

RECEIVED

JUN 12 2013

SC Court of Appeals

OMB No. 1615-0095; Expires 05/31/2012

Form I-290B, Notice of Appeal or Motion

Department of Homeland Security  
U.S. Citizenship and Immigration Services

In the Matter of: Workers Compensation Claims - Appellant Deborah Riley File Number: A-

START HERE - Please Type or Print (Use black ink)

For USCIS Use Only

Part 1. Information About Petitioner/Applicant (Individual/Business/Organization/Attorney/Representative filing appeal or motion)

Family Name: Riley Given Name: Debra Middle Name: Arlene

Name of Business/Organization (if applicable): NA

Mailing Address - Street Number and Name: P.O. Box 295 Apt. #:

C/O (in care of):

City: Patrick State or Province: SC Zip/Postal Code: 29534

Country: USA Daytime Phone # (Area/Country Code): (843) 498 6849

Fax # (Area/Country Code): ( ) E-Mail Address (if any): debrariley@cox.net

I am an attorney or representative. If you check this box, you must provide the following information about the person or organization for whom you are appearing. (NOTE: You must attach a Form G-28, Notice of Entry of Appearance as Attorney or Representative.)

Family Name:  Given Name:  Middle Name:

Complete Name of Business/Organization/School (if applicable):

A # (if any):  Daytime Phone # (Area/Country Code): ( )

Fax # (Area/Country Code): ( ) E-mail Address (if any):

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	

Remarks

Part 2. Information About the Appeal or Motion (Check one box below that best describes your request)

NOTE: If you indicate that you are filing an appeal, it may be considered by USCIS as a motion before it is forwarded to the AAO.

- A.  I am filing an appeal. My brief and/or additional evidence is attached.
- B.  I am filing an appeal. My brief and/or additional evidence will be submitted to the AAO within 30 days.
- C.  I am filing an appeal. No supplemental brief and/or additional evidence will be submitted.
- D.  I am filing a motion to reopen a decision. My brief and/or additional evidence is attached.
- E.  I am filing a motion to reconsider a decision. My brief is attached.
- F.  I am filing a motion to reopen and a motion to reconsider a decision. My brief and/or additional evidence is attached.

*Debra Riley*  
June 12 2013

In the Matter of:

File Number: A -

**Part 2. Information About the Appeal or Motion (Continued)**

Information on the relating application/petition.

Application/Petition Form #      Receipt #      Date of Denial (mm/dd/yyyy)      USCIS Office Where Decision Issued

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**Part 3. Basis for the Appeal or Motion**

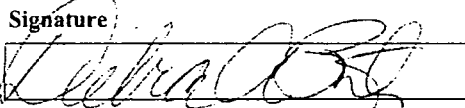
**Motion to Reopen:** The motion must state new facts and must be supported by affidavits and/or documentary evidence.

**Motion to Reconsider:** The motion must be supported by citations to appropriate statutes, regulations, or precedent decisions.

**Appeal:** Provide a statement explaining any erroneous conclusion of law or fact in the decision being appealed.

On June 18 2012 Claimants request for additional workers Compensation benefits for claims, November 14 2007 & July 12 2009. Both were denied by Susan S. Barden. Full Commissioners, Gene McCasull, T. Scott Beck, Derrick L. Williams, Debra Riley, Mary Present Pross, & Mary Lowell League Attorney For the Respondent Alia, Alhamide, & Emc Insurance. Both of the claims were heard on June 18 2012 Mary Lowell League stated on Form 57 submitted to agency and denied on July 12 2009 or Admitted to 10 years to the back pay September 14. Both were filed within section 106. The respondents did not recall the decision.

**Part 4. Signature of Person Filing the Appeal/Motion or His or Her Authorized Representative**

Signature 	Printed Name Debra A. Riley	Date (mm/dd/yyyy) Sept 7 2012
--	--------------------------------	----------------------------------

Make sure your appeal or motion is complete before filing.

Recall  
Debra Riley  
2012  
2013

7-12-09

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
803-737-5675



WCC File #: 0913167

Carrier File #: \_\_\_\_\_

Carrier Code #: \_\_\_\_\_

Employer FEIN #: \_\_\_\_\_

Claimant's Name: Debra A. Riley SSN: 053132116 Employer's Name: \_\_\_\_\_  
Address: P.O. Box 295 Address: \_\_\_\_\_  
City: Patrick State: SC Zip: 29584 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: 215 756 3015 Work Phone: ( ) - \_\_\_\_\_ Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

REQUEST TO WAIVE APPEAL FILING FEE

1. Are you presently employed?  Yes  No

a. If yes, state the name and address of your employer and wages below.

b. If no, where did you last work, when did you stop working, and what were your wages?

Also in Cheraw was terminated while working on job.

c. Is your spouse employed?  Yes  No

If yes, where?

Patrick Auto

What are your spouse's wages?

\$ 400<sup>00</sup> wklly

d. What is the total income of all working members of your household?

1,600 mthy

2. How many people are dependent on you for their support (include children and relatives)?

How much do you spend weekly for their support?

2  
\$ everything

3. List any money you have received in the past year other than that listed above and state from what source that money came (gift, inheritance, insurance, unemployment, etc.)

Unemployment but was aware of injury papers sent to them.

4. Do you have a checking or savings account?  Yes  No

If yes, what is the balance in each account?

Checking:

\$ 10<sup>00</sup>

Savings:

\$ 5<sup>00</sup>

5. Do you rent or own your home?  Rent  Own

Rent or mortgage payment:

\$ 950<sup>00</sup>

6. Do you own a car?  Yes  No

Payments:

\$ 40

7. List the names of your creditors and amount of debt.

Badcock Furniture 1200<sup>00</sup> / 140<sup>00</sup> mthy  
USAAC Insurance 1700 / 225 mthy  
PentaCenter 1055<sup>00</sup> / 700 mthy  
Capital 1,000<sup>00</sup> / 459 mthy

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition. I request that the filing fee be waived.

Signature

Date

For official use only.  Fee Waived  Waiver Rejected  Other Disposition

Chair, S.C. Workers' Compensation Commission

File this form with a Form 30, Application for Commission Review. Refer to R.67-701 through R.67-711 for additional information. File this form with a Form 50, 52, 54, Requests for Motions, Consents and Settlements. Refer to R.67-207, R.67-208, R.67-215, R.67-803 and R.67-805.

