ORIGINAL

No. 26-5091

IN RE: 2025-SC-0141

IN THE

SUPREME COURT OF THE UNITED STATES

Kalief Cummings — PETITIONER
(Your Name)

VS.

Commonwealth of Kentucky — 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.

Kalief Cummings
(Signature)

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

I, Kalief Cummings, 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	$ 241.20	$ N/A	$ 26.00	$ N/A
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)	$ —	$	$ —	$
Disability (such as social security, insurance payments)	$ —	$	$ —	$
Unemployment payments	$ —	$	$ —	$
Public-assistance (such as welfare)	$ —	$	$ —	$
Other (specify):	$ —	$	$ —	$
Total monthly income:	$ 241.20	$ N/A	$ 26.00	$ N/A

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
Prison (EKCC)	200 Rd. to Justice West Liberty, KY 41472	Jan. 2024 to present	$ 26.00
			$
			$

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	—	—	$ N/A
			$
			$

4. How much cash do you and your spouse have? $ —None—
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
N/A	$	$
	$	$
	$	$

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

☐ Home
Value —None—

☐ Other real estate
Value —None—

☐ Motor Vehicle #1
Year, make & model —None—
Value

☐ Motor Vehicle #2
Year, make & model
Value

☐ Other assets
Description —None—
Value

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-	$ Ø	$ 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
-None-	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	$ -None-	$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ -None-	$ —
Home maintenance (repairs and upkeep)	$ -None-	$ —
Food	$ -None-	$ —
Clothing	$ -None-	$ —
Laundry and dry-cleaning	$ -None-	$ —
Medical and dental expenses	$ -None-	$ —

	You	Your spouse
Transportation (not including motor vehicle payments)	$ -None-	$ N/A
Recreation, entertainment, newspapers, magazines, etc.	$ -None-	$ -
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ -None-	$ -
Life	$ -None-	$ -
Health	$ -None-	$ -
Motor Vehicle	$ -None-	$ -
Other: _____	$ -None-	$ -
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$ -None-	$ N/A
Installment payments		
Motor Vehicle	$ -None-	$ -
Credit card(s)	$ N/A	$ -
Department store(s)	$ N/A	$ -
Other: _____	$ -None-	$ -
Alimony, maintenance, and support paid to others	$ N/A	$ -
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ -None-	$ N/A
Other (specify): _____	$ -None-	$ N/A
Total monthly expenses:	$ Ø	$ N/A

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.

Please see attached 'Certified' Inmate Accounts balance and monthly average for July 2025 to present (June 2026), and itemized monthly activity showing earned Prison labor $26 roughly monthly AND family or friend GIFTS about $220 monthly.

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

Executed on: June 18, 2026

Stevie Pelphrey
KYNP12768
exp 08-11-28

STEVIE J. PELPHREY
MY COMM. EXPIRES 08/11/2028
NOTARY PUBLIC
ID.# KYNP12768
STATE AT LARGE
KENTUCKY

(Signature)

DEPARTMENT OF CORRECTIONS

Eastern Kentucky Correctional Complex
200 Road to Justice
West Liberty, Kentucky 41472
(606) 743-2800

CERTIFICATION OF FUNDS DEPOSITED IN PRISONER'S INSTITUTIONAL ACCOUNT

Inmate Name: **Kalief** **A.** **Cummings**
First *Middle* *Last*

Institutional Identification Number: **292189**

I, *Teresa L Dyer*, of the Eastern Kentucky Correctional Complex Open Records Department, do hereby certify that the sum of **$1,309.16** has been deposited into this inmate's account during the preceding six months *(July 2025 to December 2025)* with an average monthly account balance in the amount of **$218.19**.

Teresa L. Dyer
Offender Information Specialist I

June 15, 2026
Date

DEPARTMENT OF CORRECTIONS

Eastern Kentucky Correctional Complex
200 Road to Justice
West Liberty, Kentucky 41472
(606) 743-2800

CERTIFICATION OF FUNDS DEPOSITED IN PRISONER'S INSTITUTIONAL ACCOUNT

Inmate Name: **Kalief** **A.** **Cummings**
First *Middle* *Last*

Institutional Identification Number: **292189**

I, *Teresa L Dyer*, of the Eastern Kentucky Correctional Complex Open Records Department, do hereby certify that the sum of **$1,585.20** has been deposited into this inmate's account during the preceding six months *(January 2026 to June 2026)* with an average monthly account balance in the amount of **$264.20**. Current account balance is **$16.82**.

