

The Amount given before was \$250  
Now the amount is \$50 I cannot spare  
Any money out of my \$56 weekly I will  
Not tolerate Judicial discrimination again  
In order for Judicial misconduct to continue  
due to Judicial bias in these cases due  
to conflict of interest I qualify for this  
Informa papuperis due to being on Hold  
Shows Im indignant any ruling that goes  
against Accepting it is discrimination and  
lying under oath I cannot afford No  
Filing Fees or Any other Fee

Dec 8.2022

Saria Walker  
1900 Boiling Rd ext  
Taylors SC 29687  
Apt 26 F

**RECEIVED**  
DEC 13 2022  
SC Court of Appeals

UNITED STATES DISTRICT COURT

for the  
DISTRICT OF

**RECEIVED**

DEC 13 2022

SC Court of Appeals

Plaintiff  
Saria Walker  
v.

Case No. 2022-001575

Defendant  
R. Castriotta and the Carolina  
Center for Behavioral Health

**AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

**Affidavit in Support of Motion**

**Instructions**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: Saria Walker

Date: 12/8/22

My issues on appeal are: I was harassed which is why I am in violation and I don't have money to cover fee or spare out of \$56 weekly child support

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                                              | No Spouse | You                        | No Spouse |
| Employment                                                           | \$ 0                                             | \$ 0      | \$ 0                       | \$ 0      |
| 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                                                        | \$ 50 weekly                                     | \$ 0      | \$ 224                     | \$ 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      |
| <b>Total monthly income:</b>                                         | \$ 50 weekly                                     | \$ 0      | \$ 224 monthly             | \$ 0      |

2. List your 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 |
|----------|---------|---------------------|-------------------|
| None     | None    | None                | \$ 0              |
| N/A      | N/A     | N/A                 | \$ 0              |
| N/A      | N/A     | N/A                 | \$ 0              |

|                                                                                             |                 |             |
|---------------------------------------------------------------------------------------------|-----------------|-------------|
| Utilities (electricity, heating fuel, water, sewer, and telephone)                          | \$ 300          | \$ 0        |
| Home maintenance (repairs and upkeep)                                                       | \$ 50           | \$ 0        |
| Food                                                                                        | \$ ebt          | \$ 0        |
| Clothing                                                                                    | \$ 0            | \$ 0        |
| Laundry and dry-cleaning                                                                    | \$ 25           | \$ 0        |
| Medical and dental expenses                                                                 | \$ 0            | \$ 0        |
| Transportation (not including motor vehicle payments)                                       | \$ 40 bus       | \$ 0        |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$ 0            | \$ 0        |
| Insurance (not deducted from wages or included in mortgage payments)                        |                 |             |
| Homeowner's or renter's:                                                                    | \$ 0            | \$ 0        |
| Life:                                                                                       | \$ 0            | \$ 0        |
| Health:                                                                                     | \$ 0            | \$ 0        |
| Motor vehicle:                                                                              | \$ 0            | \$ 0        |
| Other:                                                                                      | \$ 0            | \$ 0        |
| Taxes (not deducted from wages or included in mortgage payments) (specify):                 | \$ 0            | \$ 0        |
| Installment payments                                                                        |                 |             |
| Motor Vehicle:                                                                              | \$ 0            | \$ 0        |
| Credit card (name):                                                                         | \$ 0            | \$ 0        |
| Department store (name):                                                                    | \$ 0            | \$ 0        |
| Other:                                                                                      | \$ 0            | \$ 0        |
| 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):                                                                            | \$ 0            | \$ 0        |
| <b>Total monthly expenses:</b>                                                              | <b>\$ 300 +</b> | <b>\$ 0</b> |

toilet paper, soap,  
 Laundry, cleaning supplies,  
 bus, tooth paste,

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 |
|----------|---------|---------------------|-------------------|
| None     | None    | None                | \$ 0              |
| N/A      | N/A     | N/A                 | \$ 0              |
| N/A      | N/A     | N/A                 | \$ 0              |

4. How much cash do you and ~~your spouse~~ have? \$ 2.00

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

| Financial Institution | Type of Account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
| Wells Fargo           | Checkings       | \$ 2.00         | \$ None                |
| None                  | None            | \$ None         | \$ None                |
| None                  | None            | \$ None         | \$ None                |