11-14-07

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
803-737-5675



WCC File #: 0726629  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Debra A Riley SSN: 253132196 Employer's Name: \_\_\_\_\_  
Address: P.O. Box 295 Address: \_\_\_\_\_  
City: Patrick State: SC Zip: 29534 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: 8157563015 Work Phone: ( ) - \_\_\_\_\_ Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

**REQUEST TO WAIVE APPEAL FILING FEE**

- Are you presently employed?  Yes  No
  - If yes, state the name and address of your employer and wages below.  
\_\_\_\_\_
  - If no, where did you last work, when did you stop working, and what were your wages?  
9-2-09 Alco in Cheraws where injury occurred was terminated on 11-14-07 and second injury on 7-12-09
  - Is your spouse employed?  Yes  No If yes, where? Patrick Auto  
What are your spouse's wages? \$400<sup>00</sup> wk.
  - What is the total income of all working members of your household?  
1600 monthly coming in after taxes from husbands wages.
- How many people are dependent on you for their support (include children and relatives)? 2  
How much do you spend weekly for their support? 1,600<sup>00</sup> (+) \$ everything
- List any money you have received in the past year other than that listed above and state from what source that money came (gift, inheritance, insurance, unemployment that was aware of injury, Paper sent to them).  
Unemployment that was aware of injury, Paper sent to them.
- Do you have a checking or savings account?  Yes  No  
If yes, what is the balance in each account? Checking: \$ 10<sup>00</sup> Savings: \$ 5<sup>00</sup>
- Do you rent or own your home?  Rent  Own Rent or mortgage payment: \$ 950<sup>00</sup>
- Do you own a car?  Yes  No Payments: \$ 0
- List the names of your creditors and amount of debt.  
Badcock Furniture 1200<sup>00</sup> / 140<sup>00</sup> mth  
Rental Center 1059<sup>00</sup> / 200<sup>00</sup> mth  
Graceland 11,000 / 489<sup>00</sup> mth  
USAA 1700 / Car Insurance 275<sup>00</sup> m

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition. I request that the filing fee be waived.  
Debra A Riley Signature \_\_\_\_\_ Date \_\_\_\_\_

For official use only.  Fee Waived  Waiver Rejected  Other Disposition

\_\_\_\_\_  
Chair, S.C. Workers' Compensation Commission

File this form with a Form 30, Application for Commission Review. Refer to R.67-701 through R.67-711 for additional information. File this form with a Form 50, 52, 54, Requests for Motions, Consents and Settlements. Refer to R.67-207, R.67-208, R.67-215, R.67-803 and R.67-805.

7-12-09

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500 • Post Office Box 1715  
Columbia, South Carolina 29202-1715  
(803) 737-5723  
www.wcc.sc.gov



WCC File #: 0913167  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Debra K. Riley SSN: 003132196 Employer's Name: \_\_\_\_\_  
Address: P.O. Box 295 Address: \_\_\_\_\_  
City: Patrick State: SC Zip: 29584 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: 252563015 Work Phone: ( ) - \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 7-12-09

Injury  Illness  Repetitive Trauma  
1a. The claimant sustained an injury to Back (stomach) on July 12, 09 in Chesterfield county, state of SC.

1b. Body part(s) affected are: \_\_\_\_\_  
Briefly describe how the accident occurred: I was in cooler lifting beer cases (40 oz beer cases) when

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury. heard pop in back

3. The relationship of employer and employee existed at the time of injury. 4-2-09 employer dismissed Employee while working

4. At the time of the injury the claimant was performing services arising out of and in the course of employment. told Tracy G. I think I rehurt my back.

5. Notice of the accidental injury was given to the Employer on 7-12-09 in the following manner: 7-18-09 hit floor due to pain reliever. Was given for back injury. 10:01 am Christine incident was called/ notified.

6. Due to injury, the claimant is in need of (check one):  
 (a) medical examination and treatment for: \_\_\_\_\_  
 (b) additional medical examination and treatment for: \_\_\_\_\_

7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: yes

8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):  
 (1) General Disability:  Total  Partial  (2) Specific Disability:  Total  Partial  
 (3) Wage Loss  Partial

9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: NO not like limps nothing like that But does (has hernia from 7-12-09 injury)

10a. At the time of the injury, the Claimant was paid weekly wages of \$ NO and demands accounting of days worked and wages earned as provided by law. (I worked) and got paid regular wages

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: none was terminated (while on job working) in process of workers comp.

11a. Further grounds or unusual aspects of claim: \_\_\_\_\_

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Dr. Ervin (Chesterfield General Hospital) (Steven Smith Care South Providence Hospital) (Dr. Ervin)

11c. To the best of your knowledge, did you have any prior permanent disability? no but do have a heart condition 12/1/08  
If yes, describe: was limited in lifting heavy objects from prior injury on sci job name back neck, sci

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

13a. I am filing a claim. I am not requesting a hearing at this time.  
 13b. I am requesting a hearing. A \$25 fee is required.

14. Estimated time needed for hearing: \_\_\_\_\_

I verify the contents of this form are accurate and true to the best of my knowledge.  
Preparer's Signature: Debra Riley Drake Title: \_\_\_\_\_ Email: drake@mac.com Date: \_\_\_\_\_

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

11-14-07

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500 • Post Office Box 1715  
Columbia, South Carolina 29202-1715  
(803) 737-5723  
www.wcc.sc.gov



WCC File #: 0726629  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Debra K. Riley SSN: 853 13246 Employer's Name: \_\_\_\_\_  
Address: P.O. Box 595 Address: \_\_\_\_\_  
City: Patrick State: SC Zip: 29584 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: 803 7563015 Work Phone: ( ) - \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds: \_\_\_\_\_ Date of Injury or Illness: \_\_\_\_\_

Injury  Illness  Repetitive Trauma Back, neck, shoulder 11-14-07 Chesterfield, SC  
1a. The claimant sustained an injury to \_\_\_\_\_ (Part(s) of Body Injured) ON \_\_\_\_\_ (Month/Day/Year) in \_\_\_\_\_ county, state of \_\_\_\_\_.  
1b. Body part(s) affected are: Back neck, shoulder  
Briefly describe how the accident occurred: loading beer cases in back stockroom to roll dolly  
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury. when back popped & career  
3. The relationship of employer and employee existed at the time of injury. still working at time of injury letter  
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.  
5. Notice of the accidental injury was given to the Employer on 11-15-07 (Month/Day/Year) in the following manner:

6. Due to injury, the claimant is in need of (check one):  
 (a) medical examination and treatment for: \_\_\_\_\_  
 (b) additional medical examination and treatment for: \_\_\_\_\_

7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:  
4/0

8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):  
 (1) General Disability:  Total  (2) Specific Disability:  Total  
 (3) Wage Loss  Partial  Partial

9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:  
NO at this time.

