26-5076

ORIGINAL

No. _____

FILED
MAY 29 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

SUPREME COURT OF THE UNITED STATES

Stephen Cardwell — PETITIONER
(Your Name)

VS.

Donato Ciaccia — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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):

_____

_____

☐ 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: _____
_____, or

☐ a copy of the order of appointment is appended.

Stephen Cardwell
(Signature)

RECEIVED
JUL 13 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

RECEIVED
JUN 26 2026
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SUPREME COURT, U.S.

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	$ 0	$ 0	$	$
Self-employment	$	$	$	$
Income from real property (such as rental income)	$	$	$	$
Interest and dividends	$	$	$	$
Gifts	$	$	$	$
Alimony	$	$	$	$
Child Support	$	$	$	$
Retirement (such as social security, pensions, annuities, insurance)	$ 1,482.00	$	$ 1,482	$
Disability (such as social security, insurance payments)	$	$	$	$
Unemployment payments	$	$	$	$
Public-assistance (such as welfare)	$	$	$	$
Other (specify): _____	$	$	$	$
Total monthly income:	$	$	$	$

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
NA			$
			$
			$

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? $_____
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	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0

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

☑ Home
Value 200,000

☐ Other real estate
Value 0

☑ Motor Vehicle #1
Year, make & model 0
Value 0

☐ Motor Vehicle #2
Year, make & model 0
Value 0

☑ Other assets
Description 0
Value 0

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	$ N/A	$ N/A
	$	$
	$	$

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
N/A	N/A	N/A

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) Are real estate taxes included? ☒ Yes ☐ No Is property insurance included? ☑ Yes ☐ No	$ 1,335	$ 0
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 200	$ 0
Home maintenance (repairs and upkeep)	$ 200	$ 0
Food	$ 300	$ 0
Clothing	$ 0	$ 0
Laundry and dry-cleaning	$ 0	$ 0
Medical and dental expenses	$ 0	$ 0

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 0	$ 0
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 200	$ 0
Life	$ 0	$ 0
Health	$ 0	$ 0
Motor Vehicle	$ 65.00	$ 0
Other: _____	$	$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ 0	$ 0
Installment payments		
Motor Vehicle	$ 0	$ 0
Credit card(s)	$ 0	$ 0
Department store(s)	$ 0	$ 0
Other: _____	$ 0	$ 0
Alimony, maintenance, and support paid to others	$ 0	$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ 0	$ 0
Other (specify): _____	$ 0	$ 0
Total monthly expenses:	$ 0	$ 0

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.

10. 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? _____

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

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? _____

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

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

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

Executed on: June 8, 20 26

[redacted]
(Signature)

STATE OF INDIANA
COURT

IN THE _____

COUNTY OF MARION

CAUSE NO. 49D13250202CT007 4

IN RE THE MATTER OF:

STEPHEN CARDWELL
Petitioner

v.

TODD ROKITA, et al
Respondent

FILED
705 FEB 14 2025
Katherine Lucas Bea
CLERK OF THE MARION CIRCUIT COU

VERIFIED MOTION FOR FEE WAIVER

The Petitioner now states:

1. I wish to file this action and I believe I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with the following persons who are over eighteen (18) years of age
   0 Self
4. I live with the following persons who are **under** eighteen (18) years of age
   N A
5. I am responsible for the financial support of the following people **who live in my household**
   N A
6. The combined income of all persons I am responsible for supporting is $ 1,482.30 per month **(total from below).**

Income Received Each Month (before taxes)

Wages ($_____ per hour x _____ hours per month)	$
Unemployment Compensation	$
AFDC/TANF Benefits	$
SSI/SSD Benefits	$ 1,482.30
Child Support	$
Other (please describe)	$
Total Income	$

7. We have $ 20 in the bank.
8. Our expenses total $ 1,335.40 per month. **(Total from below).**

Monthly Expenses

Housing (Rent, Contract, or Mortgage)	$ 1,335.40
Utilities (Gas, Elective, Water, Phone, etc.)	$ 300.00
Food	$ 400.00
Child Care	$
Medical Bills	$
Transportation	$
Insurance (Car, Medical, and/or Property)	$ 160.45
Child Support	$
Other (please describe)	$
Total Expenses	$

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

There is no other party to serve.

