

STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS
FOR THE _____ JUDICIAL CIRCUIT

COUNTY OF SC)

Beverly Flemon)

**APPLICATION FOR WAIVER OF
PAYMENT OF NEUTRAL FEES**

Plaintiff,)

vs.)

Skye Knight-Halman)

Defendant.)

Docket No. _____

RECEIVED

OCT 20 2023

SC Court of Appeals

NAME OF APPLICANT	Beverly Flemon
ADDRESS	162 St. Pauls Rd
CITY, STATE, ZIP CODE	Pomaria SC 29126
TELEPHONE NUMBER(S)	839-228-3857

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

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

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

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
child support	356.00 biweekly

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

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)? \$**

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 I am financially unable to pay the Neutral Fees associated with the mandatory mediation required by the Court.

This 20 day of OCT, 2023


Applicant Signature

Subscribed and sworn to before me this

_____ day of _____,

Notary Public for South Carolina

My Commission Expires: _____

.....
The Application for Waiver of Payment of Neutral Fees is hereby Granted / Denied.

Dated: _____

Judge/Clerk or Deputy Clerk

_____, South Carolina