Teresa L. Dyer
Offender Information Specialist I

June 15, 2026
Date

KY DOC | 6 MONTH AVERAGE INCOME STATEMENT | PAGE: 1 of 1

REPORT NO. IBSR180 - 35 | PROCESSED: 06/15/2026 12:41

FROM: 07/2025 TO: 12/2025 | REQUESTOR: Teresa Dyer

DOC #: 292189 | INMATE NAME: Cummings, Kalief A | SSN: 301-70-4875

		Deposit Detail	Total Deposit
FOR MONTH: July, 2025			
Deposit Type:	Christmas/Summer/Other Bonus Money	$10.00	
	State Pay Earned	$9.76	
	State Pay Earned	$39.26	
			$59.02
FOR MONTH: August, 2025			
Deposit Type:	Deposit Money into Inmate Acct.	$75.00	
	State Pay Earned	$69.46	
			$144.46
FOR MONTH: September, 2025			
Deposit Type:	Deposit Money into Inmate Acct.	$150.00	
	State Pay Earned	$63.42	
	Deposit Money into Inmate Acct.	$30.00	
	Deposit Money into Inmate Acct.	$20.00	
			$263.42
FOR MONTH: October, 2025			
Deposit Type:	Christmas/Summer/Other Bonus Money	$10.00	
	State Pay Earned	$57.38	
	Deposit Money into Inmate Acct.	$25.00	
	Deposit Money into Inmate Acct.	$45.00	
	Deposit Money into Inmate Acct.	$190.00	
			$327.38
FOR MONTH: November, 2025			
	Deposit Money into Inmate Acct.	$50.00	
	State Pay Earned	$72.48	
	Deposit Money into Inmate Acct.	$50.00	
			$172.48
FOR MONTH: December, 2025			
Deposit Type:	Christmas/Summer/Other Bonus Money	$10.00	
	Deposit Money into Inmate Acct.	$50.00	
	State Pay Earned	$60.40	
	Deposit Money into Inmate Acct.	$50.00	
	Deposit Money into Inmate Acct.	$80.00	
	Deposit Money into Inmate Acct.	$21.00	
	Deposit Money into Inmate Acct.	$71.00	
			$342.40

TOTAL AMOUNT : $1,309.16

6 MONTH AVERAGE: $218.19

Kalief Cummings #292189

B 3 DL 06U

REPORT NO. IBSR180 - 35 | PROCESSED: 06/15/2026 12:46

FROM: 01/2026 TO: 06/2026 | REQUESTOR: Teresa Dyer

DOC #: 292189 | INMATE NAME: Cummings, Kalief A | SSN: 301-70-4875

		Deposit Detail	Total Deposit
FOR MONTH: January, 2026			
Deposit Type:	Deposit Money into Inmate Acct.	$25.00	
	Deposit Money into Inmate Acct.	$20.00	
	Deposit Money into Inmate Acct.	$5.00	
	Deposit Money into Inmate Acct.	$120.00	
	State Pay Earned	$45.30	
			$215.30
FOR MONTH: February, 2026			
	Deposit Money into Inmate Acct.	$5.00	
	Deposit Money into Inmate Acct.	$150.00	
	State Pay Earned	$21.14	
	Deposit Money into Inmate Acct.	$20.00	
	Deposit Money into Inmate Acct.	$40.00	
			$236.14
FOR MONTH: March, 2026			
Deposit Type:	Deposit Money into Inmate Acct.	$20.00	
	Deposit Money into Inmate Acct.	$15.00	
	Deposit Money into Inmate Acct.	$20.00	
	Deposit Money into Inmate Acct.	$96.00	
	State Pay Earned	$17.08	
	Deposit Money into Inmate Acct.	$50.00	
	Deposit Money into Inmate Acct.	$30.00	
	Deposit Money into Inmate Acct.	$96.00	
	Deposit Money into Inmate Acct.	$96.00	
			$440.08
FOR MONTH: April, 2026			
Deposit Type:	Deposit Money into Inmate Acct.	$200.00	
	Christmas/Summer/Other Bonus Money	$10.00	
	Deposit Money into Inmate Acct.	$15.00	
	State Pay Earned	$26.84	
	Deposit Money into Inmate Acct.	$50.00	
	Deposit Money into Inmate Acct.	$25.00	
			$326.84
FOR MONTH: May, 2026			
Deposit Type:	Deposit Money into Inmate Acct.	$50.00	
	Deposit Money into Inmate Acct.	$25.00	
	Deposit Money into Inmate Acct.	$100.00	
	State Pay Earned	$26.84	
	Deposit Money into Inmate Acct.	$145.00	
			$346.84
FOR MONTH: June, 2026			
Deposit Type:	Deposit Money into Inmate Acct.	$20.00	
			$20.00

6 MONTH AVERAGE INCOME STATEMENT

PROCESSED: 06/15/2026 12:46

FROM: 01/2026 TO: 06/2026

REQUESTOR: Teresa Dyer

DOC #: 292189 INMATE NAME: Cummings, Kalief A SSN: 301-70-4875

	Deposit Detail	Total Deposit
TOTAL AMOUNT :		$1,585.20
6 MONTH AVERAGE:		$264.20

Additional material from this filing is available in the Clerk's Office.