I affirm under penalties for perjury that the foregoing representations and statements are true.

1-30-25
Date

Signature

Stephen Caldwell
Printed Name

First Merchants Bank

1 Corporate Drive, Suite 360
Lake Zurich, IL 60047-8945

MORTGAGE STA

Statement Date:

Property Address:	5770 N INDIANAPOLIS IN
Account Number	
Payment Due Date	
Amount Due	

If payment is received after 11/16/2024, a $46.93 late fee will be charged.

• 0660611 000019290 09DVM1 00919631

STEPHEN CARDWELL
MARK ANTHONY OLLESCA
5770 N ALTON AVE
INDIANAPOLIS, IN 46228-1626

Contact Us 1-85

Account Information	
Outstanding Principal Balance	$176,203.18
Current Escrow Account Balance	$331.91
Maturity Date	April 2051
Interest Rate	4.375%
Prepayment Penalty	No

Explanation of Amount Due	
Principal	
Interest	
Escrow (for Taxes and Insurance)	
Regular Monthly Payment	
Fees Charged Since Last Statement	
Total Fees Charged	
Overdue Payment	
Total Amount Due	

Housing Counselor Information: If you would like counseling or assistance, you can contact the following: US Department of Housing and Urban Development (HUD): For a list of homeownership counselors or counseling organizations in your area, go to http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm or call 800-569-4287.

Transaction Activity (9/5/2024 to 10/04/2024)

Date	Description	Charges	Payments	Escr
10/04	Payment - Thank you	$0.00	$1,335.40	

Past Payments Breakdown

Description	Paid Last Period	Paid Year to Date
Principal	$295.18	$2,903.98
Interest	$643.48	$6,482.62
Escrow (Taxes and Insurance)	$396.74	$2,600.40
Fees	$0.00	$0.00
Partial Payment (Unapplied)*	$0.00	$0.00
Total	$1,335.40	$11,987.00

IMPORTANT MESSAGES:

• **Partial payments:** Any partial payments that you make are not mortgage, but instead are held in a separate suspense account. balance of a partial payment, the funds will then be applied to

For a list of HUD approved Housing Counseling Agencies www.hud.gov or call HUD toll free at 1-800-569-42

NOTICE TO CUSTOMERS WHO ARE IN BANKRUPTC OBLIGATION HAS BEEN DISCHARGED AND NOT REAFFI *EXTENT YOUR ORIGINAL OBLIGATION WAS DISCHARGED,* TO AN AUTOMATIC STAY OF BANKRUPTCY UNDER TITLE 11 STATES CODE, THE INFORMATION IN THIS MORTGAGE STA REGULATORY COMPLIANCE AND INFORMATIONAL PURPO DOES NOT CONSTITUTE A DEMAND FOR PAYMENT IN VIO AUTOMATIC STAY OR THE DISCHARGE INJUNCTION OR A IMPOSE PERSONAL LIABILITY FOR SUCH OBLIGATION CREDITOR RETAINS RIGHTS UNDER ITS SECURITY INCLUDING THE RIGHT TO FORECLOSE ITS LIEN.
PLEASE SEE REVERSE FOR ADDITIONAL IMPORTANT NOTIFI

Please note: If you have enrolled in our automatic payment service, your payment will process as scheduled pursuant to the terms of your signed Authorization Form
This statement is provided for informational purposes pursuant to regulatory requirements established by the CFPB.

Social Security Administration
Benefit Verification Letter

Date: November 5, 2023
BNC#: 23TA382J41940
REF: A, DI

STEPHEN GREGORY CARDWELL
5770 N ALTON AVE
INDIANAPOLIS IN 46228-1626

You asked us for information from your record. The information that you requeste is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2022, the full monthly Social Security benefit before any deductions is $1,482.30.

We deduct $0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is $1,482.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on July 21, 2018.

Information About Past Social Security Benefits

From December 2021 to November 2022, the full monthly Social Security benefit before any deductions was $1,363.70.

We deducted $0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was $1,363.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

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

Executed on: March 30, 2026

Stephen G. Cardwell

Stephen G. Cardwell
Petitioner, Pro Se
5770 North Alton Ave.
Indianapolis, IN 46228