**If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.**

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

| Home       | Other real estate | Motor vehicle #1     |
|------------|-------------------|----------------------|
| (Value) \$ | (Value) \$        | (Value) \$ 0         |
| None       | None              | Make and year: None  |
|            |                   | Model: None          |
|            |                   | Registration #: None |

| Motor vehicle #2     | Other assets | Other assets |
|----------------------|--------------|--------------|
| (Value) \$ 0         | (Value) \$ 0 | (Value) \$ 0 |
| Make and year: None  | None         | None         |
| Model: None          | None         | None         |
| Registration #: None | None         | None         |

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               | \$ 0                       |
| None                                  | \$ 0               | \$ 0                       |
| None                                  | \$ 0               | \$ 0                       |
| None                                  | \$ 0               | \$ 0                       |

7. State the persons who rely on you or your spouse for support.

| Name [or, if under 18, initials only] | Relationship | Age |
|---------------------------------------|--------------|-----|
| None                                  | None         | 0   |
| None                                  | None         | 0   |
| None                                  | None         | 0   |

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, semiannually, or annually to show the monthly rate.

|                                                                                                     | You  | Your Spouse |
|-----------------------------------------------------------------------------------------------------|------|-------------|
| Rent or home-mortgage payment (include lot rented for mobile home)                                  | \$ 0 | \$ 0        |
| Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |             |
| Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |             |

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ I have to pay postage but I do not have any extra money to fund or spare

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I Am a single mother and can barely keep up with monthly utilities and toiletries to upkeep my house and life my child support barely cover utilities monthly

12. State the city and state of your legal residence.

SC Taylors

Your daytime phone number: (804) 5517000

Your age: 25 Your years of schooling: GED

## MODEL LEASE FOR SUBSIDIZED PROGRAMS

1. Parties and Dwelling Unit: The parties to this agreement are, Spring Grove LLC referred to as the Landlord, and Saria B. Walker  

referred to as the Tenant.

The Landlord leases to the Tenant(s) unit number 26F located at 1900 Boling Road Ext #26F; Taylors, SC 29687 in the project known as AHF-Spring Grove LLC
2. Length of Time (Term): The initial term of this Agreement shall begin on August 23, 2021 and end on August 31, 2022. After the initial term ends, the Agreement will continue for successive terms of one month each unless automatically terminated as permitted by paragraph 23 of this Agreement.
3. Rent: The Tenant agrees to pay \$0.00 for the partial month ending on August 31, 2021. After that, Tenant agrees to pay a rent of \$0.00 per month. This amount is due on the 1st day of the month at 1900 Boling Road Ext; Taylors, SC 29687  

The Tenant understands that this monthly rent is less than the market (unsubsidized) rent due on this unit. This lower rent is available either because the mortgage on this project is subsidized by the Department of Housing and Urban Development (HUD) and/or because HUD makes monthly payments to the Landlord on behalf of the Tenant. The amount, if any, that HUD makes available monthly on behalf of the Tenant is called the tenant assistance payment and is shown on the "Assistance Payment" line of the Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures form which is Attachment No. 1 to this Agreement.
4. Changes in the Tenant's Share of the Rent: The Tenant agrees that the amount of rent the Tenant pays and/or the amount of assistance that HUD pays on behalf of the Tenant may be changed during the term of this Agreement if:
  - a. HUD or the Contract Administrator (such as a Public Housing Agency) determines, in accordance with HUD procedures, that an increase in rents is needed;
  - b. HUD or the Contract Administrator changes any allowance for utilities or services considered in computing the Tenant's share of the rent;
  - c. the income, the number of persons in the Tenant's household or other factors considered in calculating the Tenant's rent change and HUD procedures provide that the Tenant's rent or assistance payment be adjusted to reflect the change;
  - d. changes in the Tenant's rent or assistance payment are required by HUD's recertification or subsidy termination procedures;



**Owner's Certification of Compliance  
with HUD's Tenant Eligibility  
and Rent Procedures**

**U. S. Department of Housing  
And Urban Development**  
Office of Housing  
Federal Housing Commissioner

NOT for submission to the Federal Government  
Landlord's Official Record of Certification

OMB Approval Number 2502-0204

**Section A: Acknowledgements**

Read this before you complete and sign this form HUD-50059

**Public Reporting Burden.** The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

**Tenant(s)' Certification** - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

**Owner's Certification** - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

**Warning to Owners and Tenants.** By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

**False Claim Statement.** Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

**Certification Summary from Page 2**

|                                         |                                |                           |                                        |
|-----------------------------------------|--------------------------------|---------------------------|----------------------------------------|
| Name of Project<br>AHF-Spring Grove LLC | Effective Date<br>08/23/2021   | Certification Type<br>MI  | Anticipated Voucher Date<br>10/01/2021 |
| Head of Household<br>Walker, Saria, B   | Total Tenant Payment<br>59     | Assistance Payment<br>951 | Tenant Rent<br>0                       |
| Unit Number<br>26 26F                   | Extenuating Circumstances Code |                           |                                        |

