

26-5611

No. _____

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

Kevin M. Cardwell - PETITIONER

(Your Name)

VS.

Office of the Indiana Attorney General, et al. - RESPONDENT(S)

FILED

SEP 12 2026

OFFICE OF THE CLERK
SUPREME COURT, U.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):

Howard Superior Court 4, Cause No. 34D04-2504-CT-001363

Indigent civil appeal status granted February 26, 2026.

☐ 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: N/A, or

☐ a copy of the order of appointment is appended.

/s/ Kevin M. Cardwell

(Signature)

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

I, Kevin M. Cardwell, 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	N/A	0	N/A
Self-employment	0	N/A	0	N/A
Income from real property (such as rental income)	0	N/A	0	N/A
Interest and dividends	0	N/A	0	N/A
Gifts	0	N/A	0	N/A
Alimony	0	N/A	0	N/A
Child Support	0	N/A	0	N/A
Retirement (such as social security, pensions, annuities, insurance)	0	N/A	0	N/A
Disability (such as social security, insurance payments)	994	N/A	994	N/A
Unemployment payments	0	N/A	0	N/A
Public-assistance (such as welfare)	0	N/A	0	N/A
Other (specify): NONE	0	N/A	0	N/A
Total monthly income:	994	N/A	994	N/A

Current SSI amount: \$994 per month. See attached Social Security Administration verification letter.

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 - not employed	N/A	N/A	\$0
NONE	N/A	N/A	\$0
NONE	N/A	N/A	\$0

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 - no spouse	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account	Amount you have	Amount your spouse has
Checking	\$0	N/A
Savings	\$0	N/A
Other accounts	\$0	N/A

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

Answer: NONE. Petitioner owns no home, other real estate, motor vehicles, or other assets.

Home	Value \$0	Other real estate	Value \$0
Motor Vehicle #1	NONE / \$0	Motor Vehicle #2	NONE / \$0
Other assets	NONE / \$0	Spouse assets	N/A

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	\$0	N/A
NONE	\$0	N/A
NONE	\$0	N/A

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

Name	Relationship	Age
NONE	N/A	N/A
NONE	N/A	N/A
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.

Expense	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$880	N/A
Are real estate taxes included?	N/A - renter	N/A
Is property insurance included?	N/A - renter	N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$0	N/A
Home maintenance (repairs and upkeep)	\$0	N/A
Food	\$0	N/A
Clothing	\$0	N/A
Laundry and dry-cleaning	\$0	N/A
Medical and dental expenses	\$0	N/A

8. Monthly expenses - continued

Expense	You	Your spouse
Transportation (not including motor vehicle payments)	\$0	N/A
Recreation, entertainment, newspapers, magazines, etc.	\$0	N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$0	N/A
Life	\$0	N/A
Health	\$0	N/A
Motor Vehicle	\$0	N/A
Other: NONE	\$0	N/A
Taxes (not deducted from wages or included in mortgage payments) - specify: NONE	\$0	N/A
Installment payments		
Motor Vehicle	\$0	N/A
Credit card(s)	\$0	N/A
Department store(s)	\$0	N/A
Other: NONE	\$0	N/A
Alimony, maintenance, and support paid to others	\$0	N/A
Regular expenses for operation of business, profession, or farm	\$0	N/A
Other (specify): NONE	\$0	N/A
Total monthly expenses:	\$880	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: N/A

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? \$0

If yes, state the attorney's name, address, and telephone number: N/A - proceeding pro se.

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? \$0

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

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

I receive \$994 per month in Supplemental Security Income. I have \$0 cash, \$0 in checking, \$0 in savings, \$0 in other bank accounts, no real estate, no motor vehicle, and no other assets. My current rent is \$880 per month. I am proceeding pro se. The attached February 10, 2026 landlord letter reflects a prior rent amount of \$975; my current rent is \$880.

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

Executed on: September 11, 2026

/s/ Kevin M. Cardwell

(Signature)

SUPPORTING VERIFICATION

Attachment 1: Social Security Administration Benefit Verification Letter dated September 11, 2026. It verifies the current Supplemental Security Income payment of \$994.00 per month.

Attachment 2: Landlord letter dated February 10, 2026. That letter reflects the prior housing payment of \$975 per month and states that utilities were included. Petitioner declares on the current affidavit that the current rent is \$880 per month.

Personal benefit-identification numbers not needed for the Court have been redacted from the SSA copy for privacy.



Social Security Administration Benefit Verification Letter

BNC: [REDACTED]

|||
KEVIN MICHAEL CARDWELL
5770 N ALTON AVE
INDIANAPOLIS IN 46228-1626

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

Information About Supplemental Security Income Payments

Beginning September 2026, the current Supplemental Security Income payment is \$994.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on March 12, 2012.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

Medicare Information

You are entitled to hospital insurance under Medicare beginning April 2026.

You are entitled to medical insurance under Medicare beginning April 2026.

Medicare number: [REDACTED - not relevant to IFP request]

y use this number to get medical

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

See Next Page

To Whom It Concerns:

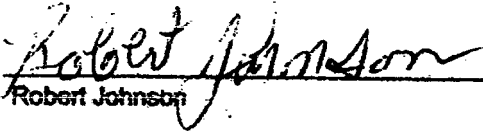
February 10, 2026

Regarding Kevin M. Cardwell
Mailing address is

5770 North Alton Ave.
Indianapolis, In. 46228

Statement of Rent Required Monthly:

Kevin M. Cardwell Pays \$975 Per Month which covers all Utilities And Cleaning and mowing the yard.


Robert Johnson