjury, I declare that the information given in this motion is true and correct.

Date: July 22, 2025

x [redacted]
(Signature)

x [redacted] 611 Frontage RD.
(Street Address or P.O. Box)

x Antelope, CA [redacted] McFarland, CA 932
(City, State, Zip Code)

(Witness)

(Witness)

(Area Code) (Telephone Number)