10a. At the time of the injury, the Claimant was paid weekly wages of \$ \_\_\_\_\_, and demands accounting of days worked and wages earned as provided by law. NO I still worked and got paid, regular pay

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Albermarle oil  
also at Cheraw

11a. Further grounds or unusual aspects of claim:  
The Company was going to let me go while worker Comp in Progress

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:  
(Chesterfield General Hospital) Pterea Smith Care Center

11c. To the best of your knowledge, did you have any prior permanent disability? NO do have a heart condition that require med's  
If yes, describe: NO

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

13a. I am filing a claim. I am not requesting a hearing at this time.  
 13b. I am requesting a hearing. A \$25 fee is required.

14. Estimated time needed for hearing: \_\_\_\_\_

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: [Signature] Title: \_\_\_\_\_ Email: debrariley@procketmail.com Date: \_\_\_\_\_

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

To Whom this letter may concern enclosed is 25.00 for a written copy of my transcripts dated January 5 2012, December 5 2011, March 5, 20012, June 18, 2012. Total enclosed is 100.00 for the transcripts.

Sincerely, Debra A Riley

October 12, 2012

Will introduce evidence of the facts

- 1) C-3-C-5 Herniated Disk
- 2) L-3 - ~~S~~-1 Herniated Disk
- 3) Hernia Left abdomen

Sincerely  
Debra A Riley  
June 10 2013



## The South Carolina Court of Appeals

JENNY ABBOTT KITCHINGS  
CLERK

V. CLAIRE ALLEN  
DEPUTY CLERK

POST OFFICE BOX 11629  
COLUMBIA, SOUTH CAROLINA 29211  
1015 SUMTER STREET  
COLUMBIA, SOUTH CAROLINA 29201  
TELEPHONE: (803) 734-1890  
FAX: (803) 734-1839  
[www.sccourts.org](http://www.sccourts.org)

May 23, 2013

Debra Riley  
PO Box 295  
Patrick SC 29584

Re: Debra Riley v. Albemarle Oil Co.  
Appellate Case No. 2012-213079

Dear Counsel:

The following order has been endorsed on your motion to reinstate in the above matter.

"Granted.

S Jasper M. Cureton A.J.  
For the Court

**RECEIVED**  
JUN 12 2013

**SC Court of Appeals**

May 23, 2013."

Please be advised the respondent's initial brief and designation of matter is due within thirty days from the date of this letter.

Very truly yours,

*V. Claire Allen, Deputy*

CLERK

cc: Mary Sowell League

My Original Copies  
Sent for appeal Sept 7 2012  
9:00 am Patrick Post Office  
Kay Postmaster.

Form 7

Proof Of Service Of Notice Of Appeal

The State Of South Carolina

In The Court Of Appeals

In The Supreme Court

Case no. \*WCC File.... 0726629 @ 0913167

RECEIVED

JUN 12 2013

SC Court of Appeals

Debra A. Riley Prose

Appellant

v.

Alco, Albermarle Oil, Emc Insurance, Mary Sowell League

Respondant

Debra A. Riley  
June 10, 2013

Proof Of Service

DR

I Certify that I Have Served The Notice Of Appeal on Alco Albermarle Oil, Emc Insurance, Mary Sowell League attorney. By Depositing a copy by the United States Mail, Postage Paid on September 7, 2012 addressed to the Attorney on record Mary Sowell League Attorney Representing Alco Albermarle Oil, Emc Insurance. The Copies were hand delivered by The United

*States Mail on this Day September 7, 2012 To The Address It Follows:*

*Ellis Lawhorne P. O. Box 2285*

*1501 Main Street*

*Columbia, SC 29202*

*803-254-4190*

*September 7, 2012*

*Debra N. Riley, Pres.*

*P. O. Box 295*

*Patrick, SC 29584*

*843-498-6849*

*843287-7094*

*Debra N. Riley*  
*June 10 2013*

*Form 8*

*Letter To The Appellant Court Clerk*

*Filing The Notice of Appeal*

*September 6, 2012*

*The Honorable Tanya A Gee*

*Clerk, South Carolina Court Of Appeals*

*Post Office Box 11629*

*Columbia, SC 29211*

*{The Honorable Daniel E Shearouse*

*Clerk, Supreme Court of South Carolina 29211*

*RE: Debra A Riley Pro Se V. Alca, Albermarle Oil, Emc  
Insurance, Mary Sowell League. V. Debra A Riley Appellant*

*Wcc File no "0726629 @ 0913167*

*Dear Ms. Gee {Mr. Shearouse}:*

*Enclosed for filing is a notice of appeal in the above case. Also, enclosed are the following:*

*{1} Proof of service of the notice on the appeal on the respondent {3}.*

*Debra A Riley  
June 10 2013*

*Form 13*

*Brief Of Appellant*

*The State Of South Carolina*

*In The Court Of Appeals*

*In The Supreme Court*

*Case No... Wcc File 0726629 @0913167*

*Debra A. Riley Prose*

*Appellant*

*v.*

*Alco. Albermarle Oil, Emc Insurance, Mary Sewell League*

*Respondant*

*Final Brief Of Appellant*  
 *June 10 2013*

*Debra A. Riley Prose*

*P. O. Box 295*

Patrick, J. C. 29584

- Under Rule 297 {c} F.C.I.R.C

Patrick J. C.  
June 10 2013

### *Statement of Issues On Appeal*

*I. Did the trail court err in failing to find this action is barred by res judical?*

*I.I. Did the trail court err in charging the jury that fraud must be proved by a preponderance of the evidence?*

### *Statement Of The Case*

*On June 18, 2012 claimants request for additional workman's compensation benefits for claim. November 14, 2007 & July 12, 2009 . Both Were denied by Susan S. Barden , & Full Commissioners, Gene Mc Caskill, T. Scott Beck, Derrick L. Williams. Debra A Riley was present Pro Se , & Mary Scwell League Attorney For The Respondant Alco, Albermarle Oil, Emc Insurance.*

*Both the claims were herd on June 18, 2012. Mary Scwell League states on form 51 . Admitted to the injury occurred and hernia. but denied the neck on July 12, 2012. On Form 51 Mary Scwell League admitted to the claim in November 14, 2007. Back injury. The incident report filed states back shoulder neck for the November 12, 2007 incident. Both Were filed within State Statues And With the Employer . The Employer Stated Did Not Recall At Susan Barden's Hearing That is Statement on record. In Fact The Employer wrer all aware of the incident. On September 7, 2012 Mary Scwell League Was served the Notice to Appeal.*

*Facts*

*Counsel may wish to set out the facts relevant to the arguments at this point in the brief. This, however, is optional, and the relevant facts may be included in the discussion of each argument. In either case, the brief must contain references to where the facts can be found in the Record on Appeal. Initial briefs, these references shall be made in the manner specified by the rule 208b4 SCAR. In the final briefs these references shall be to the page and line number of record on appeal, i.e., R.p. 37 lines 7-8. rules 21-1b1, SCAR.*

*Richard A. B. J.*  
*June 10 2013*

{2} A copy of the order {s} {judgement} which is {are} to be challenged on appeal.

