

24-5579

ORIGINAL

No. _____

FILED

SEP 16 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

JOHN F. KODENKANDETH, PETITIONER) Scotus Docket NO:

vs

UPMC Health Plan Inc D/B/A UPMC for Life) Ca3 DOCKET # 24-1208
UPMC HOLDING COMPANY, INC)
University of Pittsburgh Physicians) PaWD Docket No. 2:23-cv-2049-CCW
MAXIMUS Federal Services)
Secretary, Department of Health & Human Services) M-22-1424 ALJ Appeal 3-10533871186
RESPONDENTS) M-22-284 ALJ Appeal 3-10196295036

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☐ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

NO

☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: N/A Not Applicable, or

☐ a copy of the order of appointment is appended.

N/A.

John F. Kodendeth

(Signature)

John F. Kodendeth

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, _____, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

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	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>21.83</u>	\$ _____	\$ <u>22</u>	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>950</u>	\$ <u>—</u>	\$ <u>950</u>	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ <u>972</u>	\$ _____
Total monthly income:	\$ <u>1972</u>	\$ _____	\$ _____	\$ _____

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Not employed			\$
			\$
			\$

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
NA			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 395
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
checking	\$ 5,585	\$
	\$	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home Value NA

☐ Other real estate Value NA

☐ Motor Vehicle #1 NA
Year, make & model
Value

☐ Motor Vehicle #2 NA
Year, make & model
Value

☐ Other assets NA
Description
Value

Plaintiff(s)

No.

Defendant(s)

AND NOW, this ____ day of _____, 20____, it is hereby ORDERED, ADJUDGED and DECREED as follows:..

____ Plaintiff
____ Counsel for Plaintiff

____ Defendant
____ Counsel for Defendant

FIGURE 6

Date: _____

_____ , J.

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

NONE. \$ 0.00.
\$
\$

\$
\$
\$

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name

Relationship

Age

NONE

8. 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, or annually to show the monthly rate.

You

~~Your spouse~~

Rent or home-mortgage payment
(include lot rented for mobile home)

150.

\$

Are real estate taxes included? ☒ Yes ☐ No

Is property insurance included? ☒ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ —

\$

Home maintenance (repairs and upkeep)

\$ —

\$

Food

50

\$

Clothing

400

\$

Laundry and dry-cleaning

38

\$

Medical and dental expenses

30

\$

175

	You	Your spouse
Transportation (not including motor vehicle payments)	30	\$
Recreation, entertainment, newspapers, magazines, etc	40	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	15	\$
Motor Vehicle	\$	\$
Other: _____	\$	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>INCOME TAX</u>	\$ 25.00	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	10.00	\$
Department store(s)	30	\$
Other: _____	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify): <u>LEGAL COST</u>	200.	\$
Total monthly expenses:	\$	\$

TOTAL.

2275.

9. 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 If yes, describe on an attached sheet.

9) YES: Petitioner expect the cost and expenses to increase significantly due to inflation, medical, dental, food, assisted care, disability, and legal expenses, inter alia

10. Have you paid - or will you be paying - an attorney any money for services in connection with this form? ☐ Yes ☒ No

10) YES: Petitioner expects to incur an estimated amount of \$600 per month for the duration of this case. Petitioner has not found a suitable attorney.. Petitioner is hoping SCOTUS will assign an Attorney who can write brief and oral arguments at Scotus for the petitioner.
If yes, state the attorney's name.

\$540 per month.

11. 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?

☒ Yes ☐ No

If yes, how much?

\$6 / mo.

11) YES: Petitioner is paying expenses for Word processing, Photocopying, printing, Proofreading, Postage, filing, and related administrative tasks. Estimated costs are \$100 per month. These are paid to different persons for each task. And they do Not agree to disclose their names and addresses;

12. Provide any other information that will help explain why you cannot pay the costs of this case.

12) Petitioner request ADA Accommodation for blindness and hearing loss., inter alia. Petitioner is a single 83 years old senior citizen with disabilities, living on a fixed income or Social Security and a small pension. Respondents are five large Mega Billion dollar Organizations, with more than twenty attorneys and paralegals. Petitioner needs help to carry out this yeoman task that will help all medicare enrollees.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 9/16/2024, 20

John F. Korbant

John F. Korbant

(Signature)

* Info based on Jan 1, 2026.