26-5296

FILED
MAY 06 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE SUPREME COURT OF THE UNITED STATES

ORIGINAL

DARRELL LEON McCLANAHAN III,

Petitioner,

v.

DONALD J. TRUMP, PRESIDENT OF THE UNITED STATES;

UNITED STATES DEPARTMENT OF JUSTICE; UNITED STATES DEPARTMENT OF EDUCATION,

Respondents.

No. ______________________

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner Darrell Leon McClanahan III respectfully moves this Court pursuant to Rule 39 of the Rules of the Supreme Court of the United States for leave to proceed in forma pauperis. In support of this motion, petitioner states:

1. Petitioner was granted leave to proceed in forma pauperis by the United States District Court for the Western District of Missouri on April 8, 2025, in the proceedings below. Doc. 3, Case No. 3:2025cv05025. Petitioner's IFP status continued in the United States Court of Appeals for the Eighth Circuit pursuant to Federal Rule of Appellate Procedure 24(a)(3), as the district court did not certify that the appeal was not taken in good faith.
2. Petitioner is without funds to pay the $300 docketing fee or the costs associated with printing the required number of copies of this petition.
3. Petitioner's Affidavit in Support of this Motion, submitted herewith on the attached AO 240 short form with supplement dated May 6, 2026, sets forth petitioner's financial circumstances fully and accurately.
4. The petition presents substantial federal questions warranting this Court's review, as set forth therein. Petitioner's inability to afford the filing fee should not bar access to this Court.

WHEREFORE, petitioner respectfully requests that this Court grant leave to proceed in forma pauperis.

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

I, Darrell McClenahan, 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	$ 6406	$ 0	$ 6598
Self-employment	$ 0	$ 0	$ 0	$ 0
Income from real property (such as rental income)	$ 0	$ 0	$ 0	$ 0
Interest and dividends	$ 0	$ 0	$ 0	$ 0
Gifts	$ 0	$ 0	$ 0	$ 0
Alimony	$ 0	$ 0	$ 0	$ 0
Child Support	$ 0	$ 0	$ 0	$ 0
Retirement (such as social security, pensions, annuities, insurance)	$ 0	$ 0	$ 0	$ 0
Disability (such as social security, insurance payments)	$ 0	$ 0	$ 0	$ 0
Unemployment payments	$ 0	$ 0	$ 0	$ 0
Public-assistance (such as welfare)	$ 0	$ 0	$ 0	$ 0
Other (specify): ______	$ 0	$ 0	$ 0	$ 0
Total monthly income:	$ 0	$ 6406	$ 0	$ 6598

	You	Your spouse
Transportation (not including motor vehicle payments)	$ 0	$ 280
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$ 5
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$ 0	$ 0
Life	$ 0	$ 55
Health	$ 0	$ 165
Motor Vehicle	$ 0	$ 253
Other: Dental	$ 0	$ 22
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	$ 0	$ 0
Installment payments		
Motor Vehicle	$ 0	$ 410
Credit card(s)	$ 0	$ 271
Department store(s)	$ 0	$ 0
Other: Loans	$ 0	$ 313
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): School Lunch	$ 0	$ 150
Total monthly expenses:	$ 0	$ 5,680

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
None	N/A	N/A	$ N/A
			$
			$

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
Compass Health	2205 N. Elm St. Nevada, MO 64772	2-1-21 to present	$ 6598
			$
			$

4. How much cash do you and your spouse have? $ 630
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	$ 630
	$	$
	$	$

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

☑ Home
Value 180,000

☐ Other real estate
Value ____________

☐ Motor Vehicle #1
Year, make & model 2011 Ford F250 SuperDuty
Value $7,000

☑ Motor Vehicle #2
Year, make & model 2019 Acura MDX
Value $18,000

☐ Other assets
Description ____________
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
NIA	$ 0	$ 0
	$	$
	$	$

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
LM	Daughter	13
LM	Son	11
~~IM~~	~~Daughter~~	~~7~~
GM	Son	6

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	$ 0	$ 1286
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0	$ 660
Home maintenance (repairs and upkeep)	$ 0	$ 100
Food	$ 0	$ 1600
Clothing	$ 0	$ 100
Laundry and dry-cleaning	$ 0	$ 0
Medical and dental expenses	$ 0	$ 10

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 am not employed. I am disabled and a full-time stay at home father. I was injured in an industrial accident. I have zero personal income, zero assets, zero bank accounts. I am entirely dependent on my wife's income for basic necessities. My spouse is the sole provider of our family of six. My children qualify for Medicaid which confirms low income status. My wife's income is fully committed to the mortgage and essential survival. I have no legal or physical access to personal funds to pay required filing fees.

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

Executed on: July 1, 2026

Kyla Moorhouse
Kyla Moorhouse, notary
exp: 09-22-2028

(Signature)

KYLA MOORHOUSE
Notary Public, Notary Seal
State of Missouri
Barton County
Commission # 16882094
My Commission Expires 09-22-2028