{3} A filing fee of 100.00\* A short form to waiver the fee.s

{4} This appeal is being filed with the Supreme Court because..... {see rule 203

{d} for when an appeal can be filed with the Supreme Court}.

Sincerely,

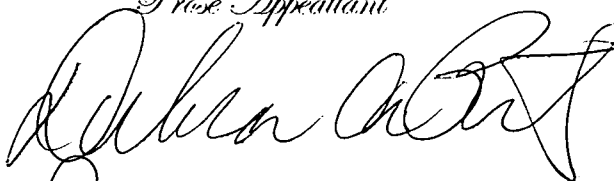
s/ Debra A. Riley Prose

Debra A. Riley

P. O. Box 295

Patrick, SC 29584

Prose Appellant

  
June 10 2013

\* Under Rule 203(d)(1)(B)(iii) and (d)(2)(B)(iii), SCACR, a filing fee is not required if the appeal is from a criminal case including juvenile delinquency matters, or if the appeal is taken by the State of South Carolina, its departments or agencies. Further, no filing fees are required in post-conviction relief cases. Rule 240(d), SCACR.

*Debra A. Burt*  
*June 10 2013*

*I. Because Respondant could have raised fraud in his prior breach of contract suit against appellent, he is barred by res judicial from bringing this suit.*

*II. Because fraud must be proved by clear and convincing evidence, the trial court erred when it charged the jury that the respondent must prove fraud by a preponderance of the evidence.*

*Conclusion*

*For the reason stated, this court should reverse the judgement of the Commission.*

*September 7, 2012*

*Respectfully submitted,*

*Debra H. Riley Prose*

*P. O. Box 295*

*Patrick, Se. 29584*

*843-498-6849*

*Debra H. Riley*  
*June 10 2013*

Form I-290B, Notice of Appeal or Motion

Department of Homeland Security  
U.S. Citizenship and Immigration Services

Y/10

In the Matter of: Workers Compensation Claims - Appellant Deborah Riley File Number: A -

START HERE - Please Type or Print (Use black ink)  
Part 1. Information About Petitioner/Applicant (Individual/Business/Organization/Attorney/Representative filing appeal or motion)

Family Name: Riley Given Name: Debra Middle Name: Arlene

Name of Business/Organization (if applicable): NA

Mailing Address - Street Number and Name: P.O. Box 295 Apt. #:

C/O (in care of):

City: Patrick State or Province: SC Zip/Postal Code: 29534

Country: USA Daytime Phone # (Area/Country Code): 843) 478 6849

Fax # (Area/Country Code): ( ) E-Mail Address (if any): debrariley2013@hotmail.com

For USCIS Use Only	
Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	

I am an attorney or representative. If you check this box, you must provide the following information about the person or organization for whom you are appearing. (NOTE: You must attach a Form G-28, Notice of Entry of Appearance as Attorney or Representative.)

Family Name:  Given Name:  Middle Name:

Complete Name of Business/Organization/School (if applicable):

A # (if any):  Daytime Phone # (Area/Country Code): ( )

Fax # (Area/Country Code): ( ) E-mail Address (if any):

Part 2. Information About the Appeal or Motion (Check one box below that best describes your request)

NOTE: If you indicate that you are filing an appeal, it may be considered by USCIS as a motion before it is forwarded to the AAO.

- A.  I am filing an appeal. My brief and/or additional evidence is attached.
- B.  I am filing an appeal. My brief and/or additional evidence will be submitted to the AAO within 30 days.
- C.  I am filing an appeal. No supplemental brief and/or additional evidence will be submitted.
- D.  I am filing a motion to reopen a decision. My brief and/or additional evidence is attached.
- E.  I am filing a motion to reconsider a decision. My brief is attached.
- F.  I am filing a motion to reopen and a motion to reconsider a decision. My brief and/or additional evidence is attached.

*Debra Riley*  
June 10 2013

In the Matter of:	File Number: A -
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**Part 2. Information About the Appeal or Motion (Continued)**

Information on the relating application/petition.

Application/Petition Form #	Receipt #	Date of Denial (mm/dd/yyyy)	USCIS Office Where Decision Issued

**Part 3. Basis for the Appeal or Motion**

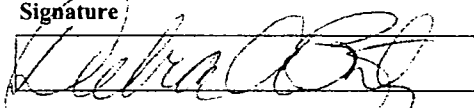
**Motion to Reopen:** The motion must state new facts and must be supported by affidavits and/or documentary evidence.

**Motion to Reconsider:** The motion must be supported by citations to appropriate statutes, regulations, or precedent decisions.

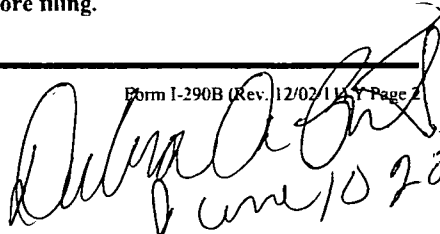
**Appeal:** Provide a statement explaining any erroneous conclusion of law or fact in the decision being appealed.

On June 18 2012 Claimants request for additional workers Compensation benefits for claims, November 14 2007 & July 12 2009. Both were denied by Susan S. Barden. & full Commissioners, Gene McCasull, T. Scott Beck, Derrick L. Williams, Debra A. Riley, was present Prosa, & Mary Lowell League Attorney for the Respondant Plan, Phosphate of, & Emc Insurance. Both at the Claims were heard on June 18 2012 Mary Lowell League stated on Form 57 submitted to injury and hernia on July 12 2009 or Admitted to injury on the back on November 14, 2007. Both were filed within Statute. The Respondant attached 12011. Recall 12011.

**Part 4. Signature of Person Filing the Appeal/Motion or His or Her Authorized Representative**

Signature 	Printed Name Debra A. Riley	Date (mm/dd/yyyy) Sept 7 2012
--	--------------------------------	----------------------------------

Make sure your appeal or motion is complete before filing.

Form I-290B (Rev. 12/02/11) Page 2  
  
 June 10 2013

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**APPELLATE PANEL  
DECISION AND ORDER  
OF THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
W.C.C. FILE NOS. 0726629 & 0913167**

Debra Riley,

Claimant/Appellant,

vs.