**Tenant Signatures**

|                                          |                 |             |      |
|------------------------------------------|-----------------|-------------|------|
| Head of Household<br><i>Saria Walker</i> | Date<br>8-23-21 | Other Adult | Date |
| Spouse / Co-Head                         | Date            | Other Adult | Date |
| Other Adult                              | Date            | Other Adult | Date |
| Other Adult                              | Date            | Other Adult | Date |
| Other Adult                              | Date            | Other Adult | Date |
| Other Adult                              | Date            | Other Adult | Date |
| Other Adult                              | Date            | Other Adult | Date |

**Owner/Agent Signature**

|                                   |                    |
|-----------------------------------|--------------------|
| Owner/Agent<br><i>[Signature]</i> | Date<br>08-23-2021 |
|-----------------------------------|--------------------|

7. A prior order in this case dated \_\_\_\_\_ from \_\_\_\_\_ required the Obligor to pay \$ \_\_\_\_\_ per \_\_\_\_\_ in support for his/her child(ren). The Obligor owes a child support arrearage of \$ \_\_\_\_\_.
8. The Obligor shall pay, through the Court, child support payments of \$ 324.00, plus \$ 20.00 toward the arrearage, plus five percent (5%) court costs, for a total monthly payment of \$ 354.20, beginning 6/1/19.
9. The Obligor's child support obligation shall continue until the child support/arrears are fully paid. The Obligor shall pay the amount as ordered until the minor child(ren) reach(es) the age of emancipation; or, until the child(ren) become(s) otherwise emancipated, as may be determined by the Court. This does not prevent anyone from seeking a post-secondary education support order.
10. Each payment shall be made payable to the Greenville County Family Court, shall contain the Family Court file number, and the Obligor's full name.
11. ☐ The Obligor shall provide and maintain health insurance coverage for the child(ren) and shall provide proof of coverage to the CSSD by \_\_\_\_\_. The Obligor agrees to notify the CSSD when health insurance is changed.
- ☒ Insurance is not reasonably available; however, should the Obligor obtain medical insurance in the future, this case may be reviewed for modification at the request of the Obligor or Obligee.
- ☒ The Obligor shall pay 81.1 % of all unreimbursed health expenses in excess of \$250 per year per child. The custodian shall assume the costs of the unreimbursed medical expenses up to \$250 per year per child.
- ☒ Qualified Medical Child Support Order(s) may be submitted as needed.
12. All future notices or correspondence shall be sent to the Obligor and custodian at the address above. The Obligor and the custodian shall advise the Court, within ten (10) days, of every change in mailing address or employment. Failure to do so can result in future hearings being held in your absence.
13. Income withholding is ordered pursuant to S.C. Code Ann. §20-7-1315.
14. Any party may request, in writing, a review of his/her child support order for possible adjustment thirty-six (36) months from the date of this order or thirty-six (36) months from the date of the last review of this order. A written request for review must be made to the South Carolina Department of Social Services, Child Support Services Division.
15. Pursuant to the Uniform Interstate Family Support Act and S.C. Code Ann. §20-7-960 et seq., this State has continuing, exclusive jurisdiction over this order.
16. Failure to pay your child support obligations may result in any or all of the following actions: the revocation of any licenses you hold; the reporting of your delinquent status to the credit bureau; the interception of your federal and state income tax refunds; the interception of any other payments due to you from the federal government; and/or an action for contempt of court which may result in punishment by a fine, a public work sentence, imprisonment, or any combination of them. Further, a bench warrant may be issued for your arrest.
17. Both parties agreed to deviate from the Guideline of 70% monthly to 224.00 monthly + 5% CC and 20.00 toward arrears for a monthly total of 254.20. Obligor does not agree to be contacted by DSS through phone, text, email.

