26-5477 ORIGINAL

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

Petitioner Kevin Kirk respectfully moves this Court for leave to proceed *in forma pauperis* pursuant to Rule 39 of the Rules of this Court.

Petitioner is proceeding pro se and lacks sufficient financial resources to pay the docketing fee and other costs associated with proceeding before this Court without substantial hardship.

Petitioner previously advised this Court in *Kirk v. National Institute for People with Disabilities of New Jersey*, Application No. 26A17, in connection with his application for an extension of time to file a petition for a writ of certiorari, that he was proceeding pro se and intended to proceed in forma pauperis because of severe financial hardship.

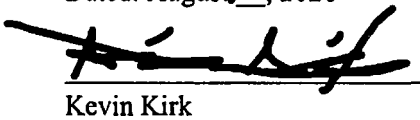
In support of this motion, Petitioner submits the financial affidavit or declaration required by Supreme Court Rule 39 and Federal Rule of Appellate Procedure Form 4. The completed financial affidavit should be attached to this filing.

Petitioner therefore respectfully requests that the Court grant leave to proceed in forma pauperis, permit this case to be docketed without payment of the docketing fee, and permit the Petition for a Writ of Certiorari and accompanying papers to be submitted pursuant to Rules 12.2, 33.2, and 39.

Respectfully submitted,

Kevin Kirk
Petitioner Pro Se
43 Harrison Avenue
Garfield, New Jersey 07026
Telephone: 205-518-4458
Email: crnh213@gmail.com

Dated: August 22, 2026



Kevin Kirk

No. _____

IN THE

SUPREME COURT OF THE UNITED STATES

KEVIN KIRK, **Petitioner,**

v.

NATIONAL INSTITUTE FOR PEOPLE WITH DISABILITIES OF NEW JERSEY, **Respondent.**

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

I, Kevin Kirk, 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.

Complete every item. Enter "0," "none," or "N/A" where applicable. Attach a separate sheet identified by name and question number if additional space is needed.

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 received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts before deductions for taxes or otherwise.

Income source	Average monthly amount — You	Average monthly amount — Spouse	Expected next month — You	Expected next month — Spouse
Employment	$ 0	$	$	$
Self-employment	$ 0	$	$	$
Income from real property (such as rental income)	$ 0	$	$	$
Interest and dividends	$ 0	$	$	$
Gifts	$ 0	$	$	$
Alimony	$ 0	$	$	$
Child support	$ 0	$	$	$
Retirement (such as social security, pensions, annuities, insurance)	$ 0	$	$	$
Disability (such as social security, insurance payments)	$ 0	$	$	$
Unemployment payments	$ 0	$	$	$
Public assistance (such as welfare)	$ 0	$	$	$
Other (specify): _____	$ 0	$	$	$
TOTAL MONTHLY INCOME	$ 0	$	$	$

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
self employed rental income	43 harrison ave garfield nj	aug/2020-jul/2026	$ 2400
			$
			$

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
			$
			$
			$

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	$ 80k	$
	$	$
	$	$

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

Asset owned by you or spouse	Additional asset
[ ] Home Value: $ sold	[ ] Other real estate Value: $ 0
[ ] Motor Vehicle #1 Year, make & model: 0 Value: $ 0	[ ] Motor Vehicle #2 Year, make & model: Value: $ 0
[ ] Other assets Description: 0 Value: $ 0	Additional description/value: 0

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person, business, or organization	Amount owed to you	Amount owed to your spouse
	$ 0	$
	$ 0	$
	$ 0	$

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names.

Name or initials	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust payments made weekly, biweekly, quarterly, or annually to show the monthly rate.

Expense	You	Your spouse
Rent or home-mortgage payment	$ 0	$
Real estate taxes included? [ ] Yes [ ] No	$ 0	$
Property insurance included? [ ] Yes [ ] No	$ 0	$
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 0	$
Home maintenance (repairs and upkeep)	$ 0	$
Food	$ 1800	$
Clothing	$ 0	$
Laundry and dry-cleaning	$ 120	$
Medical and dental expenses	$ 0	$
Transportation (not including motor vehicle payments)	$ 2500	$
Recreation, entertainment, newspapers, magazines, etc.	$ 100	$

Question 8 continued — Average Monthly Expenses

Expense	You	Your spouse
Insurance — Homeowner's or renter's	$ _____	$ _____
Insurance — Life	$ _____	$ _____
Insurance — Health	$ _____	$ _____
Insurance — Motor vehicle	$ _____	$ _____
Insurance — Other (specify): _____	$ _____	$ _____
Taxes not deducted from wages or included in mortgage (specify): _____	$ _____	$ _____
Installment payments — Motor vehicle	$ _____	$ _____
Installment payments — Credit card(s)	$ _____	$ _____
Installment payments — Department store(s)	$ _____	$ _____
Installment payments — Other (specify): _____	$ _____	$ _____
Alimony, maintenance, and support paid to others	$ _____	$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$ _____	$ _____
Other (specify): _____hotel and food_____	$ _____3000_____	$ _____
TOTAL MONTHLY EXPENSES	**$ _____3000____**	$ _____

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 [x] No

If yes, describe the expected changes below or 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 completion of this form?

[x] Yes [ ] No If yes, how much? $ _____5000_____

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

_____James harrison banks esq_____One university plaza, suite 412 hackensack, nj 07601_____Tel: 201254 9919_____

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or typist) any money for services in connection with this case, including completion of this form?

[ ] Yes [x] 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.

_____Currently out of work with no place to live and unsure of my own future._____

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

Executed on: _____august 30_____, 2026 _____Kevin Kirk_____

Kevin Kirk, Petitioner Pro Se

43 Harrison Avenue
Garfield, New Jersey 07026

Telephone: 862-464-3219
Email: crnh213@gmail.com

No notarization is required if Kirk signs the declaration under penalty of perjury as written above.