

9/26/2023

TO: CLERK OF COURT PRO SE

- 1) IN ACCORDANCE WITH THE ENCLOSED NOTICES, I, WESLEY EDWARD SMITH, ~~AT~~ KINDLY REQUEST, YOU AND YOURS MAKE THE "COLLECT" NAME AND ENUNCIATION, AS ON LEAVE OF COURT, PURSUING S. CODE 27-24-100 CLAIMS
- 2) I, WESLEY EDWARD SMITH, ~~AT~~ UNDERSTAND S. C. CODE 16-36-10 (E+SEC), AND REPLY BECAUSE MY NAME LICENSES AND NAMESAKE PROPERTIES, ARE IN LEGAL PROCEDURES "JEOPARDY" BY RESTRICTIVE ORDERS ON TRIAL. DENYING "EDWARD SMITH" 29 USC 100106 SEC OPPORTUNITIES. 1974
- 3) THANKING YOU IN ADVANCE, ANY QUESTIONS OR CONCERNS, DO NOT HESITATE CONTACTING ME!

Sincerely,  
*Wesley Edward Smith*

WESLEY EDWARD SMITH ~~MD~~ M. Ed

P.O. BOX 294

MONCKS CORNER, SC 29461

(843) 530-7834

Email: WsmittyD4@gmail.com

REF. CN: 2023-001408

RECEIVED

SEP 28 2023

SC Court of Appeals

Ref: 2023-001408

STATE OF SOUTH CAROLINA, )  
 )  
COUNTY OF BERKELEY )

IN THE COURT OF COMMON PLEAS  
NINTH JUDICIAL CIRCUIT

WESLEY EDWARD SMITH ET )  
 )  
Plaintiff )

MOTION AND AFFIDAVIT TO  
PROCEED IN FORMA PAUPERIS

vs. )  
 )  
SOUTH CAROLINA (ET AL) )  
GOUVERNOR HENRY M. MASTON )  
Defendant. )

FILE NO. 2022 CP-02-02597

I, WESLEY EDWARD SMITH, being duly sworn, state that I am the Plaintiff and that I do not have the funds available to pay the costs of filing and service in the present matter. I hereby request that the complaint be filed and service made without costs.

Sworn to and Subscribed before me )  
this 27 day of October, 2022 )  
[Signature] )  
Notary Public for South Carolina )  
My Commission expires 4/12/2029 )

[Signature] )  
Signature of Plaintiff or )  
Person Filing Complaint on Behalf of )  
Plaintiff )

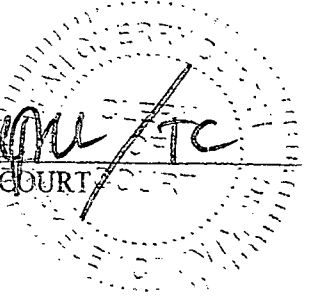
ORDER

- Leave is granted to proceed in forma pauperis without payment of the filing fee.
- Leave is granted to proceed in forma pauperis without payment of the service costs.
- Leave is denied to proceed in forma pauperis.

Dated: 27 OCT 2022, 2022  
BERKELEY, South Carolina

[Signature]  
JUDGE/CLERK OF COURT

FILED  
2022 OCT 27 AM 11:34  
LEAH GUNTER, CLERK  
CLERK OF COURT  
BERKELEY COUNTY, SC



NOTICE TO PLAINTIFF: The Court may assess costs against either party at hearing.

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SEP 28 2023  
SC Court of Appeals

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF BERKELEY )

IN THE COURT OF COMMON PLEAS )  
FOR THE 9th JUDICIAL CIRCUIT )

WESLEY EDWARD SMITH II  
Plaintiff, )

APPLICATION FOR WAIVER OF )  
PAYMENT OF NEUTRAL FEES )

vs. )  
SOUTH CAROLINA (State) )  
Governor HEURY McMASTERS )  
Defendant. )

Docket No. \_\_\_\_\_

NAME OF APPLICANT	<u>WESLEY EDWARD SMITH II</u>
ADDRESS	<u>P.O. Box 294</u>
CITY, STATE, ZIP CODE	<u>Moncks Corner, S.C 29461</u>
TELEPHONE NUMBER(S)	<u>(843) 530-7834</u>

1. Are you presently employed?  Yes  No  
a. If "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	FULL OR PART TIME
	<u>N/A</u>	

- b. If "no," state the name and address of last employment, date of termination of employment, and amount of your salary or wages per month.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE
<u>311.00</u>	<u>1035 52 Hwy US Monck Corner SC</u> <u>Wendyburger King of the Hill 5365</u>	<u>30 May 22</u>

2. List by name, age and relationship to you, any persons who are dependent upon you for support. Indicate beside each how much you contribute toward their support.

NAME	AGE	RELATIONSHIP	AMOUNT OF SUPPORT
<u>ME!</u>	<u>58</u>	<u>SELF</u>	<u>0</u>

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3. Have you received within the past twelve (12) months any money from any of the following sources?

- a. Business, profession or form of self-employment? Yes  No
- b. Rent payments, interest or dividends? Yes  No
- c. Pensions, annuities or life insurance payments? Yes  No
- d. Gifts or inheritances? Yes  No
- e. Any other sources? Yes  No

If the answer to any of the above is "yes," describe each source of money and state the amount received from each and by whom during the past twelve months.

SOURCE OF MONEY	AMOUNT
N/A	

4. Do you own cash, or do you have any money in a checking or savings account?  
 Yes  No

If the answer is "yes" state the total amount of the cash and owner: \$

5. Do you own any real estate, stocks, bonds, notes, or other valuable property (excluding ordinary household furnishings and clothing)?

