

24-5579

ORIGINAL

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

FILED
SEP 16 2024
OFFICE OF THE CLERK
SUPREME COURT, U.S.

JOHN F. KODENKANDETH, PETITIONER) Scotus Docket N0:

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: NA not applicable, or

a copy of the order of appointment is appended.

NA.

John F. Kodenkandeth

(Signature)

John F. Kodenkandeth

**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>930</u>	\$ <u>~</u>	\$ <u>1950</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			\$
Not employed			\$
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
Not employed			\$
Not employed			\$
Not employed			\$

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	\$ 57585	\$

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

Home NA
Value _____

Other real estate
Value _____

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

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

Other assets NA
Description _____
Value _____

**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY
CIVIL DIVISION**

Plaintiff(s)

vs.

No.-

Defendant(s)

ORDER

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

Consented to:

Plaintiff

Plaintiff

(please print)

Defendant

Counsel for Defendant

(address)

(address)

BY THE COURT

Date:

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

Kids

\$ 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

Kids

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

35 \$ _____

Medical and dental expenses

30
175 \$ _____

	You	<u>Your spouse</u>
Transportation (not including motor vehicle payments)	<u>30</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc	<u>40</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	<u>\$ 15</u>	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>INCOME TAX</u>	<u>\$ 25.00</u>	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	<u>\$ 10.00</u>	\$ _____
Department store(s)	<u>\$ 30</u>	\$ _____
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>	<u>\$ 200.</u>	\$ _____
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.

\$600 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?

\$6100.

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. Klobenske

(Signature)

John F. Klobenske

* Filed on Jan 1, 2023.