I voluntarily consent to this order:

Dated: 5/3/19

Obligor

Dated: 5/3/19

Obligor's Attorney

Dated: 5/3/19

Authorized Designee, Child Support Services Division

Copy Received By: [Signature]

Obligor

5/3/19

Date

**From: 07/06/2020 - To: 07/06/2021**

**(Balances Valid as of Print date)**

|            |                |                              |                    |             |          |                    |
|------------|----------------|------------------------------|--------------------|-------------|----------|--------------------|
| 05/21/2021 | E - 6002921052 | E - ELECTRONIC FUND TRANSFER | CS - CHILD SUPPORT | \$ 56.15    | \$ 56.15 | TR - CLEARED - EFT |
| 05/27/2021 | E - 6002940590 | E - ELECTRONIC FUND TRANSFER | CS - CHILD SUPPORT | \$ 58.10    | \$ 58.10 | TR - CLEARED - EFT |
| 06/07/2021 | E - 6002982791 | E - ELECTRONIC FUND TRANSFER | CS - CHILD SUPPORT | \$ 56.15    | \$ 56.15 | TR - CLEARED - EFT |
| 06/10/2021 | E - 6002989407 | E - ELECTRONIC FUND TRANSFER | CS - CHILD SUPPORT | \$ 56.16    | \$ 56.16 | TR - CLEARED - EFT |
| 06/17/2021 | E - 6003015218 | E - ELECTRONIC FUND TRANSFER | CS - CHILD SUPPORT | \$ 56.15    | \$ 56.15 | TR - CLEARED - EFT |
| 06/24/2021 | E - 6003037353 | E - ELECTRONIC FUND TRANSFER | CS - CHILD SUPPORT | \$ 58.08    | \$ 58.08 | TR - CLEARED - EFT |
| 07/02/2021 |                | E - ELECTRONIC FUND TRANSFER | CS - CHILD SUPPORT | \$ 56.15    | \$ 56.15 | TR - CLEARED - EFT |
|            |                |                              | Grand Total        | \$ 2,722.50 |          |                    |

|           |           |
|-----------|-----------|
| 77.31+    | 237.72x   |
| 56.15+    | 12. =     |
| 58.10+    | 2,852.64* |
| 51.70+    |           |
| 56.15+    |           |
| 56.16+    |           |
| 56.15+    |           |
| 58.08+    |           |
| 49.76+    |           |
| 56.15+    |           |
| 56.16+    |           |
| 56.15+    |           |
| 58.10+    |           |
| 44.91+    |           |
| 44.91+    |           |
| 44.93+    |           |
| 44.92+    |           |
| 47.38+    |           |
| 56.15+    |           |
| 56.16+    |           |
| 56.15+    |           |
| 58.10+    |           |
| 56.15+    |           |
| 56.16+    |           |
| 56.15+    |           |
| 58.08+    |           |
| 1,426.27* |           |
| 1,426.27÷ |           |
| 6. =      |           |
| 237.72*   |           |
| 237.72x   |           |
| 12. =     |           |
| 2,852.64* |           |

← 57812



3SS U.S. 41 45-6(1957) **RECEIVED**

SEP 12 2022

Friday, Jul 15 • 11:03 AM U.S. DISTRICT COURT  
GREENVILLE, S.C.

Texting with 57812 (SMS/MMS)

Duke Energy: Thank you for  
your payment of \$30 for service  
address 1900 BOL\*\* APT 26F.

This payment was posted to  
your account on July 14, 2022.

The remaining balance on your  
account is \$74.68 and is due  
July 25, 2022. Sign in or register

for My Account at duk.us/  
64 to manage your account  
& preferences. Text STOP to  
cancel.

Friday, Jul 22 • 11:33 AM

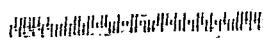
Duke Energy: Your bill in the amount of \$74.68 for service at 1900 BOL\*\* APT 26F is coming due on July 25, 2022. Visit duk.us/61 for payment options, or sign in to MyAccount at duk.us/62, where you can also manage your billing notification preferences. Text STOP to cancel.



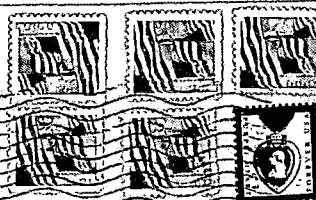
Saturday • 11:04 AM

Duke Energy: Thank you for your payment of \$20 for service address 1900 BOL\*\* APT 26F. This payment was posted to your account on Aug. 26, 2022. The remaining balance on your account is \$253.94 and is due Sept. 23, 2022. Sign in or register for My Account at duk.us/64 to manage your account & preferences. Text STOP to cancel.

Saria walker  
1900 Boiling Rd ext  
Taylors SC 29687  
Apt 26F



Greenville P&DC 296  
FRI 09 DEC 2022 PM 2



Jenny Abbott Kitchings  
P.O Box 11629  
Columbia South Carolina 29211

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SC Court of Appeals