Yes  No

If the answer is "yes," describe the property and the state the appropriate value of the items owned and who owns it:

PROPERTY	AMOUNT
N/A	

6. What kind of motor vehicle do you and/or the alleged incapacitated individual own?

Year:            Make:            Model:

Is it paid for?  Yes  No

If not, what is the monthly payment? \$

7. How much do you owe (on liens, mortgages, other encumbrances or debts)? \$ **0**  
*(NEEDS CLARIFICATION)*

I do solemnly swear that the above information is a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, whether they are assets which I control, assets that any person is holding in trust for me, or in which I have any interest. I have not recently, directly or indirectly sold, leased, assigned or otherwise disposed of or made over, in trust for myself or otherwise, other than is mentioned here.

\*\*\*\*\*

I do solemnly swear that the account by me delivered into this court with my motion and affidavit to proceed in Forma Pauperis does contain a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, which I or any person in trust for me have or at the time of my possession had, or am, or was, in any respect, entitled to, in possession, remainder or reversion and that I have not at any time since actions were made against me or before, directly or indirectly sold, leased, assigned or otherwise disposed of or made over, in trust for myself or otherwise, other than is mentioned herein.

Dated: 27 OCT 2022

Signature: 

ROLLS IN 2023-001403

**REQUEST FOR RECONSIDERATION - DISABILITY CESSATION RIGHT TO APPEAR**  
(SEE REVERSE SIDE FOR PAPERWORK/PRIVACY ACT NOTICE)

FOR SOCIAL SECURITY OFFICE USE ONLY (DO NOT WRITE IN THIS SPACE)

NAME OF CLAIMANT: WESLEY E. SMITH, III (MISTAKED PERSON) SOCIAL SECURITY NUMBER: ██████-3457

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON (If different from Claimant): (SEE ATTACHED COURT ORDER TO PROCEED) SOCIAL SECURITY NUMBER: \_\_\_\_\_

SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (COMPLETE ONLY IN SUPPLEMENTAL SECURITY INCOME CASE): \_\_\_\_\_

FO Code \_\_\_\_\_  
 Benefit Continuation \_\_\_\_\_  
 Foreign Language Notice \_\_\_\_\_

TYPE OF BENEFIT:  WORKER  WIDOW  CHILD  DISABILITY  BLIND  CHILD

SSA:  SSI

**I DO NOT AGREE WITH THE DETERMINATION TO STOP DISABILITY BENEFITS AND I REQUEST RECONSIDERATION.**

NOTE: My reasons are (reasons should relate to the basis for stopping disability benefits and be as specific as possible):  
If the notice of the determination on your claim is dated more than 65 days ago, include your reason for not making this request earlier. Include the date on which you received the notice. (NOT RECALLED)

I AM SUBMITTING THE FOLLOWING ADDITIONAL INFORMATION (If "NONE" write "NONE")  
(Attach additional page if needed):

1) COURT CASE MOTION TO PRECEED INFORMED PROCEEDING/ ENJOIN UPON DISCUSS

**CHECK BLOCK 1 AND THE STATEMENTS THAT APPLY OR CHECK BLOCK 2.**

1. I (and/or my representative) wish to appear at a face-to-face disability hearing. The disability hearing will be with a person called a disability hearing officer and it will let me explain why I do not agree with the decision to stop benefits. (If you need an interpreter, SSA will provide one at no cost to you.)

OR

2. I do not wish to appear nor do I wish a representative to appear for me at the disability hearing. I have been advised of my right to have a disability hearing. I understand that a disability hearing will give me a chance to present witnesses. It will also let me explain to the disability hearing officer why my disability benefits should not end. I understand that this chance to be seen and heard could help the disability hearing officer learn about the facts in my case. The disability hearing officer would give me a chance to have people who know about my condition give information and explain how my condition keeps me from working and restricts my activities. I have been told about my right to representation at the disability hearing, including representation by an attorney or other person of my choice. Although the above has been explained to me, I do not want to appear at a disability hearing, or have someone represent me at a disability hearing. I prefer to have the disability hearing officer decide my case on the evidence in my file, plus any evidence that I submit or that may be obtained by the Social Security Administration. I have been advised that if I change my mind, I can request a disability hearing prior to the writing of a decision in my case. In this case, I can make the request with any Social Security office.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

**EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN - ENTER ADDRESSES FOR BOTH**

CLAIMANT SIGNATURE <u>Wesley E. Smith (PROSC)</u>				SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE			
STREET ADDRESS <u>PO BOX 294</u>				REPRESENTATIVE'S ADDRESS			
CITY <u>Myrtle Beach</u>	STATE <u>SC</u>	ZIP CODE <u>29561</u>	CITY	STATE	ZIP CODE		
TELEPHONE NUMBER <u>(843) 530 7834</u>	DATE <u>SEP 15, 2023</u>	TELEPHONE NUMBER				DATE	

Witnesses are required ONLY if this form has been signed by mark (X). If signed by mark (X), two witnesses to the signing who know the person requesting reconsideration must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)	ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)

WESLEY EDWARD SMITH, III  
P.O. BOX 294  
MONCK'S CORNER, S.C. 29461

Retail



U.S. POSTAGE PAID  
FCM LETTER  
MONCK'S CORNER, SC 29461  
SEP 26, 2023

\$0.90

R2304M113503-03

RDC 99

29211

SOUTH CAROLINA COURT OF APPEALS  
CLERK OF COURT PRO SE  
GENNY ABBOTT KITCHEN  
P.O. BOX 11629  
COLUMBIA, S.C. 29211

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SC Court of Appeals

29211-162929