Albemarle Oil Company, Inc.,

Employer,

and

EMC Insurance Companies,

Carrier,  
Defendants/Respondents.

---

Appellate Panel Review held in Columbia,  
South Carolina on June 18, 2012 per notices  
timely and properly served on all parties of  
interest.

Appellate Panel Decision and Order filed  
8/10, 2012.

---

APPEARANCES: Claimant/Appellant appeared pro se.

Defendants/Respondents represented by Mary Sowell League, Esquire, of  
Columbia, South Carolina

## STATEMENT OF THE CASE

The parties were heard by Commissioner Susan S. Barden on January 5, 2012 in Hartsville, South Carolina. On March 5, 2012, she issued the following Order:

WHEREFORE, IT IS ORDERED that the Claimant's request for additional workers' compensation benefits regarding the November 14, 2007 claim is denied, and the Claimant's request for workers' compensation benefits regarding the July 12, 2009 claim is also denied.

Within the statutory period, the pro se Claimant filed an application for review in this case, setting forth her reasons requesting reversal, copies of which were furnished to all interested parties, prior to being argued before the Appellate Panel on June 18, 2012.

At the Full Commission hearing, Claimant was advised by the Panel of her right to counsel, and her right to appeal the ruling of the Full Commission to the Court of Appeals within thirty (30) days from the receipt of the signed Full Commission Order. The parties were advised to stay within the record, and that additional evidence could not be accepted as the appeal was to be based upon what was currently in the record.

Commissioner McCaskill discussed that he had been present and observed the hearing below with Commissioner Barden, but had no participation in the decision making or outcome in the case below, and did not discuss the Commissioner's decision making or ruling below with her either prior or after the hearing. The parties stated they had no objection to Commissioner McCaskill remaining as part of the Full Commission Appellate Panel. The pro se Claimant also affirmed she was aware of her right to counsel, and that she wished to proceed with the argument in this appeal representing herself.

By appeal, the pro se Claimant respectfully submits the following:

1. Facts L-3 to S-1 hernaited (sic) disk back.

2. Facts C-3 to 6 herniated (sic) disk neck.
3. Facts 1 hernia – size fingertip (2 hernia 1.1 cm 6 inches width hand fingertip long.)
4. Reoccurrence of injuries on 11-14-07, occurred 7-12-09 hospital treatment 7-18-09, 5-5-11, 1-6-11.
5. Facts: occurred around lunch time to the afternoon)
6. no misrepresentation (sic): Tribunal (Facts – statement neck was told of (illegible) injure filed.

The Claimant argued that she had sustained injuries at work on November 14, 2007 and July 12, 2009 and requested reimbursement for past medical expenses associated with those alleged injuries, and related and ongoing medical care. She asked for a reversal of the Hearing Commissioner's order denying her these benefits.

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. § 42-17-50(1985), review the award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After hearing argument of the parties and careful review of the record in this case, the Commission, by unanimous vote, has determined all of the Hearing Commissioner's Findings of Fact and Conclusions of Law are correct as stated. Accordingly, they shall become, and hereby are, the law of the case, and therefore, the Order is sustained in its entirety.

#### FINDINGS OF FACT

The following findings of fact remain herein:

1. Claimant alleges that she injured her low back, neck, and right shoulder in a work-related accident on November 14, 2007.

2. Claimant alleges that she re-injured her back and neck, and that she also sustained a hernia in a work-related accident on July 12, 2009.

3. Claimant is 48 years of age (medical evidence establishing Claimant's date of birth).

4. Claimant dropped out of school in the 10th grade, and later obtained her GED. She also attended college for 6 years off and on in psychology and paralegal studies, earning a 4.0 average. Claimant also received a certificate as a corrections officer, and received other certificates as well (testimony of Claimant).

5. Claimant's prior employment includes work on a farm, work driving tractor-trailers, work as an assistant manager, work in auto parts, work as a substitute teacher, and work as a jailer and prison guard (testimony of Claimant).

6. We find that the 2007 back injury is compensable. We base this finding on the incident report, the fact that (a) Claimant's supervisors note in her personnel file that the 2007 claim was "legitimate," (b) Defendants provided some medical treatment (as evidenced by a Form 18 in the Commission's file), and on (c) medical evidence dated November and December 2007, stating that Claimant injured her back lifting [beer] cases. However, there is no mention of a neck or shoulder injury or complaint in any of these records. We therefore find that the neck and shoulder are not compensable body parts (Defendants' APA #1, pages 1-3; Claimant's APA submission, dated 11/20/07; Defendants' APA, Exhibit A, page 29; Defendants' APA, Exhibit B, page 43).

7. After Claimant treated in November and December 2007, there is no further medical record relating to Claimant's back until after the date of the alleged 2009 injury (although Claimant visited her physician for other maladies in the interim). We therefore find

that Claimant's back injury resolved, and that Defendants are not liable for either (a) ongoing treatment (in March 2011, Claimant was discharged from care and told only to stretch and exercise), or (b) permanency benefits, for the 2007 injury/claim (Defendants' APA #2, page 21).

8. Claimant's alleged 2009 injuries are not compensable: (a) Claimant testified that she told Tracy Gillespie when they were in the cooler that she injured her back. Defendants presented cogent evidence that Tracy Gillespie did not work for Employer on that particular day (Defendants' APA, Exhibit A); (b) Claimant testified at her deposition that the injury occurred "somewhere around 5:00 p.m." A notice of accident form completed by Claimant states that the accident occurred at 1:30 p.m. At the hearing, Claimant testified that the injury occurred 2:30 or 3:00 p.m. (Claimant's Deposition, page 50, lines 9-10; NC Form 18, as contained in Claimant's submissions; Claimant's Deposition, page 55, lines 3-4; testimony of Claimant); (c) Claimant testified at her deposition that she injured her back and right shoulder, and that she sustained the hernia in the 2009 accident. However, at the hearing, Claimant testified that she also injured her neck, and not her right shoulder (testimony of Claimant; Claimant's Deposition, pages 66-67); (d) medical evidence from July 16, 2009 does state that Claimant complained of back pain at a visit to her doctor, but there is no mention of work or a work accident as a causative factor; not until 2011 did Claimant cite a work accident as the cause of her back problem (Defendants' APA #1, page 6; Defendants' APA #2, page 23); and (e) Claimant underwent an MRI of her lumbar spine in January 2011, revealing only "mild" degenerative changes with no protrusion or nerve root compression (Defendants' APA #3, pages 26-27; Claimant's APA submission, dated January 6, 2011). I considered Claimant's submission of a co-worker's statement (Marlena Mashburn), but Mashburn did not witness an accident; she merely states that Claimant told Mashburn that Claimant sustained an accident. In summary, there are too many overriding inconsistencies and

questions (not all of which are set forth herein) for the undersigned to find the 2009 alleged accident compensable.

