

26-5741

No

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

FILED

AUG 10 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

JOHN F. KODENKANDETH, PETITIONER) SCOTUS DOCKET NO. 26-

vs

) Ca3 DOCKET # 25-2263

) PaWD Docket No. 2:23-cv-2051-CB

BLIND & VISION REHABILITATION)

SERVICES OF PITTSBURGH)

Ms Erika Petach, CEO)

EVERETT & HURITE)

HIGHMARK Health)

DEFENDANTS /APPELLEE)

) MOTION FOR LEAVE TO PROCEED *INFORMA PAUPRIS*

MOTION FOR LEAVE TO PROCEED *informa pauperis*

☒ PETOTMRT HAS PREVIOUSLY BEEN GRANTED LEAVE TO PROCEED
INFORMA PAUPERIS IN THE FOLLOWING COURTS:

SUPREME COURT OF THE UNITED STATES

☐ PETITIONER HAS NOT PREVIOUSLY BEEN GRANTED LEAVE TO PROCEED INFORMA PAUPAEIS

☒ PETITIONER'S DECLARATION IN SUPPORT OF THIS MOTION IS ATTACHED HERETO

☐ PETITIONER'S DECLARATION IS NOT ATTACHED BECAUSE THE COURT BELOW
APPOINTED COUNSEL IN THE CURRENT PROCEEDINGS *not applicable* and;

☐ The appointment was made under the following provision of the law: *not applicable*

☐ A copy of the order of appointment is appended. *Not applicable*

x *John F. Kodenkandeth*

8/10/2026

JOHN F. KODENKANDETH

1926 PAULINE AVE, APR # 406

PITTSBURGH, Pa 15216

RECEIVED

AUG 14 2026

OFFICE OF THE CLERK
SUPREME COURT, U.S.

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

I, Dr. W. F. Kibben, 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	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Self-employment	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Income from real property (such as rental income)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Interest and dividends	\$ <u>22</u>	\$ <u>—</u>	\$ <u>23</u>	\$ <u>—</u>
Gifts	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Alimony	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Child Support	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1997</u>	\$ <u>—</u>	\$ <u>1985</u>	\$ <u>—</u>
Disability (such as social security, insurance payments)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Unemployment payments	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Public-assistance (such as welfare)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Other (specify): <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Total monthly income:	\$ <u>1999</u>	\$ <u>—</u>	\$ <u>1999</u>	\$ <u>—</u>

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	\$ 430	\$ —
SAVINGS	\$ 4500	\$ —

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

☐ Home	NA	☐ Other real estate	
Value	—	Value	—
☐ Motor Vehicle #1	NA	☐ Motor Vehicle #2	NA
Year, make & model	—	Year, make & model	—
Value	—	Value	—
☐ Other assets	NA		
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

NONE

Amount owed to you

\$ /
\$ /
\$ /

Amount owed to your spouse

\$ /
\$ /
\$ /

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

NONE

Relationship

/

Age

/

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)

\$ 1,300

\$ —

Are real estate taxes included? ☒ Yes ☐ No

Is property insurance included? ☒ Yes ☐ No

Utilities (electricity, heating fuel,
water, sewer, and telephone)

\$ —

\$ —

Home maintenance (repairs and upkeep)

\$ 50

\$ /

Food

\$ 600

\$ /

Clothing

\$ 100

\$ /

Laundry and dry-cleaning

\$ 50

\$ /

Medical and dental expenses

\$ 100

\$ /

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>50</u>	\$ <u>—</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>—</u>	\$ <u>—</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>—</u>	\$ <u>—</u>
Life	\$ <u>—</u>	\$ <u>—</u>
Health	\$ <u>210</u>	\$ <u>—</u>
Motor Vehicle	\$ <u>—</u>	\$ <u>—</u>
Other: <u> </u>	\$ <u>—</u>	\$ <u>—</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Taxi Cab Tax</u>	\$ <u>100</u>	\$ <u>—</u>
Installment payments		
Motor Vehicle	\$ <u>—</u>	\$ <u>—</u>
Credit card(s)	\$ <u>100</u>	\$ <u>—</u>
Department store(s)	\$ <u>50</u>	\$ <u>—</u>
Other: <u>PAPER WORK</u>	\$ <u>30</u>	\$ <u>—</u>
Alimony, maintenance, and support paid to others	\$ <u>—</u>	\$ <u>—</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>—</u>	\$ <u>—</u>
Other (specify): <u> </u>	\$ <u>—</u>	\$ <u>—</u>
Total monthly expenses:	\$ <u>470</u>	\$ <u>—</u>

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? 150

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

NO specific attorney
costs, Fees, photocopying
and computer costs.

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? 100

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

Not available.

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

ADA accommodation

Requested.

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

Executed on: 8/10/2026, 2026

John F. Kodankar
(Signature)