9. Additionally, as to the 2009 hernia claim, Claimant does not meet the requirements of Section 42-9-40. Nor does the medical evidence support Claimant's contention of an accident-induced hernia. An ultrasound of Claimant's abdomen in 2011 revealed no abnormalities within the abdomen. Further, Claimant's doctor has not recommended surgery (Claimant's APA submission, dated January 6, 2011; Claimant's Deposition, page 57; Defendants' APA #1, page 9; Defendants' APA #2, page 25; Defendants' APA #3, page 28).

10. Since the date of the alleged accident in 2009, Claimant has sought and received unemployment benefits. In doing so, she has stated that she has "No" medical condition (Defendants' APA, Exhibit B).

11. Claimant does not request any temporary benefits; nor does she qualify for such under the Act.

12. Claimant is entitled to receive reimbursement for causally-related medicals incurred during November and December 2007.

13. There is no permanency with regard to the 2007 accident. I find that Claimant's back injury resolved by the end of December 2007.

14. The 2009 accident is not compensable.

15. For the 2007 claim, Claimant's average weekly wage is \$297.34, yielding a compensation rate of \$198.24.

16. For the 2009 claim, Claimant's average weekly wage is \$368.63, yielding a compensation rate of \$245.76.

CONCLUSIONS OF LAW

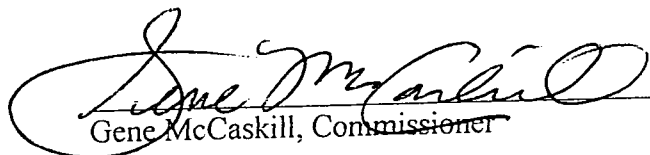
1. S.C. Code Ann. § 42-1-40 governs average weekly wage.
2. S.C. Code Ann. §§ 42-120, 42-9-20 and 42-9-30 govern disability and compensation.
3. S.C. Code Ann. § 42-9-40 governs claims for hernia compensation.

ORDER

IT IS THEREFORE, ORDERED that the Order of the Single Commissioner filed in the above-captioned matter on March 5, 2012 is hereby affirmed by the Panel, and the same shall constitute the Decision and Order of the Appellate Panel.


AND IT IS SO ORDERED.

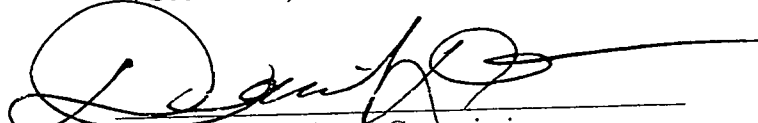
S.C. WORKERS' COMPENSATION COMMISSION

  
Gene McCaskill, Commissioner

FULL AFFIRMATION

CONCUR:

  
T. Scott Beck, Commissioner

  
Derrick L. Williams, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United State mail addressed to the attorney or attorneys for said parties.

This 10 day of August, 2012  
By Valerie D. Decker  
Administrative Assistant to the Commissioner

Debra Riley (Req & cert)  
South Carolina

### *Statement of Issues On Appeal*

*I. Did the trail court err in failing to find this action is barred by res judical?*

*I.I. Did the trail court err in charging the jury that fraud must be proved by a preponderance of the evidence?*

### *Statement Of The Case*

*On June 18, 2012 claimants request for additional workmans compensation benefits for claim, November 14, 2007 & July 12, 2009 . Both Were denied by Susan S. Barden . & Full Commissioners, Gene Mc Caskill, T. Scott Beck, Derrick L Williams, Debra A Riley was present Pro Se , & Mary Sowell League Attorney For The Respondant Acc, Albermarle Oil, Emc Insurance.*

*Both the claims were herd on June 18, 2012. Mary Sowell League states on form 51 , Admitted to the injury occurred and hernia. but denied the neck on July 12, 2012. On Form 51 Mary Sowell League admitted to the claim in November 14, 2007. Back injury. The incident report filed states back shoulder neck for the November 12, 2007 incident. Both Were filed within State Statues And With the Employer . The Employer Stated Did Not Recall Th Susan Barden's Hearing That is Statement on record. In Fact The Employer wrer all aware of the incident. On September 7, 2012 Mary Sowell League Was served the Notice to Appeal.*

*I. Because Respondant could have raised fraud in his prior breach of contract suit against appellants, he is barred by res judicata from bringing this suit.*

*J.J. Because fraud must be proved by clear and convincing evidence, the trial court erred when it charged the jury that the respondent must prove fraud by a preponderance of the evidence.*

*Conclusion*

*For the reasons stated, this court should reverse the judgement of the Commission.*

*September 7, 2012*

*Respectfully submitted,*

*Debra A. Riley Prose*

*P.O. Box 295*

*Patrick, Se. 29584*

*843-498-6849*

*Debra A. Riley Prose*  
*June 10 2013*

## *Facts*

*Counsel may wish to set out the facts relevant to the arguments at this point in the brief. This, however, is optional, and the relevant facts may be included in the discussion of each argument. In either case, the brief must contain references to where the facts can be found in the Record on Appeal. Initial briefs, these references shall be made in the manner specified by the rule 208b4 SCACR. In the final briefs these references shall be to the page and line number of record on appeal i.e., R.p. 37 lines 7-8. rules 214b1, SCACR.*

*Diana [Signature]*  
*June 10 2013*

29376

To Whom this letter may concern enclosed is 25.00 for a written copy of my transcripts dated January 5 2012, December 5 2014, March 5, 20012, June 18, 2012. Total enclosed is 100.00 for the transcripts.

Sincerely, Debra A Riley

October 12, 2012

Debra A Riley  
June 10 2013

South Carolina Workers' Compensation Commission  
 P.O. Box 1715 • 1612 Marion Street  
 Columbia, South Carolina 29202-1715  
 (803) 737-5700

WCC File # 0913167
Carrier File #610735
Carrier Code #
Employer FEIN N

Debra Riley  
 Claimant's Name SSN 253-13-2196  
 Post Office Box 295 Patrick SC 29584  
 Address City State Zip  
 (843) 910-6973  
 Home Phone # Work Phone #

Alco  
 Employer's Name  
 711 Market Street Cheraw SC 29520  
 Address City State Zip  
 EMC Insurance Companies  
 Insurance Carrier

Jenna W. Garraux  
 Preparer's Name

(803)254-4190  
 Phone #

Complete each information blank. Specify clearly when contentions are admitted in part & denied in part. The employer-insurance carrier in answer to the claim, respectfully shows:

1. It is **denied** that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: **Defendants deny any injury occurred as a result of the alleged accident on the date in question.**
2. It is **admitted** that both the employer and employee were subject to the Workers' Compensation Act at the time in question.
3. It is **admitted** that the relationship of employer and employee existed at the time in question.
4. It is **admitted** that at the time in question, the employee was performing services arising out of and in the course of employment.
5. It is **admitted** that notice of injury was given the employer. The reasons for admission are: **Only in regards to alleged hernia.**
6. It is **denied** that the employee needs/is entitled to additional medical care as a result of injury. The reasons for denial are: **See # 1 above.**
7. It is **denied** that the employee is entitled to temporary total disability for the period(s) of: **See # 1 above.**
8. It is **denied** that the employee is permanently disabled. The reasons for denial are: **Permanent disability, if any, to be determined by the Commission. Further, see No. 1 above.**
9. It is **denied** that the employee has a serious disfigurement.
10. It is **contended** that an average weekly wage of **\$368.64** applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: **Defendants reserve the right to assert all affirmative and specific defenses (see Reg. 67-603), and reserve the right to amend this Answer and plead additional defenses pending further investigation.**

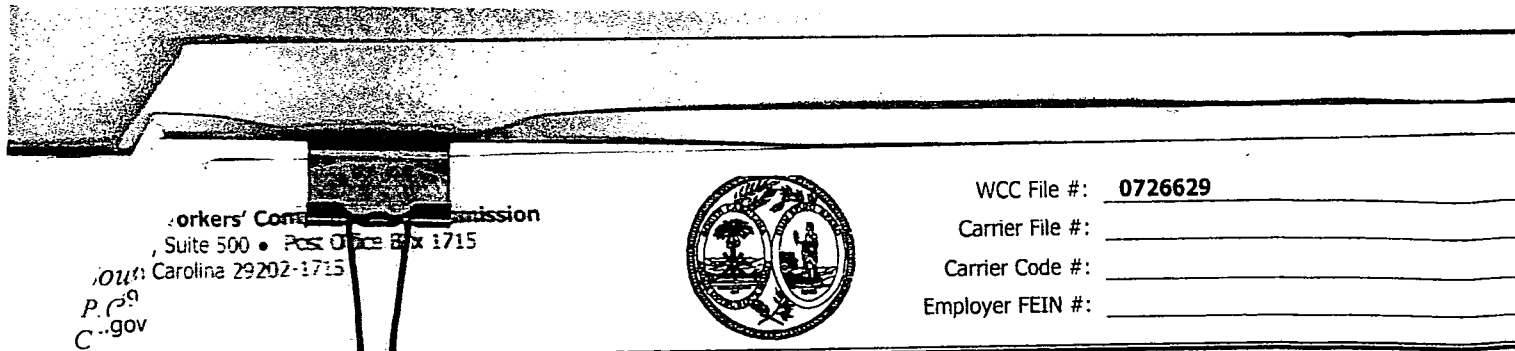
I certify that I have served this document pursuant to R.67-212 by delivering a copy to **Virginia L. Crocker, Judicial Director, SCWCC, 1333 Main Street, Suite 500, Columbia, SC 29201** by  personal service and to **Debra Riley, Pro Se Claimant, Post Office Box 295, Patrick, SC 29584** by  first class mail  personal service  certified mail and regular mail on the **22<sup>nd</sup>** day of **November, 2011.**

I verify the contents of this form are accurate and true to the best of my knowledge.

Mary Sonnell League  
 Preparer's Signature Attorney for Employer/Carrier  
[Signature]  
 Certifier's Signature

11/22/11  
 Date  
11/22/11  
 Date

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



Workers' Compensation Commission  
Suite 500 • Post Office Box 1715  
Columbia, SC 29202-1715

WCC File #: 0726629  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Debra Riley SSN: 253-13-2196  
Address: Post Office Box 295  
City: Patrick State: SC Zip: 29584  
Home Phone: 843-498-6849 Work Phone: debrariley@rocketmail.com  
Date of Injury: July 12, 2009

Employer's Name: Alco  
Address: 711 Market Street  
City: Cheraw State: SC Zip: 29520  
Insurance Carrier: EMC Insurance Companies

Preparer's Name: Mary Sowell League Law Firm: Ellis, Lawhorne & Sims, P.A. Preparer's Phone #: (803) 254-4190

Date of Injury or Illness: November 14, 2007

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

- It is **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: **No proof Claimant has any injury as a result of alleged accident.**
- It is **Admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question.
- It is **Admitted** the relationship of employer and employee existed at the time in question.
- It is **Admitted** at the time in question the employee was performing services arising out of and in the course of employment.
- It is **Denied** notice of injury was given the employer. The reasons for denial are: **Claimant only indicated felt pull in back and underar when picking up beer cases on 11/14/07. Notice not given until 11/19/07.**
- It is **Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: **See Nos. 1 and 11.**
- It is **Denied** the employee is entitled to temporary total disability for the period(s) of : **No lost time. Further, see Nos. 1 and 11.**
- It is **Denied** the employee is permanently disabled. The reasons for denial are: **Permanent disability, if any, to be determined by the Commission. Further, see No. 11.**
- It is **Denied** the employee has serious disfigurement.
- It is contended that an average weekly wage of \$ **per Form 20** applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are: **Defendants reserve the right to assert all affirmative and specific defenses (see Reg. 67-603), and reserve the right to amend this Answer and plead additional defenses pending further investigation. Carrier specifically asserts claim barred by 42-15-20 and 42-15-40.**
- Estimated time needed for hearing: \_\_\_\_\_

I certify I have served this document pursuant to R.67-212 by delivering a copy to: Virginia L. Crocker, Judicial Director, SCWCC, 1333 Main Street, Suite 500, Columbia, SC 29201 by  first class mail  personal service  certified mail and to Debra Riley, Pro Se Claimant, Post Office Box 295, Patrick, SC 29584  first class mail  personal service  certified mail and regular mail on the 22<sup>nd</sup> day of November, 2011.  
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: Mary Sowell League Attorney for Employer/Carrier Title: \_\_\_\_\_ Email: mleague@ellislawhorne.com Date: 11/22/11  
Certifier's Signature: Christi P. Young Date: 11-22-11

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



# Motion TO Reinstote.

Debra A Riley. I am writing you this letter to let you know I would like for you to file a Motion To Reconsideration in the dismissal of the case no. 2012-213079 . Trial Case no. 0726629, 0913167. The order stated the Appellant had failed to submit the required filing fee for a notice of appeal, and has not provided this court with proof of service as required by Rule no 203 of the South Carolina Appellant Court Rules. Accordingly, in this matter is Dismissed. The Reammittur will be sent as provided by the Rule 221 (b). SCACR. I Debra A Riley sent the Proof Of Service Signed by Me. October, 12, 2012 Postmarked October 15, 2012 . This Was Filed Within Thwe Allowed Time Berier. You Recieved Money Order For The Amount Of 100.00 Receipt no. 20507283911. Your Refence no. 65907 Your date of receipt Was October 17, 2012. I Was In Time By Rule 267 (b). Orinal. All Parties involved were Sent Copies Via Mail. Please restate the filing Appeal To Clerk Of Court. Sorry For The Delaid Payments and The Inccivence.

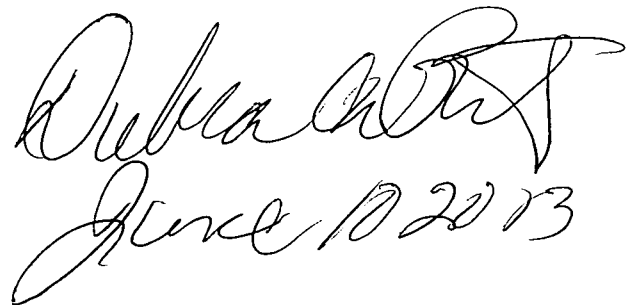
Pr. S.C.

P. O. Box 295

Patrick, S.C. 29584

843-498-6849

Sincerely, Debra A. Riley



June 10 2013

*Form 1*

*Notice of Appeal In Workers Compensation*

*The State Of South Carolina*

*In The Court of Appeals Clerk Of Court*

*Circuit Court Judge*

*Case No. WCC File.....0726629@0913167*

*Debra A Riley VS Acc. Albermarle Oil Co., EMC Insurance, Mary  
Sowell League.*

*I certify that I Have served The Notice Of Appeal To Mary Sowell League  
. Acc. Albermarle Oil, EMC Insurance. By depositing a copy of the Notice to  
Appeal to the Clerk Of Court, Appellant Panel, Mary Sowell League  
attorney for Acc. Albermarle Oil, Emc Insurance Co. in The United States  
mail Posted September 7, 2012. The copies were hand delivered by the postal service.*

*The Address as follows: Ellis Lawhorne sims Mary Sowell League*

*P. O. Box 2285*

*Columbia, SC. 29202*

*Debra A. Riley*

*Pro Se*

*Debra A Riley  
June 10 2013*

*P. O. Box 295*

*Patrick, SC. 29584*

*clerk of  
Court  
Courts of Appeals*

*Form 7*

*Proof Of Service Of A Notice Of Appeal*

*The State Of South Carolina*

*In The Court Of Appeals*

*In The Supreme Court*

*Case no. \*WCC File.... 0726629 @ 0913167*

*Debra A. Riley, Prose*

*Appellant*

*v.*

*Alco, Albermarle Oil, Emc Insurance, Mary Sowell League*

*Respondant*

*Proof Of Service*

*Debra A. Riley*  
*June 19 2013*

*I Certify that I Have Served The Notice Of Appeal on Alco Albermarle  
Oil, Emc Insurance, Mary Sowell, League attorney. By Depositing a copy by the  
United States Mail, Postage Paid on September 7, 2012 addressed to the  
Attorney on record Mary Sowell League Attorney Representing Alco  
Albermarle Oil Emc Insurance The Certificates were hand delivered by The United*

States Mail on this Day. October 15, 2012 and January 9, 2013 to the address  
As Follows: Ellis Lawhorne P. O. Box 2285 1501 Main Street Columbia  
SC. 29202 Also To: The Court Of Appeals C/ O Jenny Abbott Kitchings  
Clerk W. Claire Allen Deputy Clerk, P. O. Box 11629 Columbia  
Sc. 29201. Case no: 0726629 @ 0913167.

Sincerely,

Debra A Riley, PROSE

P. O. Box 295 Patrick Sc. 29584

843-498-6849 / 843-287-

7094

Debra A Riley  
June 10 2013

States Mail on this Day September 7, 2012 To The Address As Follows:

Ellis Lawhorne P. O. Box 2285

1501 Main Street

Columbia, SC 29202

803-254-4190

September 7, 2012

Debra N. Riley, Prose

P. O. Box 295

Patrick, SC 29584

843-498-6849

843287-7094

Debra N. Riley  
Debra N. Riley  
June 10 2013



# CUSTOMER'S RECEIPT

SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION

Pay to Address:

NEGOTIABLE  
NOT

Serial Number  
2050722839LL

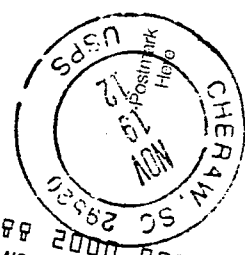
*South Carolina Judicial Department*  
*Finance and Personnel*  
*1015 Sumter Street, Suite 101*  
*Columbia, SC 29201*

KEEP THIS RECEIPT FOR YOUR RECORDS

South Carolina Judicial Department  
Finance and Personnel  
1015 Sumter Street, Suite 101  
Columbia, SC 29201

**POSTAL CUSTOMER:**  
Keep this receipt. For inquiries:  
Access internet web site at  
[www.usps.com](http://www.usps.com) or call 1-800-222-1811

- CHECK ONE (POSTAL USE ONLY)
- Priority Mail™ Service
  - First-Class Mail® parcel
  - Package Services parcel
- (See Reverse)



**Postal Service™ Delivery Confirmation™ Receipt**  
Postage and Delivery Confirmation fees must be paid before mailing.  
Article Sent To: (to be completed by mailer)

0311 2550 0002 8829 0455  
DELIVERY CONFIRMATION NUMBER

PS Form 152, May 2002

*Paul*  
*June 10 2013*

*Handwritten scribbles*

20507281911

Certified Mail

PS Form 3800, June 2002

City, State, ZIP+4<sup>®</sup>  
Street, Apt. No.,  
or PO Box No.

Sent To

Total Postage & Fees

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Return Receipt Fee (Endorsement Required)

Certified Fee

Postage

OFFICIAL MAIL RECEIPT

U.S. Postal Service

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postmark

2012

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15.00

2285

29520

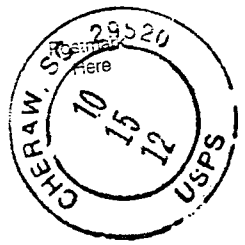
29520

### U.S. Postal Service™ Delivery Confirmation™ Receipt

Postage and Delivery Confirmation fees must be paid before mailing.  
Article Sent To: (to be completed by mailer)

DELIVERY CONFIRMATION NUMBER:  
8555  
8828  
0002  
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